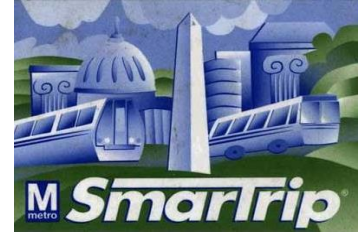




SmarTrip Metro Benefits Designation Form



All changes must be processed before the 15th of the month. Allow 2-3 business days for processing.

Date _____

Last Name _____

First Name _____

Department _____

I WANT TO:

☐ **CANCEL MY WMATA BENEFITS**

Check this box and sign the form.

☐ **ENROLL IN WMATA PRE-TAX BENEFITS**

Please obtain a SmarTrip card, and register it online at wmata.com before enrolling.

SmarTrip Card Number: _____

Please attach a copy of the back of your SmarTrip card or list ALL numbers as printed on the back of your card.

Requested Monthly Allowance for Metro Transit: \$ _____

Requested Monthly Allowance for Metro Parking: \$ _____

2017 Pretax Limits

Transit: \$255 per month

Parking: \$255 per month

Additional funds may be added as post-tax deductions.

Employee Signature _____

Submit completed form to **Payroll@abcimaging.com** for processing.

For Payroll:

ADP Updated _____
WMATA Updated _____
First Load Date _____

Version Updated 12/15/2016