



Office of Human Resources
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Qualified Transportation Expense (QTE) Plan - ENROLLMENT/CHANGE FORM

Effective Date: _____/01/_____ New Enrollment Change In Election*(complete Section III)

I. EMPLOYEE INFORMATION (Please Print)

Employee ID No. (University ID or SSN):

Last Name: _____ First Name: _____ Middle Initial: _____

Address:

City: _____ State: _____ Zip Code: _____

Hire Date: ____/____/____

Employee Status: Full-Time Part-Time

The purpose of the agreement is to authorize the election of the Qualified Transportation Expense (QTE) benefits and the reduction in salary needed to facilitate the benefit(s) I have selected. This agreement is designed to conform with a QTE Plan in accordance with Section 132(f) of the Internal Revenue Code.

II. QUALIFIED TRANSPORTATION EXPENSE (QTE) ACCOUNTS

	Type of Account	Pre-Tax	Post-Tax
Please enter your QTE monthly election(s):	<input type="checkbox"/> Mass Transit	\$ _____ (\$25 min./\$230 max)	\$ _____ (unlimited)
	<input type="checkbox"/> Parking	\$ _____ (\$25 min./\$230 max)	\$ _____ (unlimited)

III. ELECTION CHANGE INFORMATION*

Change is for Account: Mass Transit Parking

Type of Change:
 Increase monthly election
 Decrease monthly election
 Stop deduction (account will remain open)

- I have received and read the printed material which explains the QTE Plan and my options under it.
- The deduction I have elected is a **monthly** amount which will be split amongst my paychecks each on a pre-tax and/or post-tax basis.
- 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).
- Salary contributed into one QTE account cannot be transferred and used for another QTE account.
- I understand that by signing and submitting this form, I am making an election that will remain in effect until a new form is submitted.
- This form will be in effect the 1st of the month following the date it is received by The Office of Human Resources.
- **I understand upon my termination of employment the *Benefits Card* will be active only through the last day of the month in which my employment ends and any amounts remaining in my account will be forfeited.**

Signature: _____ Date: ____/____/____

III. EMPLOYER SECTION – OFFICE USE ONLY

Payroll Schedule: Monthly Bi-Weekly Bi-Hourly Weekly

Pay Date of First Deduction/Change: ____/____/____ *Benefits Card* Issue Month: _____