



District of Columbia Government

SmartBenefits® Application and Change Form

Initial Application/Election Change to Election

PRINT Name: _____ Effective: (Month) _____

Agency: _____ Contact number: _____

Description of SmartBenefits®

As a result of collective bargaining, the District of Columbia Government will provide \$25 per month to eligible District of Columbia Government bargaining unit employees who use Metro public transportation to commute to and from work. If you are a bargaining unit employee covered by a collective bargaining agreement that includes this benefit, you are entitled to receive this benefit, providing you use Metro to commute to and from your place of employment with the District of Columbia Government.

About SmartBenefits®:

SmartBenefits® is a web-based program that allows the District of Columbia Government to load the dollar value of an employee’s Transit Benefits directly to the SmarTrip card located on the reverse side of your District of Columbia Government Employee Identification Card. SmartBenefits® can be downloaded between the 1ST and 30th of each month.

Election: **Please select all applicable statement(s):**

- _____ I am a District of Columbia Government employee.
- _____ I elect to have the \$25 subsidy contributed monthly to my DC Government ID Card, which also serve as a SmarTrip Card, to utilize for Metro transportation to and from work.
- _____ I do not have a District of Columbia Government (SmarTrip compatible) ID Card. I wish to receive the monthly commuter benefit on my pre-purchased WMATA SmarTrip Card. My SmarTrip number on my personal card is: _____
(You must have a pre-purchased & registered in YOUR name WMATA SmarTrip card to elect this choice).
- _____ I do not have a DC Government SmarTrip ID Card; nor do I have a pre-purchased WMATA SmarTrip Card. **(A SmarTrip Card will be issued to you when you submit your application to DCHR)**
- _____ I do not use Metro for any part of my commute to and from work; therefore, I am not eligible to receive this benefit. I understand that this benefit will only be offered again during benefits open enrollment, or with proof of new place of residence.

Enter SmarTrip® Card # _____ (first 9-digit # on bottom back of Employee ID)

Enter SmarTrip® Card # _____ (Issued by DCHR)

Commuter Benefit Disclaimer:

I understand that I am responsible for claiming this monthly commuter benefit by reporting to any Metrorail Station before the 30th day of the month and upload the \$25 benefit onto my SmarTrip Card. I further understand that changes to my benefit election can only be made before the 15th of the month prior to the change. If I choose to enroll, cancel, or make a change to this benefit, I will submit a change form to the designated program administrator assigned to my agency and the change will take effect the 1st of the following month. In addition, I understand that this benefit is only for my use to commute to and from work. Changes in my eligibility status will be provided to the designated program administrator assigned to my agency.

By my signature below, I certify that I ride Metro to commute to and from my place of employment with the District of Columbia Government and agree to use the benefit for the stated/intended purpose.

The District of Columbia Government reserves the right to conduct random audits and/or revoke all benefits paid by DC Government if fraudulent activities are suspected and proven. In addition, I understand that misuse of this benefit may result in appropriate legal action against me.

The signature below represents my agreement to the above stated disclaimer.

Signature: _____ Date: _____

Printed Name: _____

DCHR Office Use Only:

Rec'd from HR Advisor/Employee: _____
Date

Signature of person receiving: _____

Date Action Processed: _____
Date