

## Important Information

### **Important Information for Third Party Pre-Tax Parking Reimbursement Program (Program) Participants**

#### **Forfeiture of Funds**

The Program is regulated by Section 132 of the Internal Revenue Code (IRC) - Qualified Transportation Fringe Benefits. **The IRC does not allow for automatic refunds of excess money in your Pre-Tax Parking Reimbursement Account.**

Active State employees have one (1) year from the date of last activity (deduction or submission of a claim) to submit a claim with valid parking receipts for reimbursement.

Employees who have separated from State service also have one (1) year from their date of separation to submit a claim for reimbursement of work-related parking expenses incurred prior to separation.

**If you don't submit pre-tax parking reimbursement account claims within these specified time periods, you will forfeit the remaining balance in your account. Funds subject to forfeiture revert back to the State of California.**

If you have any questions regarding the forfeiture of funds, please contact the Program Coordinator at [Pre-TaxParking@calhr.ca.gov](mailto:Pre-TaxParking@calhr.ca.gov).

## Privacy Notice

This notice is provided pursuant to the Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579). The California Department of Human Resources (CalHR), Benefits Division, and the Pre-Tax Parking Administrator are requesting the information specified on this form pursuant to Government Code Sections 1151, 1153, Section 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act. The information collected will be used for administering the Pre-Tax Parking Program.

Individuals should not provide personal information that is not requested or required. The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, CalHR will not be able to process your request for the Pre-Tax Parking Program.

#### **Department Privacy Policy**

The information collected by CalHR is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our Privacy Policy on CalHR's website ([calhr.ca.gov](http://calhr.ca.gov)).

#### **Access to Your Information**

Information provided on this form will be maintained in confidential files of CalHR for five years. Individuals have the right of access to copies of this form on request. Send requests to:

CalHR Privacy Officer  
1515 S Street, North Building, Suite 500  
Sacramento, California 95811-7258  
916-324-0455

[CalHRPrivacy@calhr.ca.gov](mailto:CalHRPrivacy@calhr.ca.gov)

Read this form entirely before completing it. Questions regarding completion of this form should be directed to your personnel/payroll office. See privacy notice below. Please type or print clearly. To establish a new Third Party Pre-Tax Parking Reimbursement Account, complete this form, mark 1.A., and enter the amount in item #5 you want deducted each month from your paycheck and deposited in your reimbursement account. To change an existing enrollment, mark 1.B., and make the appropriate changes. To cancel your enrollment, mark 1.C. **Process this completed form with your department's payroll/personnel office.**

**Enrollment for Third-Party Pre-Tax Parking Reimbursement Account**

1. Enrollment Action:  A. New Enrollment  B. Change to Enrollment  C. Cancel Enrollment

2. Social Security Number	3. Name (First, Initial, Last)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

4. For SCO Use Only Ded/Org Code	5. Monthly Amount to be Deposited to Account*	*Not to Exceed Current Maximum Limits, Internal Revenue Service Code (IRSC)Section 132
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

**6. Note: This form is not for use by employees using General Services parking, any department-sponsored parking, or other parking beginning with deduction codes 050 or 360. Read carefully and sign below:** I hereby agree to voluntarily participate in a third-party administrator deduction program for reimbursable parking under IRSC Section 132 and to comply with IRSC laws and regulations. By taking this action, my monthly pay will be reduced by the amount specified above, so the State of California may set aside reimbursable amounts, as I have specified. I understand that requests for reimbursement must be for eligible expenses incurred after the effective date of my participation in the pre-tax parking program; that my deduction will continue until I take action to change or terminate this deduction; that I may be reimbursed only for qualified parking expenses, as defined under IRSC Section 132; that any unclaimed amount remaining in my pre-tax parking account can only be paid to me for qualified parking expenses under IRSC Section 132, while I am employed by the State of California; and that any unclaimed amount in my pre-tax parking account is subject to forfeiture. I have reviewed the information describing the State of California's third-party administrator parking reimbursement program, authorized under IRSC Section 132, and agree to the terms and conditions of the program.

Employee Signature	Date Signed	Phone Number (Work)
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**Agency Use Only**

7. Effective Date of Action	8. Employee CBID	9. Agency Code	10. Unit Code
11. Remarks		12. Agency Name	
		13. I hereby certify under penalty of perjury as follows: that I am the duly appointed, qualified, and acting officer of the herein-named agency; that I am authorized to make this certification; and that the employee named herein is eligible for enrollment in the State Parking Reimbursement Account.	
		Authorized Agency Signature	
		14. Phone Number (Indicate Area Code)	15. Date Received in Employing Office