

NRECA Commuter Assistance Program

New

Change ** Must be ***received by the 10th*** of the current month to be effective the first of the following month. You must wait a minimum of 2 months before requesting another change.

Employee Information

Employee Name

Today's Date

**Effective Date *(For HR Use Only)*

Commuter Information

Please check (X) your selection from the four options listed below:

1) SmarTrip Your WMATA Registered SmarTrip card serial #: _____

Please (x) your travel distance below. Starting from NRECA Headquarters use the Mapquest shortest time feature.

Please enter your Transit and/or Metro Parking amount in five dollar increments. Your total of the two needs to equal your subsidy.

Helpful links: www.mapquest.com www.wmata.com

| | Distance <small>(Rounded to the nearest mile)</small> | Subsidy | Transit <small>(Transit amounts over \$125 will be taxed)</small> | Metro Parking |
|--------------------------|--|---------|--|---------------|
| <input type="checkbox"/> | Under 5 miles | \$65 | | |
| <input type="checkbox"/> | 5-10 miles | \$95 | | |
| <input type="checkbox"/> | 11-20 miles | \$120 | | |
| <input type="checkbox"/> | 21-30 miles | \$145 | | |
| <input type="checkbox"/> | 31 + miles | \$175 | | |

2) Parking in NRECA garage for a monthly pre-tax deduction of \$48. You must complete and submit the Parking Patron Form.

3) Carpool with free parking. Please list your carpool members below:

Employee Name

Ext.

Employee Name

Ext.

4) Walker/Biker with up to five free parking passes per month. Additional validations may be purchased via payroll deduction. The Parking validation Purchase form is available on LiveWire.

Employee Certification

I certify that:

1) The foregoing is true and correct; 2) My selection will be my primary means of transportation to NRECA Headquarters; 3) I will use the metro subsidy/parking passes for my commute to and from work; 4) I will not transfer, sell or give the transit subsidy/parking passes to anyone else; 5) If I am unable to use one of my free parking passes, I will use in the subsequent month for commuting and request fewer permitted parking passes.

Employee Signature



**National Rural Electric
Cooperative Association**
A National Energy Cooperative



**Central
Parking
System**

PARKING PATRON INFORMATION

BUILDING 032

DATE _____ EFFECTIVE DATE _____

NAME _____

PARKING CARD NUMBER _____

NRECA EMPLOYEE NUMBER _____

(HR will enter for New Hires)

WORK PHONE _____

CAR POOL: YES NO

If yes, please list car pool members:

1. _____ phone: _____
2. _____ phone: _____
3. _____ phone: _____

VEHICLE INFORMATION

Vehicle #1

Vehicle #2

MAKE _____

MODEL _____

COLOR _____

LICENSE PLATE _____

STATE _____

Please return completed form to Lynn.Kristianson@nreca.coop, or via inner office to mail code BOP8-125.