

Administrative Office of Pennsylvania Courts



QUALIFIED TRANSPORTATION EXPENSE PROGRAM

ENROLLMENT / DEDUCTION CHANGE FORM

Before completing this form, please carefully read the information on the reverse side. Please print or type.

Employee Name	
_____	XXX - XX - _____
Last name, first name & middle initial	Last 4 digits of social security #

Qualified Parking	<input type="checkbox"/> Initial Enrollment
	<input type="checkbox"/> Change to Existing Deduction
	<input type="checkbox"/> Cancellation of Deduction
Deduction Amount per Pay Period:	\$ _____ . _____
(not more than \$270 per month)	Effective Date: _____

Transit Pass	<input type="checkbox"/> Initial Enrollment
	<input type="checkbox"/> Change to Existing Deduction
	<input type="checkbox"/> Cancellation of Deduction
Deduction Amount per Pay Period:	\$ _____ . _____
(not more than \$270 per month)	Effective Date: _____

Employee Signature

Date

Please return completed form to:

Payroll Department
Administrative Office of Pennsylvania Courts
P.O. Box 61260
Harrisburg, Pennsylvania 17106-1260
Fax: 717-231-3299

Qualified Transportation Expense Program Enrollment Form

I have received and read the Employee Information Booklet regarding the Qualified Transportation Expense Program and understand the regulations governing contributions to and reimbursements from my Qualified Transportation Account. I understand that:

1. I may enroll at any time during the year. However, the enrollment form must be received by the Payroll Department in advance of the period for which the expenses are applicable.
2. My gross salary will be reduced by the deduction amount I specify per pay period until I change or terminate the deduction by submitting a revised enrollment form. (For staff employees, the deduction is taken only from the first two salary checks of each month).
3. The deduction from my gross salary will begin with the first regular payroll processed by the AOPC following the receipt of the enrollment form.
4. I can change or terminate my deduction(s) at any time during the year by submitting a revised enrollment form. However, changes and terminations must be made on a prospective basis. If I terminate my deduction, only expenses related to periods prior to the date of termination will be eligible for reimbursement. If I increase my deduction(s), the increased amount will be available only for periods after the revised enrollment form is received by the Payroll Department.
5. IRS regulations require that any money remaining in my account after all qualified reimbursements have been paid cannot be returned to me but **must be forfeited**.
6. I am responsible for maintaining the required documentation to substantiate my eligibility for the program.
7. By participating in the Qualified Transportation Expense Program, my social security wages and tax will be reduced and consequently my future social security benefits may be lower.