The George Washington University
Pre-tax Transit and Metro Parking Benefit Plan
Enrollment/Change Form

Today’s Date: ____________________   GW Id # ____________________

Last Name: _______________________   First Name: ____________________

Telephone: _______________________   Email Address: ____________________

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SmarTrip Transit Benefits

New/Renew Participation   Deduction Start/Change Date (Enter Pay-Date) ____________________

I hereby authorize the George Washington University to deduct $ ______________ (total per month) 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 $255 per month.

☐ I wish to receive my Transit benefit as a credit to my registered SmarTrip card

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SmarTrip Parking Benefits

New/Renew Participation   Deduction Start/Change Date (Enter Pay-Date) ____________________

I hereby authorize the George Washington University to deduct $ ______________ (total per month) from my paycheck for Metro Parking Benefit. *note: Payroll deductions can be made in $10 increments starting at a minimum of $40 to a maximum of $110 per month.

☐ I wish to receive my Parking benefit as a credit to my registered SmarTrip card

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☐ Suspend/Terminate Transit Only – Deduction End Date (Enter Pay-Date) ____________________

☐ Suspend/Terminate Parking Only – Deduction End Date (Enter Pay-Date) ____________________

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 the deductions are for work related commuting expenses and are not reimbursable by the university. I also understand that any SmarTrip benefits value classified as Transit or Parking is non-interchangeable.

Signed ____________________  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)

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<thead>
<tr>
<th>Deduction Effective Date</th>
<th>Plan Effective Date</th>
<th>Pay Period Amount</th>
<th>Pay Period</th>
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Pre-Tax Transit and Parking Benefit
Statement of Agreement

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

• I authorize a deduction from 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 and or parking
expenses and are not reimbursable by the university.

• I understand that SmarTrip Parking benefits are only valid for Parking in Washington
Area Metropolitan Transit Authority parking lots that accept SmarTrip as a payment
method. Deductions for Parking are non-transferrable or reimbursable.

• I understand that I must register my SmarTrip card with WMATA in order to
participate in SmartBenefits.

• 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 ______________________

GWID # ______________________