

SMARTRIP ENROLLMENT FORM

I. Account Holder Profile Information

First Name:		Last Name:	
Date of Birth:		Email Address:	
Mailing Address Line 1:			
Mailing Address Line 2:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Employer:			





II. Election

I authorize my employer to make the following pre-tax deductions from my paycheck according to the elections I have chosen below. I understand that I cannot change my election during the plan year unless I request it in writing and my employer allows it. My Social Security benefit may be reduced by this election.			
Benefit Month Effective:		Please Check One: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change of Enrollment <input type="checkbox"/> Cancel Pass Program	
SmarTrip Card Number:			
SmarTrip Transit Election:		Employee Monthly Election: \$ _____	
SmarTrip Parking Election:		Employee Monthly Election: \$ _____	

III. Authorization

Signature: _____ Date: _____		Employer Authorization: _____
**Please return this form to your employer for approval. **		

Contact Customer Service: Monday – Friday 8:30AM-7:30PM EST

 (603) 647-1147 Option 1
  (866) 978-7868
  customerservice@hrcts.com
 LiveChat