

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		Email 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: right;">(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;
 Michigan Relay Center for Hearing Impaired Dial 711