



**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 on a per pay period basis (26 pay periods per year):

Transit services: \$ _____ per pay period
Maximum \$270 per month (2020 IRS max.)

Parking expense: \$ _____ per pay period
Maximum \$270 per month, (2020 IRS max.)

One-time contribution: \$ _____ per pay period
Total annual contributions cannot exceed \$3,240 (2020 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: _____