Department of Education

www.commuterbenefitsnyc.com

The City of New York Commuter Benefits Program

TRANSIT BENEFIT PLANS

Please select one: ☐ 740 Admin ☐ 742 Pedagogues ☐ 744 PARA ☐ 745 School Based Hourly Support ☐ 746 Per Diem Teachers ☐ 202 Custodians

EMPLOYEE ACTION

☐ **NEW** (Enroll)

☐ **CHANGE PERSONAL INFORMATION** (Change Mailing Address, Email or Telephone)

☐ **CHANGE DEDUCTION** (Change Amount Deducted from Pay each Month)

☐ **SUSPEND DEDUCTION** (Temporarily Stop Transit Plan Deductions from Pay)

☐ **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)			
Address Line 1		Address Line 2**	
City/State/Zip		Telephone	
Email Address			

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

TRANSIT PLAN AUTHORIZATION (Please select One of the following plans by writing your initials in the column next to the Commuter Benefit Plan of your choice. Please enter the total amount, including dollars and cents, you want deducted from your pay each month.)

COMMUTER CARD No Admin Fee		COMMUTER CARD Unrestricted		TRANSIT PASS	
Employee Initials	Monthly Deduction Amt.	Employee Initials	Monthly Deduction Amt.	Employee Initials	Monthly Deduction Amt.
	$140.00 ($70.00 per pay date)		$		$

SUSPEND TRANSIT PLAN DEDUCTION

Submit at least 2 weeks before you want to suspend your deduction. Remember, administrative deductions will continue when applicable. If you are also enrolled in the Commuter Benefits Parking 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 ECBS at www.commuterbenefitsnyc.com or (833) 584-8109.

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 Edenred Commuter Benefit 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, 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 or deduction amount to accommodate my new circumstance. Furthermore, I am not entitled to any reimbursement of pre-tax transportation fringe deductions. Upon termination of my employment (voluntary or otherwise), I will be able to use any funds remaining in my Transit Account for 90 days from the effective date of termination, but ANY PRE-TAX FUNDS STILL IN MY TRANSIT ACCOUNT AFTER 90 DAYS 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 Edenred on my behalf and will be added to my taxable earnings as a fringe benefit each month, AND/OR will be deducted from my post-tax pay each month, according to the following table:

Transit Plan	Fee	Frequency	Charge Method
Commuter Card Issuance Fee	$2.50	One-Time	Post-Tax Deduction
Commuter Card-No Admin Fee	$1.50	Monthly	Taxable Fringe Benefit
Commuter Card-Unrestricted	$1.50	Monthly	$1.25 Post-Tax Deduction + $0.25 Taxable Fringe Benefit Post-Tax Deduction
Commuter Card Replacement Fee	$2.50	Per Replacement	
Transit Pass	$2.05	Monthly	Post-Tax Deduction

I grant authorization for the City of New York to provide my enrollment information, including mailing address, phone number and e-mail address to Edenred for use exclusively related to the administration of the commuter benefits 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 Edenred Benefits, LLC, which is accessible online at www.commuterbenefitsnyc.com or by calling toll free at 1-833-584-8109.

Employee Signature _____ DATE MONTH / DAY / YEAR

AGENCY PAYROLL SECTION

Prepared By (Please Print)	Signature	Date

Email: eftbenefits@schools.nyc.gov Fax to - 718-935-3702