



REQUEST FOR ELECTION/CHANGE

Mass Transit Commutation Reimbursement Program For Part-time Employees

This form must be received by the 15th of the month to be effective the first payroll of the following month.

Part 1: Employee Information (Please Print)	
Name:	
Address:	
Department:	
Campus Address:	
Work Phone Number:	
Part 2: Mass Transit Commutation Election	
<input type="checkbox"/> I elect to participate in the Mass Transit Commutation Reimbursement Program	
I authorize Rutgers University to reduce my salary by \$ _____ (Maximum amount per month, \$245.00)	
Effective date of Salary Reduction: _____ (mm/dd/yy – must be the first of a month)	
Part 3: Mass Transit Commutation Election Change/Cancellation	
<input type="checkbox"/> I wish to cancel my participation in the Mass Transit Commutation Reimbursement Program	
<input type="checkbox"/> I wish to change my participation in the Mass Transit Commutation Reimbursement Program	
New election amount \$ _____ (Minimum amount \$15.00, Maximum amount \$245.00)	
Part 4: Mass Transit Commutation Reimbursement Account Term, Conditions and Authorization	
<ol style="list-style-type: none"> 1. The monthly amount will be deducted on a pre-tax basis from my salary in equal amounts from the first two paychecks of the month and placed in my MTCRP account. 2. I may submit claims monthly for reimbursement of eligible mass transit expenses incurred, up to the limit set by the IRS for the year in which I participate (or the amount in my account, if less). Proper documentation of expenses incurred must accompany all claims for reimbursement. 3. If I do not have proper documentation, I must complete the Certification Section of the claim form in order to be reimbursed. 4. The deadline for submission of claims for reimbursement is March 31 following the calendar year of participation. 5. Any funds left in my account at the end of the month will be carried over to the next month. Any funds left in my account at the end of the plan year will be carried over to the following year. I understand that no refunds of unused contributions are permitted at any time. 6. Contributions will end if I go on an unpaid leave of absence or leave the University. No retroactive contributions will be taken for missed paychecks. 	
_____ Signature	_____ Date

Return Address and Information:

Please return your Request for Election/Change form to University Human Resources –57 U.S. Highway 1, New Brunswick, NJ 08901-8554 or fax at 732-932-6208. For information regarding this benefit please contact a Benefits Specialist at 848-932-3990 or visit <http://uhr.rutgers.edu/>.