

**The George Washington University
Pre-tax Transportation Benefit Plan
Enrollment/Change Form**

Today's Date: _____

GW Id # _____

Last Name: _____ First Name _____

Department Name: _____

Campus Address: _____

Telephone: _____ Email Address: _____

New/Renew Participation Effective Date (must be 1st of month) _____

I hereby authorize the George Washington University to deduct ___\$40, ___\$60, ___\$80, ___\$100 ___\$110 from my paycheck for the pre-tax transportation benefit account.

I wish to receive my benefit as a credit to my Smartrip card
**note: In order to receive the credit, employees must CLAIM their benefit at a Metro fare card machine. For instruction, please visit Metro site <http://wmata.com/bus2bus/smartbenefits/pages/sbclaimbenefits.html>*

I wish to receive my benefit by receiving Metrochecks in multiples of \$20
**note: If you choose the \$110 option, you will receive (5) \$20 metrochecks and (1) \$10 metrocheck*

If you elected *SmarTrip* credit (required for staff using only Metrorail) and you already have a *SmarTrip* card, please write the number here: _____

Suspend/Terminate Participation - Effective Date (effective 1st day of month) _____

I understand that by signing and submitting this form, I authorize the adjustment to my annual salary based on my elections above. I further understand my election is irrevocable for one month and that deductions will continue, as authorized above, until I submit a new form to either change or stop participation in the plan. I further attest that the deductions are for work related commuting expenses and are not reimbursable by the University. *I also understand that any Smartrip benefits not claimed (added to your Smartrip card) during the month will be forfeited to the plan.*

Signed _____ **Date** _____

Return completed form to: Payroll Services, Academic Center, Rm. T-101

(Payroll Use Only)

Deduction Effective Date	
Plan Effective Date	
Pay Period Amount	
Pay Period	

Pre-Tax Transportation Benefit Statement of Agreement

By signing and submitting the Pre-tax Transportation Benefit Plan Enrollment/Change Form, I _____, acknowledge and will adhere to the following terms of the pre-tax transportation benefit.

- I authorize the adjustment to my annual salary based on my elections.
- I understand my election is irrevocable for one month and that deductions will continue, as authorized above, until I submit a new form to either change or stop participation in the plan.
- I understand that the deductions are for work related commuting expenses and *are not reimbursable* by the University.
- I understand that any Smartrip benefits not claimed (added to your Smartrip card) by the last day of each month *will be forfeited* to the plan.

Signature _____ Date _____

Social Security # _____ GWID # _____