

## 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	$\Box$ 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 r Maximum \$280 per month (202	nonth 2 IRS max.)
Parking expense:	\$ per month Maximum \$280 per month, (2022 IRS max.)	
One-time contribution: \$ per month   Total annual contributions cannot exceed   \$3,360(2022 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. Date:	. Representative	
		11/2021