



SmartBenefits Enrollment Form

Agreement for Employee SmartBenefits

I hereby authorize and release Library Associates of Maryland, LLC, hereinafter called COMPANY, to deduct on a pre-tax basis up to \$55.00 per paycheck for the SmartBenefits.

I recognize, acknowledge and accept that this service is being provided for my convenience. As such I agree to hold COMPANY harmless from any claim incident to the operation of this plan, arising from any act or omission by COMPANY and their employees.

It is understood that this agreement may be terminated by me or the COMPANY at any time by written notification to/from COMPANY.

Employee and SmarTrip Card Information:

Employee Name: _____ Employee Number: 0 ____ ____ ____
PRINT

SmarTrip Card Serial Number: _____
(located on back of card, bottom right corner, first set of 9 digit numbers)

[] Deduction Amount (**not to exceed \$55.00**) per paycheck: \$ ____ ____ . ____ ____

[] CANCEL SmartBenefits deductions

_____/_____/_____
EMPLOYEE SIGNATURE DATE