

TRANSITBENEFIT PLANS

Submit completed form to: Your Agency TransitBenefit Coordinator.								www.NYC.gov/payroll					www.getwageworks.com/nyc				
EMPLOYEE ACT	ION																
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 from Pay. DOES NOT APPLY TO TRANSITCHEK METROCARD.)										
EMPLOYEE IDEI	NTIFICA	TION (All fi	elds in this sec	tion a	re required	and mus	t be fi	lled out	complete	ly. Ple	ease Print.)						
Employee Reference	e #*																
Name (First/Middle/	'Last)																
Address Line 1								Addre	ss Line 2*	*							
City/State/Zip								Teleph	none								
Email Address																	
Located on your pay sta	tement or	check stub.	** Apt.#, Fl.# o	r Box# i	f applicable.												
TRANSIT PLAN												the Cor	nmuter Be	nefit F	lan of y	our	
PREMIUM TI	Luding dollars and cents, you want deducted from					rrom your pay each month.) COMMUTER CARD Unrestric				ed TRANSIT PASS							
	OCARD	CHEK			dmin Fee			(\$1.77 Monthly Admin Fee through							through Payroll Deductions)		
Employee Initials	Monthly	Deduction Amt.	tion Amt. Employee Initi		als Monthly Deduction Amt.			Employee Initials		Mont	Monthly Deduction Amt.		Employee Initials		Monthly Deduction Amt.		
		27.00 er pay date)*			\$127.00 (\$63.50 per pay date)*			\$		\$				\$	\$		
\$31.75 for weekly paid er	mployees																
SUSPEND TRAN	ISIT PL	AN DEDUC	TION (DOES I	NOT AF	PPLY to Pre	mium Tra	ansitC	hek Met	roCard)								
PAY DATE TO SUS	PEND D	EDUCTION	MONTH DAY	/	YEAR		PAY	DATE	TO RESU	ME D	DEDUCTION	DNTH /	DAY /	YEA	R		
EMPLOYEE CER																	
I hereby authorize to I also grant authorize															ated Cl	oaring	
House Association" I understand, according public transporta accommodate my notherwise, any fund the account beyond	operating ding to the stion to an ew circun s remain a period	g guidelines a e Internal Rev d from work. nstance. Furt ing in my Trai of 90 days wil	and rules, the Covenue Code, the If my average hermore, no rensit Account will be forfeited.	city of Nat the a month mimburs ill be a	New York ca average mo ly cost of p sement wil vailable for	an only re onthly am ublic tran I be prov ruse for a	everse ount o nsport ided fo a perio	the amo f my tra ation to or pre-ta d of 90 o	ount of the nsportation and from ax transpo days from	e inco on dec work ortation the e	rrect direct depo ductions should i should change, I on fringe deducti effective date of t	osit. not exce will cha ons. Upo erminat	ed my aver inge my de on termina ion. Residu	rage meduction tion, ve ual fun	onthly on plan to oluntary ds rema	cost o y or aining in	
I understand there i be added to my taxa administrative fees	ble earni	ngs as a fring	je benefit each														
TRANSIT PLAN									CHARGE METHOD								
	Premium TransitChek MetroCard			\$1.77								Added to earnings as a taxable fringe benefit.					
	Commuter Card-No Admin Fee Commuter Card-Unrestricted			\$1.77 \$1.77								Added to earnings as a taxable fringe benefit. Reduced from earnings as a post-tax deduction.					
Transit Pass				\$3.05							Reduced from 6						
I grant authorization exclusively related to I understand that the I understand that my or by calling WageW	to the adr is author Commute	ninistration o zation will re er Benefits Tra	f the program. main in effect ansit Account b	until I s alance	submit a ne	ew reques	st for a	change	e or cancel	llatio	n.				works.c		
Employee Signature	1											DATE			/		
AGENCY PAYRO	LL SEC	TION															
Payroll #				Persor	Mailing Address	E	in NYC mail ddres		Phone Number		YCAPS ENTRY DATE MONTH DAY YEAR					'EAR	
I certify that the above	data was ei	ntered in NYCAF	S via EForms:														
Prepared By (Please	e Print)			Signature							Date						