



PARKING AND MASS TRANSIT PLAN
EMPLOYEE ENROLLMENT/CHANGE FORM

Initial Enrollment: \_\_\_ Change: \_\_\_

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Qualified Transportation Expense (QTE) Reimbursement Accounts:

Form with checkboxes for Parking Reimbursement Account and Mass Transit Reimbursement Account, including monthly election amounts and deduction details.

\*The amount deducted per pay period is the monthly amount divided by four.

Annual Payroll Deduction Information:

Form with checkboxes for payroll deduction frequency and total number of deductions during the plan year.

Election Change Information:

Form for election change information, including effective date of change and checkboxes for various change types like work schedule, QTE, residence, and open enrollment.

Termination of Account(s):

Form for termination of account(s), including effective date of change and checkboxes for termination of employment or closing the account.

I have received and read The Qualified Transportation Expense (QTE) Plan Summary which explains my options under it. I understand that by signing and submitting this enrollment form, I am making an election that will remain in effect until a new enrollment form is submitted during Open Enrollment or when a permissible change has occurred.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_