

THE CITY OF NEW YORK COMMUTER BENEFITS PROGRAM ACCESS-A-RIDE / PARATRANSIT PLAN

Submit completed form and required documentation to your college Transit Benefit Coordinator

IMPORTANT INFORMATION FOR EMPLOYEE

- Your enrollment in the Edened Commuter Benefits Program Access-A-Ride / Paratransit Plan is provided contingent upon your eligibility for MTA New York City Transit Access-A-Ride program or other qualified paratransit service.
- As proof of eligibility, copies (do not send the originals) of the following must be attached to this enrollment: MTA New York City Transit Access-A-Ride Acceptance Letter along with your Access-A-Ride Photo ID, OR proof of enrollment in other qualified paratransit service.
- You will receive an Edened Commuter Card within 7-10 business days at your mailing address on file. The Edened Commuter Card is OMNY compatible and can be used to fund your Access-A-Ride (AAR) trips. Visit www.mta.info for instructions on OMNY for Access-A-Ride.

EMPLOYEE ACTION

- ☐ NEW (Enroll)
 ☐ CHANGE PERSONAL INFO (Change Mailing Address, Email, or Phone)
 ☐ CHANGE DEDUCTION (Change Amount Deducted from Pay Each Month)
 ☐ SUSPEND DEDUCTION (Temporarily Stop Deduction from Pay)
 ☐ CANCELLATION (Terminate 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

Mailing Address

Email Phone

ACCESS-A-RIDE / PARATRANSIT DEDUCTION AUTHORIZATION

Please enter the total amount you want deducted from your pay each month. Monthly Deduction Amount: \$ _____ . _____

SUSPEND ACCESS-A-RIDE / PARATRANSIT DEDUCTION

Submit at least 2 weeks before you want to suspend your deduction.

PAY DATE TO SUSPEND DEDUCTION / /
 PAY DATE TO RESUME DEDUCTION / /

EMPLOYEE CERTIFICATION

I hereby authorize the City University of New York to deposit my payroll deduction as indicated above into my Edened Commuter Benefits Transit Account.

I also grant authorization for the reversal of any credit to my account made in error, but only up to the amount of the error.

I understand that participation in the Access-A-Ride Plan is contingent upon my qualification for MTA New York City Transit Access-A-Ride Paratransit Service or other qualified paratransit service. Proof of such eligibility must be provided as a condition of enrollment.

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, =k j` W Ub[Y a mXYXi Wjcb'd Ub'cf XYXi Wjcb'Ua ci bhlc UWWa a cXUH'a mibYk WjW a ghUbW": i fH Yfa cfYZ=Ua `bchYbHhYX'lc Ubni fYJa Vi fgYa YbhcZdfYIHU' fUbgdcfHjcb Z]b[YXYXi Wjcbg"l dcb hYfa jbuHjcb cZa mYa d'cna YbHfj c' i bHfmcfc'ch Yfk jgYZ=k j` VYUW'Ylc i gY UbmZ bXg'fYa Ujb]b[j'b'a mHfUbg]h5 Ww: i bhZ'f' - \$'XUng Z'ca 'A YYZZWj Y'XUH' cZHfa jbuHjcbZVi h5 BMDF9IH5 L': I B8 G'GH-@-B'AMHF5 BG-H' 577C1 BH5: H9F' - \$'85 MGK =@69': CF: 9+98 "

I understand there is a monthly non-refundable fee of \$1.50 to cover administrative costs of the program. Out of this amount, \$1.25 will be deducted from my post-tax pay each month, and \$0.25 will be paid by the City University of New York to Edened on my behalf and will be added to my taxable earnings as a fringe benefit each month when there are any financial activities on my Transit Account.

I grant authorization for the City University of New York to provide my enrollment information, including mailing address, phone number and e-mail address to Edened for use exclusively related to the administration of the program. This authorization will remain in effect until I change my Commuter Benefits Program enrollment or cancel my participation in the Program.

I understand that my Transit Account balance and information will be maintained by Edened Benefits, LLC., which is accessible online at www.commuterbenefitsnyc.com or by calling Edened Customer Service at 1-833-584-8109.

Employee Signature _____

DATE / /

AGENCY PAYROLL SECTION

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