



2009

SMARTBENEFITS/SMARTTRIP VOUCHERS PROGRAM

EMPLOYEE PARTICIPATION AUTHORIZATION

Please print all information

Effective March 1, 2009 up to a maximum of \$230 monthly may be deducted from your salary on a pre-tax basis for you to purchase SmartBenefits/Vouchers from your employer, if you use public transportation to commute to work. If the total cost of your commute is less than \$230 monthly, you may only have that lesser amount deducted from your salary to purchase that amount of SmartBenefits/Vouchers. (DO NOT include parking costs or commuter parking lots as part of your monthly commuting costs. DO NOT include any costs for driving to a train station or commuter parking lot. You may ONLY declare the actual cost of riding on public transportation.)

I certify that I use public transportation **to commute from home to work**. My total monthly cost to commute from home to work on the type(s) of public transportation is based on an average of 22 work days per month: \$_____.

Please choose one of the following options and complete with the appropriate information.

- 1) I understand that \$_____ will be withheld from my salary on a pre-tax basis (remember that only \$230 per month maximum is allowed to be deducted on a pre-tax basis), from the next available payroll, to purchase SmartTrip Vouchers from AIP for my personal use to pay towards the cost of my commute.

- OR -

- 2) I would like to purchase \$ _____ monthly and I understand that \$_____ will be withheld from my salary on a pre-tax basis (remember that only \$230 per month maximum is allowed to be deducted on a pre-tax basis), from the first two paychecks of each month, to purchase SmarTrip Benefits from AIP for my personal use to pay towards the cost of my commute. It is my responsibility to notify Human Resources as soon as possible if I need to have this deduction changed (increased, decreased, or discontinued). It is also my responsibility notify Human Resources if I loose my SmarTrip card and/or my serial number changes.

EMPLOYEE INFORMATION

Employee Name (print): _____

SmarTrip Serial Number: _____(please provide HR with a copy of card)

Employee Signature _____

Date: _____