ENROLLMENT / CHANGE FORM
QTE REIMBURSEMENT PLAN

EFFECTIVE DATE ____ / ____ / ____

PLEASE CHECK ONE

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

EMPLOYER: _____

Benefit Resource, Inc.

2320 Brighton-Henrietta Townline Rd
Rochester, NY 14623
Phone: (585) 424-5200 ext 200

Website: www.ibenefitresource.com

A. EMPLOYEE INFORMATION *(Please print clearly)*

Social Security Number: - -

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

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

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

Birth Date: ____ / ____ / ____ Hire Date: ____ / ____ / ____

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

E-mail Address: _____

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):

(Refer to Item 5 of your Plan Highlights for monthly election maximums.)

Type of Account	**Monthly Election**
❍ Parking Reimbursement Account	$ _____
❍ Mass Transit Reimbursement Account	$ _____

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: ____ / ____ / ____

D. *ELECTION CHANGE INFORMATION *(Refer to Plan Highlights for details regarding changes in elections.)*

Reason for Change *(check all that apply):*

- ❍ Change in work schedule
- ❍ Change in monthly QTE expenses
- ❍ Change in residence or worksite
- ❍ Open Enrollment
- ❍ Other _____

Type of Change *(check all that apply)*:

Mass Transit	**Parking**	
❍	❒	Increase monthly election
❒	❒	Decrease monthly election
❒	❒	Stop deduction *(account will remain open)*
❒	❒	Close account *(account can no longer be used; funds are forfeited)*

- 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 understand that any nonpublic 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.