

Mobility Program Well 'Canes Points

The program intends to promote health and well-being by rewarding employees who engage in mobility alternatives.

REQUIREMENTS FOR EARNING 400 WELL 'CANES POINTS (one time):

If you currently have a parking permit:

1. Must contact your main campus to cancel the parking permit.
 - a. Coral Gables campus – parking.gables@miami.edu
 - b. Medical – ppasses@miami.edu
 - c. RSMAS – parking@rsmas.miami.edu
2. Once the parking permit has been cancelled, complete attached form and email to mrx1598@miami.edu for approval.
3. Allow up-to 60 days for points to appear up on your Well 'Canes profile portal.

If you opt-out from purchasing a parking permit on day of hire:

1. Available to new employees hired after December 1, 2018 for 400 points.
2. Complete attached form and email to mrx1598@miami.edu for approval.
3. Allow up-to 60 days for points to appear up on your Well 'Canes profile portal.

REQUIREMENTS FOR EARNING 150 WELL 'CANES POINTS:

If you do not have a parking permit and utilize an alternative mobility option (See below for a list of alternate mobility options) to get to work:

1. Complete attached form and email to mrx1598@miami.edu for approval. (This must be completed each year to receive the annual allocation of 150 points)
2. Allow up-to 60 days for points to appear on your Well 'Canes profile portal.



P&T

MOBILITY PROGRAM - WELL 'CANES POINTS

UNIVERSITY of MIAMI PARKING & TRANSPORTATION SERVICES 2018-19
MOBILITY PROGRAM - WELL 'CANES POINTS

- PARTICIPANTS ENROLLED IN THE PROGRAM RECEIVE:
- 400 (ONE TIME) Well 'Canes Points (only when returning a parking permit)
- 150 Well 'Canes Points (if you do not own a parking permit)
- 6 Emergency Ride Home Vouchers (register with South Florida Commuter Services)

WHO ARE YOU?

Form with fields: LAST Name, FIRST Name, Affiliation (Choose one), Daytime phone, C Number, Email address, Residence: Street address, Suite/Building number, Residence: City, Residence: Zip code, Department name, Worksite: Street address, Suite/Building number, Worksite: City, Worksite: Zip code.

ELIGIBILITY

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

- I do not own a parking permit.
I do not park at the Coral Gables campus, Gables One Tower, Miller School of Medicine, RSMAS, or any other satellite campus.
I do not park under the Metrorail station at University Station.
I understand that parking on campus without a permit is not permitted unless otherwise approved.
I am actively employed full-time with UM.
I do not live in on-campus housing.
I have Aetna Medical Insurance with the University of Miami.
I understand that if I intentionally give false information I may lose my privilege to receive any Well 'Canes points and other transportation benefits.

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 however must be renewed annually. Visit miami.edu/mobility for further details and restrictions.



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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 - WELL 'CANES INCENTIVE POINTS

I certify that I meet each of the eligibility criteria for the Well 'Canes incentive program and the above information is true. I understand that if my employment changes, including work-site relocation, I must notify Parking & Transportation to terminate my membership. I also understand that during any period of time, I may not have a valid monthly or annual parking permit.

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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