



UTHealth Mobility Program PAYROLL DEDUCTION AGREEMENT (without subsidy)

The University of Texas Health Science Center at Houston (UTHealth) Mobility Program enables employees to pay for approved commuting expenses with pre-tax dollars taken directly from their paychecks (pursuant to the provisions of the Internal Revenue Code for Qualified Transportation Benefits). This form is for enrolling in or dropping from the program.

Payroll deductions for the Mobility Program are made one full month in advance. That is, payroll deductions taken in one month (for example, April) are applied to commuting expenses in the following month (May). This form must be received by the 5th day of the month for your participation to be activated or discontinued in the following month.

Name _____

Employee ID _____

This is: Initial Enrollment
 Amended Enrollment

Discontinue - DROP
 Discontinue - Temporary

Effective Date: ____ / ____ / ____ for the month of _____, 20____.
Example: Effective Date: 4/1/xx for the month of May 20xx.
Payroll deductions are made one full month in advance.

ENROLLMENTS:

I hereby authorize UTHealth to deduct the following amount as indicated from EACH paycheck on a pre-tax basis:

METRO Select one METRO option: METRORail _____ METRO Bus/Route # _____

	<u>Deduction/pay period</u>	<u>Total added to METRO Q Card</u>
Local/Rail	_____ \$ 25.00 (\$50.00 monthly)	\$ 50
Zone 1	_____ \$ 40.00 (\$80.00 monthly)	\$ 80
Zone 2	_____ \$ 65.00 (\$130.00 monthly)	\$130
Zone 3	_____ \$ 75.00 (\$150.00 monthly)	\$150
Zone 4	_____ \$ 90.00 (\$180.00 monthly)	\$180
Spec	_____ \$ 55.00 (\$11.00 monthly)	\$110

_____ Check if you have a Senior or Student 50% Discounted Q Card.

**Payroll deductions will only be loaded to the participant's METRO Q Fare Card once per month (last day).*

Woodlands Express (WE) – Sawdust, Research Forest or Sterling Ridge

_____ **\$130.00 (\$260.00 monthly)**

Fort Bend County Express (FBCE)

_____ **\$63.00 (\$126.00 monthly)**

Payroll deductions for the Woodlands Express or Fort Bend County Express will be converted to ticket books and distributed to participants once per month, (last day). Deduction will not include mailing expenses charged by the WE and FBCE.

PAYROLL DEDUCTION AGREEMENT:

I request that UTHealth pay mobility charges as indicated above in lieu of compensation otherwise payable directly to me until revoked by either party. This agreement is executed to be effective with respect to amounts earned after the execution of this agreement, and pursuant to the provisions of the Internal Revenue Code for Qualified Transportation Benefits.

I understand it is my responsibility to inform the Mobility Program Coordinator if I wish to drop from the program. ***I understand that no refunds will be made for unused tickets or the remaining value on my Q Card if I drop from the program, but I that may keep the tickets or METRO Q Fare Card for my future use.***

I also understand that, in the event of an adverse ruling by the Internal Revenue Service concerning the federal income tax liability of individuals who participate in this program, it will be my responsibility to satisfy any federal income tax deficiency.

Signature: _____

DATE: _____

UTHealth Inter-Institutional Mailing Address: _____

Email: _____

Phone: _____

Please send this completed form to the attention of Diane Cupples, Mobility Program Coordinator, to either:

FAX: 713-500-8409
E-mail: Mobility@uth.tmc.edu or Diane.E.Cupples@uth.tmc.edu
Inter-institutional mail: REC116