

OF NEW YORK Visit the CUNY Transit Benefits Page



TRANSIT BENEFIT PLANS

Submit completed form to your college Transit Benefit Coordinator

EMPLOYEE ACTION	<u> </u>								
NEW CHANG (Chang Email,	NEW CHANGE PERSONAL INFORMATION			(Change Transit Plan and/or Amount Deducted			USPEND 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.	L	ast Name					
Mailing Address									
Email Phone									
TRANSIT PLAN AUTHORIZATION (Please select ONE, enter your initials and the monthly deduction amount.)									
COMMUTER CARD – UNRESTRICTED					TRANSIT PASS				
Employee Initials	Monthly Deduction Amount*			Employee Initials		Monthly Deduction Amount*			
	\$	•			\$				
*For the Commuter Card-Unrestricted and Transit Pass plans you may elect any amount up to \$800.									
SUSPEND TRANSIT PLAN DEDUCTION									
Submit at least 2 weeks before you want to suspend your payroll deduction. Remember, administrative fee deductions will continue when applicable. If you are also enrolled in the Park-N-Ride 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 Edenred at (833) 584-8109 or online at www.commuterbenefitsnyc.com. Month Day YEAR PAY DATE TO SUSPEND DEDUCTION PAY DATE TO RESUME DE									
				_ FAI DA	ATE TO RESUME	DEDUCTION			
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, 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 University 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 M	ethod					
Commuter Card Issuance F Commuter Card-Unrestricte Commuter Card Replacement	ed \$1.50	One-Time Monthly Per Replacement Monthly	\$1.25 Pos Post-Tax	Post-Tax Deduction \$1.25 Post-Tax Deduction + \$0.25 Taxabl Post-Tax Deduction Post-Tax Deduction			nefit		
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 and are accessible online at www.commuterbenefitsnyc.com or by calling Edenred Customer Service at (833) 584-8109. MONTH DAY YEAR									
Employee Signature DATE/									
AGENCY PAYROLL SECTION									
Payroll #		rmation update		_	(check all th	nat apply):	MONTH DAY YEAR		
	Mailing A	Address E	mail	Phone	ENT	TRY DATE			
I certify that the above data was entered in NYCAPS via Pl	Prepared By ((Please Print)		Signature			Date		