



# 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