



**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 \$270 per month (2020 IRS max.)*

**Parking expense:**                      \$ \_\_\_\_\_ per month  
*Maximum \$270 per month, (2020 IRS max.)*

**One-time contribution:**                      \$ \_\_\_\_\_ per month  
*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: \_\_\_\_\_