



GOVERNMENT OF THE DISTRICT OF COLUMBIA
SmartBenefits Application & Change Form



Initial Application/Election:

Change to Election:

Date:

EMPLOYEE INFORMATION				
Last Name:		First Name:		MI:
Phone:	Email:	Agency:	EMPL ID:	

As a result of collective bargaining, DC Government will provide a monthly subsidy to eligible DC Government bargaining unit employees. 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 DC Government workplace. SmartBenefits® allows DC Government to directly load the dollar value of an employee’s transit benefits to their SmarTrip card. SmartBenefits® are downloaded to the registered SmarTrip card on the first of each month.

SmarTrip Card #:

Please Note: You must register your SmartTrip card under your full name with Washington Metropolitan Area Transit Authority (WMATA, also known as Metro) at <https://www.wmata.com/fares/smartrip>.

COMMUTER BENEFIT DISCLAIMER

- I understand that this benefit is only for my use to commute to and from my DC Government worksite.
- I certify that I use mass transit, including Metrorail, Metrobus, MARC Train Service (MARC) or Virginia Railway Express (VRE), to commute to and from my DC Government worksite and agree to use the benefit for the stated/intended purpose.
- I understand that I **must register my SmarTrip card with WMATA to claim my benefits** and to avoid any disruption to my benefits.
- I will submit a change form to DCHR if I choose to cancel or make a change to this benefit.
- 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.*
- I will contact DCHR upon any change to my eligibility status.
- I understand that misuse of this benefit may result in appropriate legal action against me.
- DC Government reserves the right to conduct random audits and/or revoke all benefits paid by DC Government if fraudulent activities are suspected and proven.
- The signature below represents my agreement to the above stated disclaimer.

Signature:	Date:
-------------------	--------------

Please Note: Return completed forms to DCHR via email at dchr.benefits@dc.gov or in person at 1015 Half Street, SE, 9th Floor.

DCHR INTERNAL USE ONLY

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