



# THE CITY OF NEW YORK COMMUTER BENEFITS PROGRAM PARK-N-RIDE PLANS

Submit completed form to: Your Agency TransitBenefit Coordinator.

www.NYC.gov/payroll

www.commuterbenefitsnyc.com

## IMPORTANT INFORMATION FOR EMPLOYEE

- > To enroll in the Commuter Benefits Program Park-n-Ride Plan, you must be jointly enrolled in one of the following Commuter Benefits Plans: Transit Pass Plan or Commuter Card 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 a parking account with Edenred with your pre-tax and post-tax payroll deductions and you select your Park-n-Ride payment option on the 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 through Friday, from 8 a.m. to 8 p.m. Eastern Time, to select your preferred Edenred parking payment option.

## TRANSITBENEFIT PLAN IDENTIFICATION (Please identify the Commuter Benefits Plan in which you are enrolled by writing your initials in the column next to the plan.)

Commuter Card No Admin Fee	Employee Initials	Commuter Card Unrestricted	Employee Initials	Transit Pass	Employee Initials
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## EMPLOYEE ACTION

<input type="checkbox"/> <b>NEW</b> (Enroll)	<input type="checkbox"/> <b>CHANGE PERSONAL INFORMATION</b> (Change Mailing Address, Email or Telephone)	<input type="checkbox"/> <b>CHANGE DEDUCTION</b> (Change Amount Deducted from Pay each Month)	<input type="checkbox"/> <b>SUSPEND DEDUCTION</b> (Temporarily Stop Deduction from Pay)	<input type="checkbox"/> <b>CANCELLATION</b> (Terminate Payroll Deduction)
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## EMPLOYEE IDENTIFICATION (All fields in this section are required and must be filled out completely. Please Print.)

Employee Reference #*			
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.

## PARK-N-RIDE DEDUCTION AUTHORIZATION

Please enter the total amount, in dollars and cents, you want deducted from your pay each month.

Monthly Deduction Amount	\$
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## SUSPEND OR RESUME PARK-N-RIDE DEDUCTION

Submit at least 2 weeks before you want to suspend your deduction from pay. Remember, administrative 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 call (833) 584-8109.

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 

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

## AGENCY PAYROLL SECTION

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

I certify that the above data was entered in NYCAPS via EForms:

Prepared By (Please Print)	Signature	Date