

THE CITY OF NEW YORK COMMUTER BENEFITS PROGRAM
TRANSIT BENEFIT PLANS

Submit completed form to: Your College TransitBenefit Coordinator

www.cuny.edu/transitbenefit

www.commuterbenefitsnyc.com

| | | | | |
|---|---|--|---|---|
| EMPLOYEE ACTION | | | | |
| <input type="checkbox"/> NEW (Enroll) | <input type="checkbox"/> CHANGE PERSONAL INFORMATION (Change Mailing address, Email or Telephone) | <input type="checkbox"/> CHANGE DEDUCTION (Change Transit Plan and/or Amount Deducted from Pay each Month) | <input type="checkbox"/> SUSPEND DEDUCTION (Temporarily Stop Transit Plan Deduction from Pay) | <input type="checkbox"/> CANCELLATION (Terminate Your Transit Plan Payroll Deduction) |

| | | | |
|---|----------------------------------|--|--|
| EMPLOYEE IDENTIFICATION (All fields in this section are required and must be filled out completely. Please Print.) | | | |
| Social Security / ERN | DOB MM ___ / DD ___ / YYYY _____ | | |
| Name (First/Middle/Last) | | | |
| Address Line 1 | | | |
| Address Line 2** | | | |
| City/ State/Zip | | | |
| Email Address | Telephone | | |

*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 Transit Plan of your choice. Please enter the total amount, including dollars and cents, you want deducted from your pay each month.) | | | | | |
| ACCESS-A-RIDE (\$2.05 Monthly Admin Fee through Payroll Deductions) | | COMMUTER CARD - Unrestricted (\$1.25 Monthly Admin Fee through Payroll Deductions) | | TRANSIT PASS (\$2.05 Monthly Admin Fee through Payroll Deductions) | |
| Employee Initials | Monthly Deduction Amount* | Employee Initials | Monthly Deduction Amount* | Employee Initials | Monthly Deduction Amount* |
| | \$ | | \$ | | \$ |

*For the Commuter Card-Unrestricted, Transit Pass and Access-A-Ride plans you may elect any amount up to \$800.

| | | | | | | | |
|---|-------|-----|------|------------------------------|-------|-----|------|
| SUSPEND TRANSIT PLAN DEDUCTION | | | | | | | |
| 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 Edenred Commuter Benefit Solutions 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 University of New York to deposit my payroll deduction as indicated above into my ECBS Commuter Benefits Transit Account. | |
| I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules, The City University of New York can only reverse the amount of the incorrect direct deposit. | |
| 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 to accommodate my new circumstance. Furthermore, no reimbursement will be provided for pre-tax transportation fringe deductions. Upon cancellation, voluntary or otherwise, any funds remaining in my Transit Account will be available for use for a period of 90 days from the effective date of cancellation. Residual funds remaining in the account beyond the 90 day period will be forfeited. | |
| I understand there is a monthly fee to cover administrative costs of the program. Said fee will be deducted from my post-tax pay each month. The administrative charge is non-refundable. The administrative fees and charges are as follows: | |

| | | |
|----------------------------|------------|----------------------------|
| TRANSIT PLAN | FEE | CHARGE METHOD |
| Access-A-Ride | 2.05 | Deducted from post-tax pay |
| Commuter Card-Unrestricted | 1.25 | Deducted from post-tax pay |
| Transit Pass | 2.05 | Deducted from post-tax pay |

I grant authorization for The City University of New York to provide my enrollment information, including mailing address, phone number and e-mail address to Edenred Commuter Benefit Solutions for uses exclusively related to the administration of the program. I understand that this authorization will remain in effect until I submit a new request for a change or cancellation.

I understand that my Commuter Benefits transit account balance and information will be maintained by ECBS and are accessible online at www.commuterbenefitsnyc.com or by calling ECBS Customer Service at (833) 584-8109.

Employee Signature _____ DATE MONTH □□ DAY □□ YEAR □□□□

| | | | |
|--|---|---------------------------|----------------|
| AGENCY PAYROLL SECTION | | | |
| Payroll # | Personal information updated in NYCAPS (check all that apply): | PI ENTRY DATE | MONTH DAY YEAR |
| | <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email Address <input type="checkbox"/> Phone Number | MONTH □□ DAY □□ YEAR □□□□ | |
| I certify that the above data was entered into PI: | | | |
| Prepared By (Please Print) | Signature | Date | |