Transportation Benefit For Headquarters Office
Enrollment/Change Form

Employee Name: _____ Select one: ☐ Enrollment ☐ Change

Please choose one of the following:

☐ **I elect SmartBenefits®.**

SmartBenefits is a web-based program that lets employers assign the dollar value of employees' monthly commuting benefits directly to reusable, rechargeable plastic SmarTrip cards, which can be used for parking, rail, van pool and bus travel throughout the D.C. metropolitan region.

Value on your card is stored in up to three different "purses" – a transit purse, a parking purse and a personal stored value purse.

Please indicate the allocation of your Smartbenefits (up to $110/month):

Transit purse
(amount to be used on rail/bus fares) $ _____

Parking purse
(amount to be used for metro parking) $ _____

This is my registered SmarTrip® card serial number: _____

For new enrollments: please attach a copy of the back of your SmarTrip card with the serial number clearly showing.

I understand my allocation to be in effect unless I provide notice of any changes to Financial Services before the 10th of the month so that the changes may be implemented for the following month.

☐ **I elect the IRIS AAAS parking garage benefit** (contingent upon availability).

The total cost to park in the AAAS garage effective January 1, 2005, is $190/month. I understand that IRIS will pay $100 of the cost to park in the AAAS parking garage. I authorize IRIS to deduct the balance from my paycheck on a semimonthly basis as an after-tax, payroll deduction. I understand should the AAAS parking garage rates increase, the amount of my payroll deduction may increase and I would be informed in advance of the change, provided advance notice is given to IRIS by AAAS.

Upon confirmation of a parking space, Financial Services will discuss options to collect the monies for the month the benefit begins as well as advance payment for the following month. One month cancellation notice is required to terminate this benefit and the recurring payroll deductions.

I understand the benefits above are offered by IRIS and are subject to change with or without notice.

Employee Signature: _____ Date: _____

Financial Services
v. 5/3/16