



P&T

# MOBILITY INCENTIVE PROGRAM

**BENEFITS :**

- Carpool(s) upgrade your parking permit to visitor lot.
- 250 Well 'Canes Points (ONE-TIME) when canceling a parking permit
- 100 Well 'Canes Points each year of not purchasing a parking permit
- 6 Emergency Ride Home vouchers (when registered with South Florida Commuter Services)

**WHO ARE YOU?** (Proof of UM affiliation required)

LAST Name		FIRST Name		Affiliation (Choose one)	
Daytime phone		C Number		<input type="checkbox"/> Gables One Tower <input type="checkbox"/> Telecommuter	
Email address					
Worksite: Street address		Suite/Building number	Residence: City		Residence: Zip code
Department name					

**ELIGIBILITY**

You must meet ALL of the following criteria for the duration of your mobility program membership:

- I do not drive and/or park at Gables One Tower nor do I park under the Metrorail station or at any University owned or leased parking lot.
- I do not live in on-campus housing.

I am actively employed full-time at Gables One Tower.

I will be commuting to Gables One Tower for the duration of my mobility program membership.

I am not an evening or night shift employee.

My primary commute is to Gables One Tower.

I understand that if I intentionally give false information to obtain membership in the Mobility Program, I may lose my privilege to receive any transportation benefits from the University of Miami, including Well 'Canes Points.

I have Aetna Medical Insurance with the University of Miami.

**SPECIFY YOUR ALTERNATIVE COMMUTE MODE(S)** (Use "1" for primary, and "X" for others that apply.)

\_\_ bicycle    \_\_ bus    \_\_ carpool    \_\_ train    \_\_ carshare    \_\_ walk    \_\_ other:

**EMERGENCY RIDE HOME**

The Emergency Ride Home program assures alternative transportation users that they will not be stranded on campus in the event of an unexpected personal emergency. As a Mobility Program member, you must register with South Florida Commuter Services for the ERH program, and your registration will remain effective for the duration of your employment or enrollment at UM. Please visit [miami.edu/mobility](http://miami.edu/mobility) for further details and restrictions.

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## VEHICLE INFORMATION

Tag State License Plate Number Auto Make Auto Model Auto Color Auto Year

## AUTHORIZATION AND SIGNATURE

### EMERGENCY RIDE HOME (ERH)

**Informed consent, waiver and release of liability.** As a voluntary participant in the Emergency Ride Home (ERH) program, I understand that my participation does not in any manner imply that, on acceptance of a ride through ERH (South Florida Commuter Serviced), I am acting in the course and scope of official UM business, nor does it establish an employer-employee or agency relationship between UM and the service provider.

### MOBILITY PROGRAM

I certify that I meet each of the eligibility criteria for the mobility program and the above information is true. I understand that if my employment changes, including work site relocation, I must notify Parking & Transportation (Coral Gables) to terminate my membership. I also understand that during any period of time, I may not have a valid monthly or annual parking permit and claim the mobility program benefits simultaneously.

**X** \_\_\_\_\_  
SIGNATURE DATE

**X** \_\_\_\_\_  
TELECOMMUTER DEPARTMENT DIRECTOR/SUPERVISOR SIGNATURE DATE

MAIL/ PARKING AND TRANSPORTATION OFFICE  
Hand deliver: 5807 Ponce De Leon Blvd. Suite 100 Coral  
Gables, 33146  
eMAIL: MXR1598@MIAMI.EDU  
PHONE: 305-284-1547

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