## **\/** Wage**Works**

Prepared By (Please Print)

## THE CITY OF NEW YORK COMMUTER BENEFITS PROGRAM **PARK-N-RIDE PLAN**

. age						
Submit completed form	n to: Your Agency T	ransitBenefit Coordina	ator.	www.NYC.gov/p	ayroll www.	getwageworks.com/nyo
IMPORTANT INFOR	RMATION FOR EM	PLOYEE				
To enroll in the Commuter Ben Transit Pass Plan.	efits Program Park-n-Ride Pl	lan, you must be jointly enrolled	l in one of the following	Commuter Benefits P	rogram TransitBenefit Plans: Co	mmuter Card Plan or the
Only Parking expenses at or no \$3.05 per month through payro		top or station that you use to co	mmute to work are elig	ible under this plan. W	/ith the Park-n-Ride plan, you pa	y an administrative fee of
In this plan, you fund a parking offers three parking payment of				ou select your Park-n-F	Ride payment option on the Wag	eWorks system. WageWorks
Two business days after you e Eastern Time, to select your pr			call WageWorks at 1-87	7-WageWorks (1-877-9	24-3967) Monday through Frida	y, from 8 a.m. to 8 p.m.
TRANSITBENEFIT	PLAN IDENTIFICA		commuter Benefits Tra	nsitBenefit Plan in wh	nich you are enrolled by writing	your initials in the column
COMMUTER CAR				mployee Initials	TRANSIT PASS Employee Initials	
No Admin Fee		Unrestric	cted			
EMPLOYEE ACTIO	N					
NEW (Enroll)   CHANGE PERSONAL INFORMATION (Change Mailing Address, Email or Telephone)   CHANGE DEDUCTION (Change Amount Deducted from Pay each Month)   SUSPEND DEDUCTION (Temporarily Stop Deduction from Pay)   RESUME DEDUCTION (End Suspension, Resume Deduction from Pay)   CANCELLATION (Terminate Payroll Deduction)						
EMPLOYEE IDENT	IFICATION (All field	Is in this section are requi	ired and must be fi	led out completely	v. Please Print.)	
Employee Reference #*						
Name (First/Middle/Last)						
Address Line 1				Address Line	2**	
City/State/Zip						
Email Address			Telephon	9		
* Located on your pay statement		** Apt.#, Fl.# or Box# if applica	ble.			
Please enter the total amount, in dollars and cents, you want deducted from your pay each month. Monthly Deduction Amount \$						
SUSPEND OR RESUME PARK-N-RIDE DEDUCTION Submit at least 2 weeks before you want to suspend your deduction from pay or when you want to resume the deduction from being withheld from pay. Please place your initials next to the action you are						
authorizing. Remember, administrative deductions will continue when applicable. Please note this will only suspend or resume your payroll deduction. To also suspend or resume your Park-n-Ride payment options you must do so directly with Wageworks at www.wageworks.com or 1-877-924-3967.						
Employee Initials Employee Initials						
EMPLOYEE CERTIFICATION						
I hereby authorize the City of New York to deposit my payroll deduction as indicated above into my WageWorks Commuter Benefits Parking Account.						
I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules, the City of New York can only reverse the amount of the incorrect direct deposit.						
I understand, according to the Internal Revenue Code, that the average monthly amount of my transportation deductions should not exceed my average monthly cost of public transportation to and from work. If my average monthly cost of public transportation to and from work should change, I will change my deduction plan to accommodate my new circumstance. Furthermore, no reimbursement will be provided for transportation fringe deductions. Upon cancellation, voluntary or otherwise, any funds remaining in my Parking account will be forfeited on the effective date of cancellation.						
I understand that \$3.05 per month, to cover administrative costs of the program, will be deducted from my post-tax pay each month my account is debited for purchases and/or charges. The administrative charge is non-refundable.						
I grant authorization for the City of New York to provide my enrollment information, including mailing address, phone number and e-mail address to WageWorks for use exclusively related to the administration of the program.						
I understand that this authorization will remain in effect until I submit a new request for a change or cancellation. I understand that my Commuter Benefits Parking Account balance and information will be maintained by WageWorks. Parking Account orders must be placed directly through WageWorks. Parking Account						
order processing and balance information is accessible online at www.wageworks.com or by calling WageWorks Customer Service at 1-877-WageWorks (1-877-924-3967).						
Employee Signature DATE DATE						
AGENCY PAYROLL SECTION						
Payroll #		Personal information updated in				MONTH DAY YEAR
		Address	Email Address	Phone Number	NYCAPS ENTRY DATE	
I confirm that this employee is jointly enrolled in the following TransitBenefit Plan:						
I certify that the above data was entered in NYCAPS via EForms:						

Signature

Date