

THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM
TransitBenefit Program
Premium TransitChek MetroCard

SUBMIT COMPLETED FORM TO:
Your Agency's TransitBenefit Coordinator

www.NYC.gov/payroll

IMPORTANT INFORMATION FOR EMPLOYEE

Your annual unlimited ride Premium TransitChek MetroCard is provided as a pre-tax benefit contingent upon continuing deductions from your gross pay. Your taxable wages reported to the Internal Revenue Service at the end of the year will be reduced by the total of your annual Premium TransitChek MetroCard deductions and increased by the administrative processing fee paid by the City to the provider of the Premium TransitChek MetroCard for each payday that you have a TransitBenefit deduction.

Your Premium TransitChek MetroCard will be mailed to the Mailing Address you provide on this form. Please make sure that the Mailing Address you provide is correct.

EMPLOYEE ENROLLMENT INFORMATION

ENROLLMENT ACTION (Check one only)	(Check one only)			EMPLOYEE REFERENCE # (LOCATED ON YOUR PAY STATEMENT)
	<input type="checkbox"/> NEW (To Initiate the Deduction)	<input type="checkbox"/> CHANGE ADDRESS (Address to which the Premium TransitChek MetroCard is to be sent)	<input type="checkbox"/> CANCELLATION (To Cancel the Deduction)	
EMPLOYEE NAME (Please Print)	FIRST	MI	LAST	
	(YOUR NAME EXACTLY AS IT APPEARS ON YOUR PAYCHECK)			
MAILING ADDRESS (Please Print)	STREET ADDRESS INCLUDE: APT.#, FL# OR BOX# IF APPLICABLE.			
	STREET ADDRESS CONTINUATION			
The address to which your Premium TransitChek MetroCard is to be mailed, including apartment (if applicable).	CITY	STATE	ZIP CODE + 4	
CANCEL OTHER TRANSITBENEFIT PROGRAM	WHEN ENROLLING IN THE TRANSITBENEFIT PREMIUM TRANSITCHEK METROCARD, PARTICIPATION IN THE TRANSPORTATION SPENDING ACCOUNT (TSA) AND ACCESS-A-RIDE PROGRAM MUST BE CANCELED .			
	CHECK TO CANCEL	<input type="checkbox"/> TRANSPORTATION SPENDING ACCOUNT (TSA)	DEDUCTION CODE 9 9 2 0	AGENCY USE ONLY EXPIRATION DATE MONTH DAY YEAR
	<input type="checkbox"/> ACCESS-A-RIDE	9 9 2 6		

EMPLOYEE CERTIFICATION

I understand that the use of my Premium TransitChek MetroCard is contingent upon continuing deductions from my gross pay and that if, for any reason, such deductions stop, my Premium TransitChek MetroCard will be deactivated.

EMPLOYEE SIGNATURE _____ DATE MONTH DAY YEAR

AGENCY PAYROLL SECTION

(A/C) ACTION CODE	DOCUMENT #	CD	JSN	PAYROLL #
EFFECTIVE DATE MONTH DAY YEAR	EXPIRATION DATE MONTH DAY YEAR	DEDUCTION CODE	PLAN	
		9924	0000	
PREPARED BY (PLEASE PRINT)	DATE	I CERTIFY THAT THE ABOVE DATA WAS ENTERED INTO PMS		
SIGNATURE	TELEPHONE #	DATE		
		SIGNATURE		