



2019 Commuter Parking Benefits Election & Change Form

The Federal Judiciary Benefits Program

Four ways to enroll:



Web
Via JENIE or directly at
<https://judiciary.adp.com>



Phone
1-888-442-3539



Fax
1-800-526-6175



Mail
Federal Judiciary Benefits Program
P.O. Box 3810
Alpharetta, GA 30023-3810

A. Personal Information (Please Print)

Name SSN Date of Birth

Address City State Zip Code

Email

B. Action

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

C. Enrollment Information

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 \$265 and the minimum is \$10.

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

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 Parking 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