

THE CITY OF NEW YORK COMMUTER BENEFITS PROGRAM  
**ACCESS-A-RIDE / PARATRANSIT PLAN**

Submit completed form and required documentation to your college Transit Benefit Coordinator

**IMPORTANT INFORMATION FOR EMPLOYEE**

- Your enrollment in the Edenred Commuter Benefits Program Access-A-Ride / Paratransit Plan is provided 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.
- Three business days after you enroll in the Access-A-Ride Plan, go to [www.commuterbenefitsnyc.com](http://www.commuterbenefitsnyc.com) or call Edenred Customer Service at (833) 584-8109, Monday – Friday, 8 am – 8 pm, to select your coupons or tickets.

**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. Please note this will only suspend your payroll deduction. To also suspend your Access-A-Ride orders, you must do so directly with Edenred at [www.commuterbenefitsnyc.com](http://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 University 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, =k]`W Ub[ Y a mXYXi Wjcb'd Ub'cf XYXi Wjcb'Ua ci bhlc'UWt a cXUH'a mbYk`VfW a gHUbW": i fH Yfa cfYZ=Ua `bchYbHhYX'lc Ubni fYJa Vi fgYa YbhcZdfY!HU `fUbgdcfHjcb Z]b[ YXYXi Wjcbg"l dcb hYfa ]bUjcb cZa mYa d'cra Ybhfj c' i bHfmcf'ch Yfk ]gYZ=k]`VY'UV'Y'lc' i gY UbmZ bXg'fYa Uj]b[ ]b'a mHfUbg]h5 Ww'i bhZ'f' - \$'XUhg'Zca `H YZZYVWj YXUH'cZHfa ]bUjcbZVi h5 BMDf9!H5 L': I B8 G'GH-@-B'AMHF5 BG-H 577 C! BH5: H9F' - \$'85 MG'K =@69': CF: 9+98 "

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 Transit Account.

I grant authorization for the City University 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 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. Paratransit Service coupons or vouchers must be ordered directly through Edenred. Transit Account order processing and balance information is accessible online at [www.commuterbenefitsnyc.com](http://www.commuterbenefitsnyc.com) or by calling Edenred Customer Service at (833) 584-8109.

Employee Signature \_\_\_\_\_ DATE MONTH [ ] [ ] / DAY [ ] [ ] / YEAR [ ] [ ] [ ]

**AGENCY PAYROLL SECTION**

**Payroll #** \_\_\_\_\_ **Personal information updated in NYCAPS and PI (check all that apply):** MONTH [ ] [ ] / DAY [ ] [ ] / YEAR [ ] [ ] [ ]  
 Mailing Address     Email     Phone     **ENTRY DATE** MONTH [ ] [ ] / DAY [ ] [ ] / YEAR [ ] [ ] [ ]

I certify that the above data was entered in NYCAPS via PI:    
 Prepared By (Please Print) \_\_\_\_\_    
 Signature \_\_\_\_\_    
 Date \_\_\_\_\_