

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

Today's Date: _____

GW Id # _____

Last Name: _____ First Name _____

Telephone: _____ Email Address: _____

SmarTrip Benefits

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

I hereby authorize the George Washington University to deduct \$_____ from my paycheck for **SmarTrip Benefits**. **note: Payroll deductions can be made in \$10 increments starting at a minimum of \$40 to a maximum of \$230 per month.*

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>*

SmartBenefit Vouchers

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

I hereby authorize the George Washington University to deduct \$_____ from my paycheck for **SmartBenefit Vouchers**. **note: Payroll deductions can be made in \$10 increments starting at a minimum of \$40 to a maximum of \$230 per month*

I wish to receive my benefit by receiving **SmartBenefit Vouchers**

**Only available to commuters who ride MARC, VRE, MTA commuter buses (Eyre, Dillon's and Keller) and MetroAccess. Available in \$10 and \$30 denominations.*

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.
- I understand that my SmartBenefit vouchers will have to be picked up from the TicketMasters office by the end of each month. They will not be mailed to me.

Signature _____ **Date** _____

Social Security # _____ **GWID #** _____