



The City of New York Commuter Benefits Program

TRANSIT BENEFIT PLANS

Department of Education

Please select one: 740 Admin 742 Pedagogues 744 PARA 745 School Based Hourly Support 746 Per Diem Teachers 202 Custodians

EMPLOYEE ACTION
NEW (Enroll) CHANGE PERSONAL INFORMATION CHANGE DEDUCTION SUSPEND DEDUCTION CANCELLATION

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.)

Table with columns: Annual Transit Card, No Admin Fee, Unrestricted. Sub-columns: Employee Initials, Monthly Deduction Amt.

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.

PAY DATE TO SUSPEND DEDUCTION MONTH DAY YEAR PAY DATE TO RESUME DEDUCTION MONTH DAY YEAR

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.

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:

Table with columns: Transit Plan, Fee, Frequency, Charge Method. Rows include Annual Transit Card, Commuter Card Issuance Fee, etc.

I 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.

Employee Signature DATE MONTH DAY YEAR

Prepared By (Please Print) Signature Date