



# UTHealth Mobility Program METRO STAR VAN POOL SUBSIDY AGREEMENT

The University of Texas Health Science Center at Houston (UTHealth) Mobility Program provides employees with subsidies for approved commuting expenses incurred for participation in a METRO Star Van Pool (pursuant to the provisions of the Internal Revenue Code for Qualified Transportation Benefits). This form is for enrolling in or dropping from the program.

Subsidies are paid directly to METRO on a monthly basis. 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  
               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.**

### ENROLLMENT:

METRO Star Van # \_\_\_\_\_ Van Pool Driver: \_\_\_\_\_

UTHealth will subsidize 60%, up to \$55, of an eligible participant's monthly van pool cost. UTHealth will remit payment of the subsidy directly to METRO. The subsidy will be deducted from the participant's monthly cost.

### VAN POOL SUBSIDY AGREEMENT:

I request that UTHealth pay the subsidy amount listed above for my participation in a METRO Star Van Pool, until revoked by either party. This agreement is executed to be effective 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 or if I will not be riding at least 16 days each month **round** trip.

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: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**FAX: 713-500-3652**

**E-mail: [Mobility@uth.tmc.edu](mailto:Mobility@uth.tmc.edu)**

**Inter-institutional mail: UCT 1.070Q**