

Prepared By (Please Print)



www.commuterbenefitsnyc.com

The City of New York Commuter Benefits Program

TRANSIT BENEFIT PLANS

of Education 746 Per Diem 202 Custodians 745 School Based 740 Admin 742 Pedagogues **744 PARA** Please select one: Hourly Support **Teachers EMPLOYEE ACTION** SUSPEND DEDUCTION **CHANGE PERSONAL CHANGE DEDUCTION** CANCELLATION (Enroll) (Change Amount Deducted (Temporarily Stop Transit Plan Deduction from Pay INFORMATION (Terminate from Pay each Month) DOES NOT APPLY TO Annual Transit Card.) Payroll Deduction) (Change Mailing Address, Email or Telephone) EMPLOYEE IDENTIFICATION (All fields in this section are required and must be filled out completely. Please Print.) Employee Reference #* **EIS** Name (First/Middle/Last) Address Line 1 Address Line 2** City/State/Zip Telephone Email Address Located on your pay statement or check stub. ** Apt.#. Fl.# or Box# if applicable TRANSIT PLAN AUTHORIZATION (Please select One of the following plans by writing your initials in the column next to the Commuter Benefit Plan of your choice. Please enter the total amount, including dollars and cents, you want deducted from your pay each month.) Unrestricted (\$1.25 Monthly Admin Fee through Payroll Deduction (\$2.05 Monthly Admin Fee through Payroll Deductions) **Annual Transit Card** No Admin Fee Employee Initials Monthly Deduction Amt. \$132.00 \$ \$ (\$66.00 per pay date)* (\$66.00 per pay date)* SUSPEND TRANSIT PLAN DEDUCTION (DOES NOT APPLY to Annual Transit Card Submit at least 2 weeks before you want to suspend your deduction. Remember, administrative deductions will continue when applicable. If you are also enrolled in the Commuter Benefits Parking 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 ECBS at www.commuterbenefitsnyc.com or (833) 584-8109. MONTH YEAR MONTH 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 Benefit 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 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 Method Annual Transit Card** \$1.25 Monthly **Taxable Fringe Benefit** Commuter Card Issuance Fee \$2.50 One-Time Post-Tax Deduction Commuter Card-No Admin Fee \$1.50 Monthly Taxable Fringe Benefit Commuter Card-Unrestricted Monthly \$1.25 Post-Tax Deduction + \$0.25 Taxable Fringe Benefit Post-\$1.50 Commuter Card Replacement Fee Tax Deduction \$2.50 Per Replacement Transit Pass \$2.05 **Post-Tax Deduction** Monthly grant authorization for the City 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 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 or by calling toll free at 1-833-584-8109. MONTH YEAR DATE **Employee Signature**

Signature