



THE CITY OF NEW YORK COMMUTER BENEFITS PROGRAM

ACCESS-A-RIDE / PARATRANSIT PLAN

Submit completed form and required documentation to: Your Agency TransitBenefit Coordinator. www.NYC.gov/payroll | www.commuterbenefitsnyc.com

IMPORTANT INFORMATION FOR EMPLOYEE

- > Your enrollment in the Edenred Commuter Benefits Program Access-A-Ride / Paratransit Plan is provided as a pre-tax benefit 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 Edenred Commuter Card within 7-10 business days at your mailing address on file. The Edenred 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

<input type="checkbox"/> NEW (Enroll)	<input type="checkbox"/> CHANGE PERSONAL INFO (Change Mailing Address, Email or phone)	<input type="checkbox"/> CHANGE DEDUCTION (Change Amount Deducted from Pay each Month)	<input type="checkbox"/> SUSPEND DEDUCTION (Temporarily Stop Deduction from Pay)	<input type="checkbox"/> CANCELLATION (Terminate Payroll Deduction)
---	--	--	--	---

EMPLOYEE IDENTIFICATION (All fields in this section are required and must be filled out completely. Please Print.)

Employee Reference #*			
Name (First/Middle/Last)			
Mailing Address			
Email		Phone	

* Located on your pay statement or check stub. ** Include Apt.#, Fl.# or Box# if applicable.

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	MONTH	DAY	YEAR	PAY DATE TO RESUME DEDUCTION	MONTH	DAY	YEAR
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYEE CERTIFICATION

Employee Signature _____	DATE	MONTH	DAY	YEAR
		<input type="text"/>	<input type="text"/>	<input type="text"/>

AGENCY PAYROLL SECTION

Payroll #	Personal information updated in NYCAPS (check all that apply):			MONTH	DAY	YEAR
	<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Email Address	<input type="checkbox"/> Phone Number	NYCAPS 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				