

Enrollment Application



Employer Information <i>(please print or type)</i>		
Company Name		
Address		
City	State	Zip
Contact Information <i>(senior manager on site)</i>		Title
Phone	Fax	
Email		
Type of Business <i>(check one)</i>	<input type="radio"/> For Profit	<input type="radio"/> Non-profit

Order Information	
Total Employees at Participating Work Site(s) _____	Estimated Number of Participating Employees _____
Maximum Monthly Direct Benefit Per Employee \$ _____	<i>Under Federal law, employers may provide up to \$255 monthly to each employee as a tax-free benefit. Consult your tax advisor for additional information.</i>
Estimated Total County Contribution Amount \$ _____	

Employer Agreement			
<i>As a participant in the FareShare Program, we agree to the following program guidelines:</i>			
<ul style="list-style-type: none"> We will provide a tax-free monthly transit/vanpool benefit of up to \$255/month to each employee working at our Montgomery County location(s) who takes transit or a vanpool to work. Montgomery County will provide a matching amount of up to \$50/employee/month to each eligible employee and a maximum of \$10,000 over a 12-month participation period. We understand that if we currently provide a transit/vanpool benefit and it is less than the Federal maximum of \$255/month, the County will match any <i>increase</i> in the benefit up to \$50/month, with a \$10,000 maximum in one year. Transit and vanpool benefits must be offered through Metro's SmartBenefits© program and are for use only by our employees working in Montgomery County in a Transportation Management District (TMD). We will place our company's SmartBenefits© orders on a monthly, quarterly or as needed basis and provide payment in full to Metro at the time of purchase. We agree to submit the <i>Employer Worksheet Invoice</i> and the <i>SmartBenefits© Order Confirmation Form</i> to Montgomery County for reimbursement of the matching amount of funding provided under the FareShare program. We understand this is a 12-month program, beginning with the date of receipt of our first order. All employees at our Montgomery County location(s) will be asked to complete a commuter survey at the beginning of our participation in the Fare Share Program and during the following year, to evaluate the impact of the program. We understand that continuation of this program is contingent upon availability of funding. 			
Authorized Representative (Name & Title) _____		Date _____	
For Dept. of Transportation Use Only Representative	Date Received	First Order Date	TMD

