

The George Washington University
SmartBenefits Enrollment/Change Form

Date: _____ GW ID #: _____

Last Name: _____ First Name: _____

Telephone: _____ Email Address: _____

SmartTrip Card Number: 0

Register your card on WMATA: <https://smartrip.wmata.com/Account/Create> (Must be registered in applicant's name)

Check One: New Enrollment Change Enrollment Cancel Enrollment Replacement Card

Deductions Start/Change/Cancellation Date(Enter Pay-Date) _____

Pay Cycle Bi-Weekly Monthly

Amount per month (Transit plus Select Pass amounts combined must not exceed \$265)

Transit \$ _____ (\$10 increments starting at a minimum of \$40 to a maximum of \$265 per month)

Select Pass \$ _____ (Employee must purchase the Select Pass through WMATA by the 1st of the month manually each time or select auto-reload to automatically receive a new pass when the old pass expires.

Your monthly deduction options for Select Pass are:

\$72 \$81 \$90 \$99 \$108 \$117 \$126 \$135 \$144 \$153 \$162 \$171 \$180 \$189 \$198 \$207 \$216

For more information on Select Pass, use the following link

<https://wmata.com/business/smartbenefits/upload/SB-Transit-Pass-Benefit-Overview-2018.pdf> or call WMATA at 1-888-762-7874)

Parking \$ _____ (\$10 increments starting at a minimum of \$40 to a maximum of \$120 per month)

Total Amount \$ _____

Reassignment: (Transferring funds from old card to the new)

If your SmarTrip card is lost, damaged or stolen, you must notify WMATA by calling the SmarTrip Hotline at 1-888-762-7874. To complete the transfer of pre-tax benefits, you must purchase a replacement card from WMATA or the FSSC and register it with WMATA.

OLD SmartTrip Card Number: 0

NEW SmartTrip Card Number: 0

Reason for Reassignment _____

I understand that by signing and submitting this form, I authorize a deduction from 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 deductions are for a work related commuting expense and are not reimbursable by the university. I also understand that any SmarTrip benefits value classified as Transit, Select Pass or Parking is non-interchangeable. I understand that when I make a change to either my Transit or Parking benefit I must reformat my SmarTrip card between the 16th and the end of the month prior to the new benefit amount being made available.

Signature _____ Date _____

Return completed form to: Payroll Services, 45155 Research Place, Suite 155, Ashburn, VA 20147 or Fax to 571-553-4406 or email to payroll@gwu.edu

(Payroll Use Only)

Deduction Effective Date: _____ Pay Period Amount: _____

Plan Effective Date: _____ Pay Period: _____