



Commuter Benefits Election & Change Form

The Federal Judiciary Benefits Program

Four ways to enroll:



Web*

<http://judiciary.adp.com>

*If you are enrolling via the web, please keep this form for your records. You do not need to return a copy of this form.



Phone

1-888-442-FLEX
(3539)



Fax

1-800-778-0045



Mail

Federal Judiciary Benefits Program
P.O. Box 35680
Louisville, KY 40232

A. Personal Information (Please Print)

Name	Employee ID	Date of Birth	
Address	City	State	Zip Code
Email			

B. Action

- New Enrollment**
 Re-Enrollment
 Enrollment Change
 Cancel Enrollment

C. Enrollment Information

Mass Transit Expenses

If you wish to enroll in the Mass Transit please indicate the amount you wish to contribute monthly. The maximum allowable monthly election is \$130 and the minimum is \$10.

Election to Participate. - I hereby elect to participate in the Mass Transit Plan. I elect to contribute \$_____ monthly.

No change in existing election

Parking Expenses

If you wish to enroll in the Parking Plan please indicate the amount you wish to contribute monthly. The maximum allowable monthly election is \$250 and the minimum is \$10.

Election to Participate. - I hereby elect to participate in the Parking Plan. I elect to contribute \$_____ monthly.

No change in existing election

Please read the following carefully before completing your election:

- I agree that my compensation will be reduced by the amount I have elected under the Commuter Benefit Program, continuing for each pay period until this agreement is amended or terminated.
- I understand that any pre-tax elections I have made will reduce my compensation for Social Security tax purposes. This means that my Social Security benefits could be decreased.
- I understand that my election will carry over month-to-month, year-to-year until I amend or terminate this agreement. I also understand that if I have a balance in either account and I terminate employment, those funds will be forfeited.

Signature

Date