



**ASSOCIATED UNIVERSITIES, INC.  
COMMUTER & PARKING BENEFIT REIMBURSEMENT PROGRAM  
Enrollment Form**

I am enrolling in the following Reimbursement Programs (check all that apply):

vanpool

mass transit

parking

**CERTIFICATION**

I, \_\_\_\_\_, hereby certify that I am eligible for the commuter benefit under IRC 26 USC 132(f), that I will be using it exclusively for my regular daily direct commute from my home to work and return, or for parking expenses while at my place of employment. I will not give, sell, or otherwise transfer it to any other person, and that the monthly commuter benefit that I receive does not exceed my average monthly commuting cost based on a 20-day month commuting by public transportation or eligible van pool.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employee #

\_\_\_\_\_  
Date

**AUTHORIZATION**

I authorize my employer, Associated Universities, Inc., to reduce my earnings by the amount indicated below:

**Transit services:** \$\_\_\_\_\_ per month *Maximum \$265 per month (2019 IRS max.)*

**Parking expense:** \$\_\_\_\_\_ per month *Maximum \$265 per month, (2019 IRS max.)*

**One-time contribution:** \$\_\_\_\_\_ per month  
*Total annual contributions cannot exceed \$3,180 (2019 IRS max.)*

This money will be available to me for the reimbursement of out-of-pocket commuter expenses or in the form of commuter passes as described above. I may only request the above maximum per month, regardless of expenses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employee#

\_\_\_\_\_  
Date

**HR USE ONLY**

Approved: \_\_\_\_\_  
Authorized H.R. Representative

Date: \_\_\_\_\_