



2017 Commuter Parking Benefits Election & Change Form

The Federal Judiciary Benefits Program

Four ways to enroll:



Web*

<https://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 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 \$255 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