

UTHealth Houston Mobility Program PAYROLL DEDUCTION AGREEMENT (including subsidy)

The University of Texas Health Science Center at Houston (UTHealth Houston) 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 □ Discontinue □ Discontinue 		nue - DROP nue - Temporary
Effective D	ate: / / for the mo Example: Effective Date: 4/1, Payroll deductions are made or	/xx for the month o	of May 20xx.
ENROLLMENT hereby authoriz	•	•	
METRO Se	elect one METRO option: METRORail _	METRO Bu	s/Route #
SELECT ONE		o katal	Total addadas METRO O Cod
CLIBLOC	Deduction/pay period	<u>Subsidy</u>	Total added to METRO Q Card
SUBLOC	\$ 10.00 (\$20.00 monthly)	\$30	\$ 50
SUBZN1	\$ 16.00 (\$32.00 monthly)	\$48	\$ 80
SUBSPC	\$ 27.50 (\$55.00 monthly)	\$55	\$110
SUBZN2	\$ 37.50 (\$75.00 monthly)	\$55	\$130
SUBZN3	\$ 47.50 (\$95.00 monthly)	\$55	\$150
SUBZN4	\$ 62.50 (\$125.00 monthly)	\$55	\$180
SUBDSL	\$ 5.00 (\$10.00 monthly)	\$15	\$ 25
SUBDS1	\$ 8.00 (\$16.00 monthly)	\$24	\$ 40
SUBDS2	\$ 13.00 (\$26.00 monthly)	\$39	\$ 65
SUBDS3	\$ 15.00 (\$30.00 monthly)	\$45	\$ 75
SUBDS4	\$ 18.00 (\$36.00 monthly)	\$54	\$ 90
Discou	unted - Check if you have a Senior or Stu	dent 50% Discounted	Q Card.
Payroll deduc	tions plus subsidy will be loaded to the p	articipant's METRO C	R Fare Card once per month (last day).
Woodlands Ex	xpress (WE) – Sawdust, Research Forest	or Sterling Ridge	
Fort Bend Cou	\$102.50 (\$205.00 monthly) unty Express (FBCE)	\$55 subsidy	\$260.00
	\$35.50 (\$71.00 monthly)	\$55 subsidy	\$126.00
•	ns plus subsidy for the Woodlands Express wi ess are loaded via the App once per month, (las	ll be converted to ticket	books & distributed to participants & Fort

PAYROLL DEDUCTION AGREEMENT:

I request that UTHealth Houston pay mobility charges as indicated above in lieu of compensation otherwise payable directly to me, along with the subsidy amounts listed, 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, make a change or become ineligible as indicated in the Mobility Program Acknowledgement of Obligation executed by me. I understand that <u>no refunds</u> 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 Houston Inter-Institutional Mailing Address:	
Email:	
Phone:	

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

FAX: 713-500-0374

E-mail: Mobility@uth.tmc.edu

Inter-institutional mail: UCT 1.070Q