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 $340 per month (2025 IRS max.)

Parking expense: $_____ per month
Maximum $340 per month, (2025 IRS max.)

One-time contribution: $_____ per month
Total annual contributions cannot exceed $4,080 (2026 IRS max.)

Effective _____, the above elected amount 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: _____

2026