



THE CITY OF NEW YORK COMMUTER BENEFITS PROGRAM

PARK-N-RIDE PLANS

Submit completed form to your agency TransitBenefit Coordinator
Enrollment can also be completed online via NYCAPS ESS at www.NYC.GOV/ESS

IMPORTANT INFORMATION FOR EMPLOYEE

- To enroll in the Edenred Commuter Benefits Park-N-Ride Plan, you must be jointly enrolled in one of the following Edenred 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 Edenred parking account with your pre-tax and post-tax payroll deductions. You select your Park-N-Ride payment option on Edenred website. Edenred 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 or call Edenred 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 |
|----------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|---------------------------------------|

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) |
|---------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------|

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 _____

PARK-N-RIDE DEDUCTION AUTHORIZATION

Please enter the total amount you want deducted from your 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 Edenred at www.commuterbenefitsnyc.com or (833) 584-8109.

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|-------------------------------|----------------------|----------------------|----------------------|------------------------------|----------------------|----------------------|----------------------|
| PAY DATE TO SUSPEND DEDUCTION | MONTH | DAY | YEAR | PAY DATE TO RESUME DEDUCTION | MONTH | DAY | YEAR |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |

EMPLOYEE CERTIFICATION

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

I understand that I may only enroll in the Park-N-Ride plan if I am also enrolled in a Transit plan.

I understand that according to the Internal Revenue Code, I may use Parking Account funds only for the following parking: (1) on or near my employer's business premises; (2) on or near my assigned work location; (3) at a location from which I commute to work (such as a carpool or shuttle pickup, or a mass transit facility). I may not use Parking Account funds for parking at or near my residence.

I understand that according to the Internal Revenue Code, the average monthly amount of my parking deductions should not exceed my average monthly cost of the parking described above. If my average monthly cost of this parking 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 Parking Account for 90 days from the effective date of termination. ANY PRE-TAX FUNDS STILL IN MY PARKING ACCOUNT AFTER 90 DAYS WILL BE FORFEITED.

I understand that to cover the administrative costs of the Commuter Benefits Program, the City will deduct \$2.05 from my post-tax pay in each month that my account is funded with payroll deductions or debited for purchases and/or charges. I also understand that this administrative charge is non-reversible and non-refundable.

I grant authorization for the City of New York to provide my enrollment information, including my mailing address, phone number, and e-mail address to Edenred Benefits, LLC for uses 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 Parking Account balance and information will be maintained by Edenred Benefits, LLC. Parking orders must be placed directly through Edenred Benefits, LLC. Parking order processing and balance information is accessible online at www.commuterbenefitsnyc.com or by calling Edenred Customer Service toll free at 1-833-584-8109.

Employee Signature _____ DATE / /

AGENCY PAYROLL SECTION

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|-----------|--------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|
| Payroll # | Personal information updated in NYCAPS (check all that apply): | MONTH | DAY | YEAR |
| | <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email <input type="checkbox"/> Phone | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | ENTRY DATE | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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