ENROLLMENT FORM

QUALIFIED TRANSPORTATION EXPENSE PLAN

(PLEASE PRINT CLEARLY)

Benefit Resource, Inc.
plans that perform

2320 Brighton-Henrietta Townline Rd
Rochester, NY 14623
Phone: (800) 473-9595
Website: www.BenefitResource.com

EMPLOYER:

EFFECTIVE DATE OF ENROLLMENT: / /

A. EMPLOYEE INFORMATION

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: / / Gender: ☐ Male ☐ Female

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

B. QUALIFIED TRANSPORTATION EXPENSE (QTE) ACCOUNTS

Please enter your QTE election(s):

Type of Account	**Monthly Election**
☐ Parking	$ _____
☐ Mass Transit	$ _____

C. EMPLOYEE CERTIFICATION

- I have received and read the printed material which explains my QTE Plan and my options under it. I understand that any expenses paid under this Plan must be eligible expenses as governed by IRS regulations and must not be reimbursed from any other source. I also understand that by signing and submitting this enrollment form, I am making an election that will remain in effective until a change 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 the card only for eligible Plan expenses and to be bound by all provisions of the *eTRAC MasterCard Agreement* sent to me with my card. Furthermore, I understand that if my eTRAC MasterCard is used for expenses other than those defined in the Plan or if I violate the terms of the *Agreement*, I may lose eTRAC MasterCard privileges and will reimburse the Plan for the expenses. I also agree to have any non-approved expense and/or replacement card expense deducted from my 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: _____ / _____ / _____

D. PAYROLL DEDUCTION INFORMATION *Employer must complete this section for employee to be enrolled.*

- **Deduction cycle:** ☐ monthly ☐ semi-monthly ☐ bi-weekly *(2 per month)* ☐ weekly *(4 per month)*
- **Pay Date of first QTE deduction(s):** _____/_____/_____ • **eTRAC Card Issue Month:** _____

Please return completed form to your employer.