



GOVERNMENT OF THE DISTRICT OF COLUMBIA
SmartBenefits Application & Change Form



Initial Application/Election:	Change to Election:	Date:
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Employee Information			
Last Name:	First Name:	MI:	
Phone:	Email:	Agency:	EMPL ID:

As a result of collective bargaining, the District of Columbia Government will provide \$25 per month to eligible Government bargaining unit employees, Compensation Units 1 and 2, who use Metro public transportation to commute to and from work. If you are a bargaining unit employee covered by a collective bargaining agreement that includes this benefit, you are entitled to receive this benefit providing you use Metro to commute to and from your District Government workplace. SmartBenefits® allows District Government to directly load the dollar value of an employee’s transit benefits to their SmarTrip card. SmartBenefits® can be downloaded between the 1st and 30th of each month.

SmarTrip Card #:

**Please ensure the SmarTrip card # entered is registered with WMATA and associated with your full name as it is entered on this form.*

COMMUTER BENEFIT DISCLAIMER

- I understand that I am responsible for claiming this monthly commuter benefit by reporting to any Metrorail Station before the 30th day of the month and upload the \$25 benefit onto my SmarTrip Card.
- I understand that changes to my benefit election can only be made before the 15th of the month prior to the change.
 - If your form is received before the 15th of the month, the benefit will begin the first day of the following month. *Example: For an application received September 6, the employee’s benefit will begin October 1.*
 - If your form is submitted after the 15th of the month, the benefit will begin the first day of the second month after the application is received. *Example: For an application received September 17, the employee’s benefit will begin November 1, not October.*
- If I choose to enroll, cancel, or make a change to this benefit, I will submit a change form to the designated program administrator assigned to my agency and the change will take effect the 1st of the following month.
- Changes in my eligibility status will be provided to the designated program administrator assigned to my agency.
- I understand that this benefit is only for my use to commute to and from work.
- I certify that I ride Metro to commute to and from my place of employment with the District of Columbia Government and agree to use the benefit for the stated/intended purpose.
- The District of Columbia Government reserves the right to conduct random audits and/or revoke all benefits paid by DC Government if fraudulent activities are suspected and proven.
- I understand that misuse of this benefit may result in appropriate legal action against me.
- The signature below represents my agreement to the above stated disclaimer.

Signature:	Date:
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Please Note: Return completed forms to DCHR via email at dchr.benefits@dc.gov or in person at One Judiciary Square, 441 4th Street, NW, Suite 340 North, Washington, DC 20001.

DCHR OFFICE USE ONLY

Received from HR Advisor/Employee	Date:
Person Receiving Signature:	
Date Action Processed:	