

**QUALIFIED TRANSPORTATION ACCOUNT  
ENROLLMENT/CHANGE FORM**

CO-1312 (Rev. 1/2020)

**Office of the State Comptroller  
Healthcare Policy & Benefit Services Division**

<b>EMPLOYEE INFORMATION</b>	<b>Employee Name (last, first, middle initial)</b>	<b>Employee Number</b>	<b>Job Record Number</b>
	<b>Street Address</b>	<b>Date of Birth</b>	<b>Social Security Number (must be provided)</b>  ____ / ____ / ____
	<b>City, State, Zip Code</b>	<b>Date of Hire</b>	
	<b>Employee Personal Email</b>	<b>Office Telephone No.</b>	<b>Home Telephone No.</b>
<b>ENROLLMENT INFORMATION</b>	<b>Qualified Transit</b> Enrollment Election Amount:  \$ _____ per Month  (Minimum \$20, Maximum \$270 a month)	<b>Qualified Parking</b> Enrollment Election Amount:  \$ _____ per Month  (Minimum \$20, Maximum \$270 a month)	
	<b>I elect to participate with the pre-paid debit card</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>AUTHORIZATION</b>	<p>I acknowledge that I have read and understand the instructions, terms and conditions mentioned on this application and that my participation in the Qualified Transportation Account is in accordance with current plan provisions and Internal Revenue Code requirements.</p> <p>I hereby make the following election regarding the benefits under my Qualified Transportation Account and affirm my understanding that:</p> <ul style="list-style-type: none"> <li>• This election is exclusively for the cost of my regular daily direct commute from home to work and return in a Public Transportation Vehicle or for the regular daily cost of parking on or near my work location.</li> <li>• I will not give, barter, exchange, convey or otherwise transfer this benefit to any other person.</li> <li>• This election is based on a calendar month and will begin on my first assigned workday of the upcoming calendar month and will remain in effect until the last day of the selected election period(s).</li> <li>• I understand the benefits debit card will be inactivated if I do not comply with the provisions of the Plan/card or upon termination of my employment.</li> </ul>		
<b>Employee Signature</b>		<b>Date</b>	

**MAIL, E-Mail OR FAX COMPLETED FORM TO:**

**Progressive Benefit Solutions, LLC (PBS)**  
 14 Business Park Drive #8, Branford, CT 06405  
 Phone 1-866-906-8023 or 203-985-1712  
**FAX: 203-974-4898**  
**Email: Enrollment@pbscard.com**