



# The United States Court of Appeals for the Federal Circuit

## Transit Subsidy Program

The Transit Subsidy Program is a supplemental benefit offered by the United States Court of Appeals for the Federal Circuit. Subject to funding, compensated employees who use approved public transportation are eligible to receive a monthly benefit. The court has approved the current maximum allowable benefit of up to \$315 per month. The amount of the benefit is determined by each participant's actual monthly transportation costs. *SmartBenefits* may be used on Metrorail/Metrobus or exchanged for fares for approved alternate transit providers (MARC, VRE, MTA, MetroAccess, etc.). Benefits may not be given, sold, or otherwise transferred to another person.

Eligible employees will need a registered *SmarTrip* card or mobile pay account in order to participate in the *SmartBenefits* program. A *SmarTrip* card is a permanent, rechargeable farecard that contains a computer chip to track the value of the card. Once a *SmarTrip* card is registered, the value of the card will be protected if the card is lost, stolen, or damaged. *SmarTrip* cards may be purchased [online](#), at Metro [retail outlet](#), and at a Fare Vending Machine located at any Metrorail Station.

Enrollment forms, as well as a list of participating transit systems, may be obtained from the court's Transit Subsidy Coordinator (see below). As required by the *SmartBenefits* program, fully completed and signed enrollment forms must be received by the Coordinator **no later than the 14<sup>th</sup> day of the month** in order to be eligible to begin receiving the subsidy the **following month**. Approved funds are automatically loaded into the transit benefits purse of the participant's *SmarTrip* account on the first day of each month following processed enrollment.

Please note that employees with an assigned parking space in the court's garage are not eligible to participate.

To participate in the program please contact:

[Tiffany Risper](#)

**Human Resources Specialist/Transit Subsidy Coordinator**

**Telephone: (202) 275-8148**



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## SmartBenefits Enrollment Form

<input type="checkbox"/> Current User	<input type="checkbox"/> New User	SmarTrip Card Serial Number (must be registered in employee's name)
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### Applicant Information

1. <input type="checkbox"/> New Application	<input type="checkbox"/> Change to Application Information	<input type="checkbox"/> Annual Recertification
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2. Name

3. Home Address

7. Chambers/Office

8. Office Telephone Number

4. City

5. State

6. Zip Code

9. Number of days per week that you use mass transit to commute to work?

10. Do you receive reduced fare rates (employees with disabilities or senior citizens)? ☐ Yes ☐ No

11. Are you an Intern?  
☐ Yes ☐ No

12. Internship Start Date

13. Internship End Date

### Commuting Costs

Reminders:

Parking fees are not allowed and cannot be included when computing transit costs.

If you receive reduced transit fares, you must calculate your costs using the amount you actually pay.

#### AM Daily

<input type="checkbox"/> Bus:	_____
<input type="checkbox"/> Metro:	_____
<input type="checkbox"/> Commuter Train:	_____
<input type="checkbox"/> Other:	_____

#### PM Daily

<input type="checkbox"/> Bus:	_____
<input type="checkbox"/> Metro:	_____
<input type="checkbox"/> Commuter Train:	_____
<input type="checkbox"/> Other:	_____

Total Daily Commute: \$ \_\_\_\_\_

### Employee Certification

**WARNING:** I understand that it is a federal crime under United States Code, Title 18, Section 1001, to make a false statement on this form. If I make a false statement I may be subject to administrative punishment, which may result in the termination of my employment.

I certify that the information on this form is true and correct to the best of my knowledge, and that:

I do not utilize the parking facilities at 717 Madison Place, NW, Washington, DC.

I am eligible for SmartBenefits and will use it for my regular daily commute to and/or from work.

I will not transfer fare media to anyone else.

The monthly SmartBenefits that I will receive do not exceed my average monthly commuting cost.

If my monthly commuting cost exceeds the statutory limit, I will supplement the cost with my own funds.

If there is a change to my daily commuting cost, I will notify the Transit Subsidy Coordinator.

14. Applicant Signature

15. Date