

ENROLLMENT / CHANGE FORM QTE PLAN

EMPLOYER: _____

EFFECTIVE DATE

___ / ___ / ___
___ / ___ / ___
___ / ___ / ___

PLEASE CHECK ONE

- New Enrollment
 Change* (Complete Section D)
 Termination of Employment



2320 Brighton-Henrietta Townline Rd
Rochester, NY 14623
Phone: 1-800-473-9595

Website: www.BenefitResource.com

A. EMPLOYEE INFORMATION (Please print clearly)

Member ID (typically your SSN): _____

Employee Name: (Last) _____ (First) _____ (MI) _____

Home Address: (Street) _____ (Apt #) _____

(City) _____ (State) _____ (Zip Code) _____

Home Phone #: () - E-mail Address: _____

Birth Date: / / Hire Date: / /

Employee Status (please check one): Full-Time Part-Time

The purpose of this agreement is to authorize the election of eligible benefits and the reduction in salary needed to facilitate the employer providing the employee with selected benefits. This agreement is designed to conform with a QTE Plan in accordance with Section 132(f) of the Internal Revenue Code.

B. QUALIFIED TRANSPORTATION EXPENSE (QTE) ACCOUNTS

Please enter your QTE election(s):	<u>Type of Account</u>	<u>Monthly Election</u>
	<input type="checkbox"/> Parking	\$ _____
	<input type="checkbox"/> Mass Transit	\$ _____

C. EMPLOYER MUST COMPLETE THIS SECTION

• Deduction cycle: monthly semi-monthly bi-weekly (2 per month) weekly (4 per month)

• Pay Date of first deduction: ___/___/___ eTRAC® Card Issue Month: _____

D. *ELECTION CHANGE INFORMATION

Reason for Change (check all that apply):	Type of Change (check all that apply – do not complete if employment is terminating):	
	<u>Parking</u>	<u>Mass Transit</u>
<input type="checkbox"/> Change in work schedule	<input type="checkbox"/>	<input type="checkbox"/> Increase monthly election
<input type="checkbox"/> Change in monthly QTE expenses	<input type="checkbox"/>	<input type="checkbox"/> Decrease monthly election
<input type="checkbox"/> Change in residence or worksite	<input type="checkbox"/>	<input type="checkbox"/> Stop deduction (account will remain open)
<input type="checkbox"/> Open Enrollment	<input type="checkbox"/>	<input type="checkbox"/> Close account (account can no longer be used; funds are forfeited)
<input type="checkbox"/> Other _____	<input type="checkbox"/>	

• I have received and read the printed material which explains my QTE Plan and 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. Any choices above may be modified only as defined in the Plan.

• I authorize the amount(s) above to be deducted from payroll as indicated and also authorize any necessary advance on salary deduction (as described herein).

• I authorize the issuance of an eTRAC® MasterCard® by the Benefit Resource, Inc. bank. I agree to use this card only for eligible Plan expenses and to be bound by all provisions of the eTRAC MasterCard Agreement sent to me as a result of this application. Furthermore, I understand that if my eTRAC MasterCard is used for expenses other than those defined in the Plan or if I am in violation of the Agreement, I may pay a surcharge for each non-approved expense and may lose eTRAC MasterCard privileges. I also agree to have any non-approved expense and/or replacement card expense deducted from my next paycheck on an after-tax basis as an advance on salary.

• I understand that Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. I also understand that I may be required to provide identifying information (e.g. social security number, address and date of birth) when making inquiries about my eTRAC card.

• I understand that any personal information obtained will not be shared with anyone, including non-affiliated third parties, except as permitted by law.

Signature: _____

Date: ___ / ___ / ___

Please return completed form to your employer.