



## UTHealth Mobility Program PAYROLL DEDUCTION AGREEMENT (including 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 5<sup>th</sup> day of the month for your participation to be activated or discontinued in the following month.

Name \_\_\_\_\_ Employee ID \_\_\_\_\_

- This is:     Initial Enrollment                       Discontinue - DROP  
                   Amended Enrollment                       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 # \_\_\_\_\_

**SELECT ONE:**

	<u>Deduction/pay period</u>	<u>Subsidy</u>		<u>Total added to METRO Q Card</u>
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

\_\_\_\_\_ Discounted - Check if you have a Senior or Student 50% Discounted Q Card.

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

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

\_\_\_\_\_ **\$102.50 (\$205.00 monthly)**    \$55 subsidy                      \$260.00

**Fort Bend County Express (FBCE)**

\_\_\_\_\_ **\$35.50 (\$71.00 monthly)**    \$55 subsidy                      \$126.00

*Payroll deductions plus subsidy 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 may include mailing expenses charged by the WE or FBCE.*

**PAYROLL DEDUCTION AGREEMENT:**

I request that UTHealth 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 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 Mobility Program Coordinator to either:*

<b><i>FAX:</i></b>	<b><i>713-500-8409</i></b>
<b><i>E-mail:</i></b>	<b><i><a href="mailto:Mobility@uth.tmc.edu">Mobility@uth.tmc.edu</a></i></b>
<b><i>Inter-institutional mail:</i></b>	<b><i>REC112</i></b>