

# TRANSITBENEFIT PLANS

Submit completed form to your agency TransitBenefit Coordinator

## EMPLOYEE ACTION

NEW (Enroll)    
  CHANGE PERSONAL INFO (Change Mailing Address, Email, or Phone)    
  CHANGE DEDUCTION (Change Transit Plan and/or Amount Deducted from Pay each Month)    
  SUSPEND DEDUCTION (Temporarily Stop Transit Plan Deduction from Pay. DOES NOT APPLY to Annual Transit Card)    
  CANCELLATION (Terminate Your Transit Plan Payroll Deduction)

## EMPLOYEE IDENTIFICATION (Please fill out ALL fields completely. Please print.)

Employee Reference Number (Located on your pay statement or check stub)

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## TRANSIT PLAN AUTHORIZATION (Please select ONE, enter your initials and the monthly deduction amount)

<input type="checkbox"/> ANNUAL TRANSIT CARD		<input type="checkbox"/> COMMUTER CARD – NO ADMIN FEE		<input type="checkbox"/> COMMUTER CARD – UNRESTRICTED (\$1.25 Monthly Admin Fee through Payroll Deductions)		<input type="checkbox"/> TRANSIT PASS (\$2.05 Monthly Admin Fee through Payroll Deductions)	
Employee Initials	Monthly Deduction Amt.	Employee Initials	Monthly Deduction Amt.	Employee Initials	Monthly Deduction Amount	Employee Initials	Monthly Deduction Amt.
	<b>\$ 132.00</b> (\$66.00 per pay date)*		<b>\$ 132.00</b> (\$66.00 per pay date)*		\$ _____ . _____		\$ _____ . _____

\*33.00 for weekly paid employees

## SUSPEND TRANSIT PLAN DEDUCTION (DOES NOT APPLY to the Annual Transit Card)

Submit at least 2 weeks before you want to suspend your payroll deduction. Remember, administrative fee deductions will continue when applicable. If you are also enrolled in the Park-N-Ride Plan, the parking plan will be suspended for the same period. Please note this will only suspend your payroll deduction. To also suspend your Transit Pass orders, you must do so directly with Edenedred at (833) 584-8109 or online at [www.commuterbenefitsnyc.com](http://www.commuterbenefitsnyc.com).

PAY DATE TO SUSPEND DEDUCTION MONTH   / DAY   / YEAR    
 PAY DATE TO RESUME DEDUCTION MONTH   / DAY   / YEAR

## EMPLOYEE CERTIFICATION

I hereby authorize the City of New York to deposit my payroll deduction as indicated above into my Edenedred Commuter Benefit Transit 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" 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 pre-tax transportation fringe deductions. Upon termination, voluntary or otherwise, any funds remaining in my Transit Account will be available for use for a period of 90 days from the effective date of termination. Residual funds remaining in the account beyond the 90 day period will be forfeited.

I understand there is a monthly non-refundable fee to cover administrative costs of the program. The administrative fee will EITHER be paid by the City of New York to Edenedred on my behalf and will be added to my taxable earnings as a fringe benefit each month, OR will be deducted from my post-tax pay each month, according to the following table:

TRANSIT PLAN	MONTHLY FEE	CHARGE METHOD
Annual Transit Card	\$1.25	Added to earnings as a taxable fringe benefit
Commuter Card No Admin Fee	\$1.25	Added to earnings as a taxable fringe benefit
Commuter Card-Unrestricted	\$1.25	Deducted from post-tax pay
Transit Pass	\$2.05	Deducted from post-tax pay

I grant authorization for the City of New York to provide my enrollment information, including mailing address, phone number and e-mail address to Edenedred for use exclusively related to the administration of the program. This authorization will remain in effect until I submit a new request for a change or cancellation.

I understand that my Transit Account balance and information will be maintained by Edenedred and are accessible online at [www.commuterbenefitsnyc.com](http://www.commuterbenefitsnyc.com) or by calling Edenedred Customer Service at (833) 584-8109.

Employee Signature \_\_\_\_\_ DATE MONTH   / DAY   / YEAR

## AGENCY PAYROLL SECTION

Payroll # _____	Personal information updated in NYCAPS (check all that apply): <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email <input type="checkbox"/> Phone                ENTRY DATE MONTH <input type="text"/> <input type="text"/> / DAY <input type="text"/> <input type="text"/> / YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
I certify that the above data was entered in NYCAPS via PI:	Prepared By (Please Print) _____ Signature _____ Date _____