The George Washington University
SmartBenefits Enrollment/Change Form

Date:_______________________________________ GW ID #: ________________________________
First Name:__________________________________ Last 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) _______________________________________

Amount per month (Transit plus Select Pass amounts combined must not exceed $260)

Transit $________ (Must be purchased 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.

Select Pass $________ (Must be purchased 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
1-888-762-7874)

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

Total Amount $________ (Must be purchased through WMATA by the 1st of the month manually each time or select auto-

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: ___________________________