

WASHINGTON D.C. COMMUTER AND PARKING BENEFITS PROGRAM
FOR APPLEONE ASSOCIATES AT THE DEPARTMENT OF STATE
AS PART OF THE XTREME TEAM

Congratulations! As an AppleOne associate assigned to the Department of State in Washington, D.C., you are eligible to participate in the D.C. Commuter Benefit Program.

If you would like to participate, please fill in the Date, Full Name, and Work Location Fields below, and then *select either the Commuter Benefit Subsidy Option OR the Parking Reimbursement Option.*

Date:

Full Name:

Work Location:

COMMUTER BENEFIT SUBSIDY OPTION

I WISH TO PARTICIPATE IN THE D.C. COMMUTER BENEFIT PROGRAM FOR CALENDAR YEAR 2024. I UNDERSTAND I AM ELIGIBLE TO RECEIVE UP TO \$315 PER MONTH FOR METRO COMMUTER BENEFITS WHICH WILL BE FUNDED ON A TRANSIT CARD WITH A VENDOR SELECTED BY APPLEONE. EACH MONTH, MY CARD WILL BE REPLENISHED TO THE MAXIMUM AMOUNT I ENTER BELOW.

THE AMOUNT I ANTICIPATE TO USE EACH MONTH FOR METRO IS \$ _____ THE AMOUNT I ANTICIPATE TO USE EACH MONTH FOR METRO PARKING IS \$ _____ (GRAND TOTAL FOR COMBINED MAY **NOT** EXCEED \$315 PER MONTH)

SMARTRIP CARDS MUST BE REGISTERED TO RECEIVE SMARTBENEFITS. PLEASE REGISTER YOUR SMARTRIP CARD. SMARTRIP CARD SERIAL NUMBER # _____

I AM **NOT** INTERESTED IN PARTICIPATING IN THE COMMUTER BENEFIT PROGRAM THROUGH APPLEONE AT THIS TIME AND AM DECLINING THIS OPTION. I UNDERSTAND THAT I CAN JOIN THE PROGRAM AT ANY TIME DURING THE COURSE OF THE YEAR BY COMPLETING THE FORM AND MARKING THE BOX STATING THAT I AM INTERESTED.

PARKING REIMBURSEMENT OPTION

I WISH TO PARTICIPATE IN THE PARKING REIMBURSEMENT PROGRAM FOR CALENDAR YEAR 2024. I UNDERSTAND THAT I AM ELIGIBLE TO RECEIVE UP TO \$315 PER MONTH REIMBURSED TO ME FOR PARKING EXPENSES FOR PURPOSES RELATED TO MY JOB. EACH MONTH, I WILL PROVIDE RELEVANT PARKING RECEIPTS TO THE DESIGNATED APPLEONE REPRESENTATIVE FOR REIMBURSEMENT. MORE INFORMATION WILL BE PROVIDED, SHOULD I SELECT THIS PROGRAM.

I AM **NOT** INTERESTED IN PARTICIPATING IN THE PARKING REIMBURSEMENT PROGRAM THROUGH APPLEONE AT THIS TIME. I UNDERSTAND THAT I CAN JOIN THE PROGRAM AT ANY TIME DURING THE COURSE OF THE YEAR BY COMPLETING THIS FORM AND MARKING THE BOX STATING THAT I AM INTERESTED.

Please print and sign this form and return it to your AppleOne representative.

Signature _____

Date _____