



THE CITY OF NEW YORK COMMUTER BENEFITS PROGRAM

Submit completed form to your agency TransitBenefit Coordinator

TRANSIT BENEFIT PLANS

Enrollment can also be completed online via NYCAPS ESS at www.NYC.GOV/ESS

EMPLOYEE ACTION

NEW (Enroll) CHANGE PERSONAL INFO (Change Mailing Address, Email, or Phone) CHANGE DEDUCTION (Change Transit Plan and/ or Amount Deducted from Pay each Month) SUSPEND DEDUCTION (Temporarily Stop Transit Plan Deduction from Pay) CANCELLATION (Terminate Your Transit Plan 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

TRANSIT PLAN AUTHORIZATION (Please select ONE, enter your initials and the monthly deduction amount)

Table with 3 columns: COMMUTER CARD - NO ADMIN FEE, COMMUTER CARD - UNRESTRICTED, TRANSIT PASS. Each column has Employee Initials and Monthly Deduction Amount fields.

\*33.00 for weekly paid employees

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.

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 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. 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 4 columns: Transit Plan, Fee, Frequency, Charge Method. Rows include Commuter Card Issuance Fee, Commuter Card-No Admin Fee, Commuter Card-Unrestricted, Commuter Card Replacement Fee, and Transit Pass.

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. 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.

Employee Signature DATE MONTH DAY YEAR

AGENCY PAYROLL SECTION

Payroll # Personal information updated in NYCAPS (check all that apply): Mailing Address Email Phone ENTRY DATE MONTH DAY YEAR

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