

South Florida Regional Transportation Authority (SFRTA)/Tri-Rail Employer Discount Program (EDP) Agreement

This agreement is between the South Florida Regional Transportation Authority (SFRTA)/Tri-Rail and _____
_____ "Employer" for SFRTA/Tri-Rail's Employer Discount Program (EDP).

In exchange for establishing and implementing the transit program, your employees will be eligible for a twenty-five (25) percent discount on SFRTA/Tri-Rail Monthly and 12-Trip passes.

1. The "Employer" agrees to participate and promote the SFRTA/Tri-Rail Employer Discount Program (EDP) and will comply with and execute all procedures and policies established by SFRTA/Tri-Rail relating to the Program. SFRTA/Tri-Rail will provide marketing tools to the "Employer" upon request.
2. The "Employer" agrees to assign an on-site contact person to administer the Program within your organization. This contact person will need to be responsible for the overall operation of the Program and agrees to:
 - Motivate and promote SFRTA/Tri-Rail as an alternative commuter option;
 - Distribute EDP Employee Brochure and Application to company employees interested in riding Tri-Rail;
 - Verify employees' participation;
 - Monitor membership enrollment requests;
 - Select promotional method as outlined in #3 of this agreement.
3. The "Employer" agrees to select several options listed below to promote the transit Program:
(check all that are applicable)
 - Provide SFRTA/Tri-Rail information in all new employees' benefit packages.
 - Poster advertisements in places seen frequently by employees (i.e. cafeteria, garage, elevator, etc.) EDP Poster provided in Employer Packet and additional posters provided upon request.
 - Provide updated transit articles in company newsletter.
 - EDP email or voicemail notices.
 - Paycheck stuffer inserts (stuffers are provided by SFRTA/Tri-Rail with company name, contact person and contact phone number).
 - Notification on company's website or intranet.
 - Special transit promotional days with SFRTA/Tri-Rail staffed display (to encourage alternative commuting options).
 - SFRTA/Tri-Rail Management Presentation to employer and employees.
4. The terms of this SFRTA/Tri-Rail EDP Agreement go into effect immediately and any changes to the Agreement must be approved in writing by the parties below.
5. This Agreement will be effective upon signature of both parties and will remain in effect until superseded by any future Agreement. The "Employer" or SFRTA/Tri-Rail may terminate this Agreement by giving either party thirty (30) days written notice. The Employer Discount Program (EDP) and its requirement, fares and discounts are subject to change.
6. This Agreement shall not be assigned, transferred, pledged or otherwise encumbered without the prior written approval of SFRTA/Tri-Rail.
7. The discount is valid only as long as the "Employer" and employees meet Program requirements.

Authorized Signature

Date

SFRTA/Tri-Rail Administrative Use

EDP Coordinator

Date

South Florida Regional Transportation Authority (SFRTA)/Tri-Rail Employer Discount Program (EDP) Application

Company Name _____
Primary Location (street address) _____
City _____ State _____ Zip Code _____
Mailing Address (if different from above) _____
City _____ State _____ Zip Code _____
Type of Business _____
Contact Person _____ Title _____
Phone Number _____ Ext. _____ Fax _____
Email _____ Number of Employees _____
Train Station (nearest to primary location) _____

Please Note: Employers who wish to enroll additional locations, please attach a separate sheet with the above information.

Do you wish to subsidize employee tickets?.....Yes ___ No ___ How much per ticket? \$ _____

Does your company allow flextime
(flexible window of arrival and departure time)?Yes ___ No ___

Does your company currently have a Pre-Tax,
Transit Commuter Benefit Program?Yes ___ No ___

Would you like more information on starting a Pre-Tax,
Transit Commuter Benefit Program?.....Yes ___ No ___

Please provide us with the most common work hours or shifts (i.e. 8:00 a.m. - 5:00 p.m.).

1. _____ until _____ 2. _____ until _____

Signature of Authorized Representative

Date

SFRTA/Tri-Rail Administrative Use

Signature of EDP Coordinator

Date

Reviewed/processed by _____

Account Number _____