

QUALIFIED TRANSPORTATION FRINGE BENEFITS (QTFB) ENROLLMENT FORM

Instructions: Complete the top portion of the form and the appropriate section to enroll, change, or stop enrollment in QTFB. Sign and date the form, retain a copy for your records, and mail the completed form to the address listed below.

Name		Work Phone	
Home Address			
City	State	Zip Code	Home Phone
Employee ID Number		E-Mail Address	

ENROLL	CHANGE	STOP
<p>I would like to have a pre-tax contribution of \$ _____ deducted from my wages on a bi-weekly basis for QTFB.</p> <p>All enrollments are effective the first day of the month and cannot be retroactive. Choose the month your enrollment will become effective:</p> <p style="text-align: center;">_____/_____ (MM / YY) <i>(Must be a future date.)</i></p>	<p>I would like to change my current bi-weekly contribution from _____ to _____.</p> <p>All changes are effective the first day of the month and cannot be retroactive. Choose the month your change will become effective:</p> <p style="text-align: center;">_____/_____ (MM / YY) <i>(Must be a future date.)</i></p>	<p>I would like to stop my bi-weekly contribution effective the last day of the pay period ending _____.</p> <p style="text-align: center;">_____ (MM/DD/YY)</p>

I UNDERSTAND THAT MY DEDUCTION AMOUNT CANNOT EXCEED THE MAXIMUM CONTRIBUTION REGULATED BY THE IRS. THIS DEDUCTION WILL REMAIN IN FORCE UNTIL I CHANGE OR STOP MY QTFB CONTRIBUTION.

I have read and understand the documents governing this Plan and agree to act according to its provisions. I certify that I will be using the benefit exclusively for QTFB while in work status. I will not give, barter, exchange, convey, or otherwise transfer this benefit to any other person.

I understand and agree that false certification may result in disciplinary action taken by the State of Michigan up to and including dismissal from employment and possible criminal prosecution.

Signature: _____ **Date:** _____

Return the completed form and any required documentation to:

MI HR Service Center

Capitol Commons Center, 1st Floor, P.O. Box 30002
Lansing, MI 48909

Fax: (517) 241-5892

Telephone: Toll Free (877) 766-6447; Lansing area (517) 335-0529