

THE CITY OF NEW YORK COMMUTER BENEFITS PROGRAM  
**PARK-N-RIDE PLANS**

Submit completed form to your agency TransitBenefit Coordinator

**IMPORTANT INFORMATION FOR EMPLOYEE**

- To enroll in the Edenedred Commuter Benefits Park-N-Ride Plan, you must be jointly enrolled in one of the following Edenedred Commuter Benefits Plans: Annual Transit Card Plan, Commuter Card Plan, or Transit Pass Plan.
- Only parking expenses at or near a public transportation stop or station that you use to commute to work are eligible under this plan. With the Park-N-Ride Plan, you pay an administrative fee of \$2.05 per month through payroll deductions.
- In this plan, you fund your Edenedred parking account with your pre-tax and post-tax payroll deductions. You select your Park-N-Ride payment option on Edenedred website. Edenedred offers three parking payment options: • Commuter Card • Direct Pay • Cash Reimbursement.
- Three business days after you enroll in the Park-N-Ride Plan, go to [www.commuterbenefitsnyc.com](http://www.commuterbenefitsnyc.com) or call Edenedred Customer Service at (833) 584-8109, Monday – Friday, 8 am – 8 pm, to select your preferred parking payment option.

**TRANSIT PLAN IDENTIFICATION (Please select ONE)**

<input type="checkbox"/> ANNUAL TRANSIT CARD	<input type="checkbox"/> COMMUTER CARD – NO ADMIN FEE	<input type="checkbox"/> COMMUTER CARD – UNRESTRICTED	<input type="checkbox"/> TRANSIT PASS
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**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)
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**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 \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**PARK-N-RIDE DEDUCTION AUTHORIZATION**

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

**SUSPEND PARK-N-RIDE DEDUCTION**

Submit at least 2 weeks before you want to suspend your payroll deduction. Remember, administrative fee deductions will continue when applicable. Please note this will only suspend or resume your payroll deduction. To also suspend your Park-N-Ride payment options you must do so directly with Edenedred at [www.commuterbenefitsnyc.com](http://www.commuterbenefitsnyc.com) or (833) 584-8109.

PAY DATE TO SUSPEND DEDUCTION <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	PAY DATE TO RESUME DEDUCTION <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>
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**EMPLOYEE CERTIFICATION**

I hereby authorize the City of New York to deposit my payroll deduction as indicated above into my Edenedred Commuter Benefit Parking Account.

I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the “National Automated Clearing House Association” guidelines and rules, the City of New York can only reverse the amount of the incorrect direct deposit.

I understand that according to the Internal Revenue Code, 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 to accommodate my new circumstance. Furthermore, no reimbursement will be provided for pre-tax transportation fringe deductions. Upon termination, voluntary or otherwise, any funds remaining in my Parking Account will be available for use for a period of 90 days from the effective date of termination. Residual funds remaining in the account beyond the 90 day period will be forfeited.

I understand that the \$2.05 non-refundable administrative fee will be deducted from my post-tax pay each month when there are any financial activities on my Parking Account.

I grant authorization for the City of New York to provide my enrollment information, including mailing address, phone number and e-mail address to Edenedred for use exclusively related to the administration of the program. This authorization will remain in effect until I submit a new request for a change or cancellation.

I understand that my Parking Account balance and information will be maintained by Edenedred. Parking orders must be placed directly through Edenedred. Parking order processing and balance information is accessible online at [www.commuterbenefitsnyc.com](http://www.commuterbenefitsnyc.com) or by calling Edenedred Customer Service at (833) 584-8109.

Employee Signature \_\_\_\_\_ DATE / /

**AGENCY PAYROLL SECTION**

<b>Payroll #</b>	<b>Personal information updated in NYCAPS (check all that apply):</b> <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email <input type="checkbox"/> Phone	<b>ENTRY DATE</b> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	
I certify that the above data was entered in NYCAPS via PI:	Prepared By (Please Print) _____	Signature _____	Date _____