



## THE CITY OF NEW YORK COMMUTER BENEFITS PROGRAM

**ACCESS-A-RIDE / PARATRANSIT PLAN**Submit completed form and required documentation  
to your agency TransitBenefit Coordinator**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](http://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 of New York to deposit my payroll deduction as indicated above into my Edenred 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, 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 that the \$1.50 non-refundable administrative fee will be paid by the City of New York to Edenred Benefits, LLC 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 of New York to provide my enrollment information, including my mailing address, phone number, and e-mail address to Edenred Benefits, LLC for uses 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](http://www.commuterbenefitsnyc.com) or by calling toll free at 1-833-584-8109.

Employee Signature \_\_\_\_\_

DATE  /  / **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	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <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	