

State of Connecticut Qualified Transportation Account Compensation Reduction Agreement Form Revised 10/10



EMPLOYEE NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	EMPLOYEE NUMBER	EMPLOYEE RECORD NUMBER						
HOME ADDRESS <input type="checkbox"/> Check if new address		CITY, STATE, ZIP CODE							
NAME OF EMPLOYING AGENCY		DEPARTMENT ID	DATE OF HIRE						
EMAIL ADDRESS	DAYTIME CONTACT NUMBER	PAYROLL FREQUENCY <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly							
ENROLLMENT /CHANGE ELECTION									
<input type="checkbox"/> ORIGINAL ELECTION ELECTION PERIOD Month/Year ____ / ____ <input type="checkbox"/> CHANGE OF ELECTION		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">QTA ELECTION</td> <td style="text-align: center;">AMOUNT</td> </tr> <tr> <td><input type="checkbox"/> Qualified Parking Expenses - (up to \$230 per month)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Qualified Transit Expenses - (up to \$230 per month)</td> <td>\$ _____</td> </tr> </table>		QTA ELECTION	AMOUNT	<input type="checkbox"/> Qualified Parking Expenses - (up to \$230 per month)	\$ _____	<input type="checkbox"/> Qualified Transit Expenses - (up to \$230 per month)	\$ _____
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PRE-PAID BENEFITS CARD ELECTION									
<input type="checkbox"/> Yes, I elect to participate with the Pre-Paid Benefits Card		Effective Month/Year ____ / ____							
<input type="checkbox"/> No, I waive participation with the Pre-Paid Benefits Card									
CONTINUATION OF ELECTION									
I hereby authorize my employer to continue to reduce my taxable monthly compensation by the amount above. I understand that this monthly reduction will continue until such time as I change my election.									
<input type="checkbox"/> Yes, continue this withholding until a new election is received.									
<input type="checkbox"/> No, this election is for the designated month only.									

I hereby make the following election regarding the benefits made available to me under my Qualified Transportation Account and affirm my understanding that:

- This election is exclusively for the cost of my regular daily direct commute from home to work and return in a Public Transportation Vehicle or for the regular daily cost of parking on or near my work location.
- I will not give, barter, exchange, convey or otherwise transfer this benefit to any other person.
- This election is based on a calendar month and will begin on my first assigned workday of the upcoming calendar month and will remain in effect until the last day of the selected election period(s).
- The monthly benefit will not exceed my average monthly commuting cost or the maximum election amount established by the IRC Section 132 for parking or for commuting by public transportation or eligible vanpool.
- A reduction in my taxable compensation will remain in effect for the monthly period(s) during which I am a participant and can only be changed or revoked in accordance with the Qualified Transportation Account Cut Off Date Schedule.
- My taxable compensation will be reduced by an amount equal to the total value of the benefits specified below. Such amount is to be deducted from my regular paychecks during the election period.
- I agree to use the benefits debit card for eligible expenses only.
- I understand the benefits debit card will be inactivated if I do not comply with the provisions of the Plan/card or upon termination of employment.
- I am responsible for any fees associated with the use of the benefits debit card, not otherwise paid for by my employer.

I acknowledge that I have read and understand the instructions, terms and conditions mentioned on this application and that my participation in the Qualified Transportation Account is in accordance with current plan provisions and Internal Revenue Code requirements.

Employee Signature _____ Date _____

KEEP A COPY FOR YOUR RECORDS

MAIL OR FAX COMPLETED FORM TO: Progressive Benefit Solutions, LLC (PBS), 23 Maiden Lane, North Haven, CT 06473
 FAX: (203) 234-1139 Phone: 1-866-906-8023