

UTHealth Mobility Program PAYROLL DEDUCTION AGREEMENT (without 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.

This is: Initial Enrollment Disco	ee ID
Effective Date:/ for the month of Example: Effective Date: 4/1/xx for the month payroll deductions are made one full month in NROLLMENTS: Determine a provided with the following amount as indicated with the following amount as indicate	
Effective Date:/ for the month of Example: Effective Date: 4/1/xx for the month payroll deductions are made one full month in NROLLMENTS: ereby authorize UTHealth Houston to deduct the following amount as indicated the following amount as indicated to	ntinue - DROP
Example: Effective Date: 4/1/xx for the mon Payroll deductions are made one full month in NROLLMENTS: ereby authorize UTHealth Houston to deduct the following amount as indicated METRO Select one METRO option: METRORail METRORAIL METRORAIL METRORAIL METRORAIL S 25.00 (\$50.00 monthly) Zone 1	ntinue - Temporary
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IROLLMENTS: ereby authorize UTHealth Houston to deduct the following amount as indicated the following amou	th of May 20xx.
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METRO Select one METRO option: METRORail METRORail Local/Rail \$ 25.00 (\$50.00 monthly) Zone 1 \$ 40.00 (\$80.00 monthly) Spec \$ 55.00 (\$110.00 monthly) Zone 2 \$ 65.00 (\$130.00 monthly)	
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Zone 1 \$ 40.00 (\$80.00 monthly) Spec \$ 55.00 (\$110.00 monthly) Zone 2 \$ 65.00 (\$130.00 monthly)	Total added to METRO Q Card
Spec \$ 55.00 (\$110.00 monthly) Zone 2 \$ 65.00 (\$130.00 monthly)	\$ 50
Zone 2 \$ 65.00 (\$130.00 monthly)	\$ 80
	\$110
7one 3 \$ 75.00 (\$150.00 monthly)	\$130
	\$150
Zone 4 \$ 90.00 (\$180.00 monthly)	\$180
Check if you have a Senior or Student 50% Dis	counted card (deduction would be 50% o
above).	
*Payroll deductions will only be loaded to the participant's METRO (Q Fare Card once per month (last day).
NAC additionals Frances (NACE) Countries Describe Founds on Charling Dides	
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 plus subsidy for the Woodlands Express will be conve	erted to ticket books & distributed to

Payroll deductions plus subsidy for the Woodlands Express will be converted to ticket books & distributed to participants & Fort Bend County Express are loaded via the App once per month, (last day). Deduction may include mailing expenses charged by the WE or FBCE.

PAYROLL DEDUCTION AGREEMENT:

I request that UTHealth Houston 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 <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 Ho	uston 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