



**Justice Administrative Commission**  
**Pre-Tax Misc. Deduction Code Agreement**  
**Qualified Transportation Benefit Program**  
**Direct Payment of Vendor for Parking**

Mail or Fax Completed Form To:  
 JAC QTB Plan Administrator  
 227 N. Bronough Street, Suite 2100  
 Tallahassee, FL 32302  
 Toll Free Fax: 866-355-7906

Original Election     Change of Election     Election to Cease Participation

Employee Name	Office/Circuit	Social Security No.

**Compensation Reduction Agreement**

I have reviewed the terms of the department's Qualified Transportation Fringe Benefit Plan. I understand that I may elect benefits under the Plan to pay for my transportation benefits with pretax dollars.

I understand that I cannot revoke this Agreement as of any date prior to the next month, except that my election will be revoked upon my termination of employment or cessation of eligibility for other reasons. However, I understand that I can revoke my election and make a new election by submitting a new compensation reduction election form prior to the first day of the next monthly period.

I understand that by making the elections I have made on this form, the deductions I have elected will be deducted on a pretax basis. Any previous election and agreement under the plan relating to the same benefits, including any prior election agreements, is hereby revoked.

I agree that my compensation will be reduced by the amount of my required contribution for the transportation benefits I have elected under the plan, and that such compensation reductions will continue for each pay period until this agreement is amended or terminated. I also understand that:

- Compensation reductions under this agreement reduce my compensation for Social Security tax purposes. This means that my Social Security benefits could be decreased because of the decreased amount of compensation that is considered for Social Security purposes.
- Amounts remaining in my Transportation Account after reimbursing my Qualified Transportation Expenses for the month will be carried over to reimburse me for transportation expenses in a subsequent month. However, if I cease to participate in the plan (for example, because of termination of employment), amount remaining in my Transportation Account after reimbursing my transportation expenses will be forfeited.

**Beginning Election Period (Month):** 1<sup>st</sup>, 20

**Election Amount:**

Monthly Amount <sup>1</sup>		(Up to \$260)	Garage/Lot Name	
			Location	
Vendor Name				
Vendor Address				
Tax ID (or FL Vendor #)				

<sup>1</sup>To be paid directly to the vendor

**Continuation of Election:** I hereby authorize my employer to continue to reduce my taxable monthly compensation by the amount above. I understand that this monthly reduction will continue until such time as I change my election either by notifying my HR representative in writing or by submitting a new compensation reduction agreement form with the election to cease participation box checked.

- Yes, continue this withholding until a new election is received.
- No, this election is for the designated election period (month) only.
- I elect to cease participation in this program.

*I have reviewed and understand the terms and conditions of this Qualified Transportation Benefit Compensation Reduction Agreement and in the Department plan description. I hereby certify that I will use the transportation benefits elected on this form ONLY for the purposes for commuting to and from work at the employer. The benefits of this plan have been explained to me and I elect to participate as indicated above.*

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For JAC Use Only**

Deduction Start Date		Deduction Code		Monthly Amount	\$	
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