

Submit completed form to: Your Agency TransitBenefit Coordinator.

www.NYC.gov/payroll

www.getwageworks.com/nyc

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 Amount Deducted from Pay each Month)	<input type="checkbox"/> SUSPEND DEDUCTION (Temporarily Stop Transit Plan Deduction from Pay. DOES NOT APPLY TO PREMIUM TRANSITCHEK METROCARD.)	<input type="checkbox"/> CANCELLATION (Terminate Payroll Deduction)

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.

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.)							
PREMIUM TRANSITCHEK METROCARD		COMMUTER CARD No Admin Fee		COMMUTER CARD Unrestricted <small>(\$1.77 Monthly Admin Fee through Payroll Deductions)</small>		TRANSIT PASS <small>(\$3.05 Monthly Admin Fee through Payroll Deductions)</small>	
<small>Employee Initials</small>	<small>Monthly Deduction Amt.</small>	<small>Employee Initials</small>	<small>Monthly Deduction Amt.</small>	<small>Employee Initials</small>	<small>Monthly Deduction Amt.</small>	<small>Employee Initials</small>	<small>Monthly Deduction Amt.</small>
	\$112.00 <small>(\$56.00 per pay date)*</small>		\$112.00 <small>(\$56.00 per pay date)*</small>		\$		\$

* 28.00 for weekly paid employees

SUSPEND TRANSIT PLAN DEDUCTION (DOES NOT APPLY to Premium TransitChek MetroCard)							
<small>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 WageWorks at www.getwageworks.com/nyc or 1-877-924-3967.</small>							
PAY DATE TO SUSPEND DEDUCTION	MONTH	DAY	YEAR	PAY DATE TO RESUME DEDUCTION	MONTH	DAY	YEAR

EMPLOYEE CERTIFICATION																	
<p>I hereby authorize the City of New York to deposit my payroll deduction as indicated above into my WageWorks Commuter Benefits Transit Account.</p> <p>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 of New York can only reverse the amount of the incorrect direct deposit.</p> <p>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 termination, 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 termination. Residual funds remaining in the account beyond a period of 90 days will be forfeited.</p> <p>I understand there is a monthly fee to cover administrative costs of the program. Said fee will either be paid by the City of New York to WageWorks on my behalf and will be added to my taxable earnings as a fringe benefit each month or will be deducted from my post-tax pay each month. The administrative charge is non-refundable. The administrative fees and charges are as follows:</p> <table border="1" style="width:100%; border-collapse: collapse; margin: 5px 0;"> <thead> <tr> <th style="padding: 2px;">TRANSIT PLAN</th> <th style="padding: 2px;">MONTHLY FEE</th> <th style="padding: 2px;">CHARGE METHOD</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Premium TransitChek MetroCard</td> <td style="padding: 2px; text-align: center;">\$1.77</td> <td style="padding: 2px;">Added to earnings as a taxable fringe benefit.</td> </tr> <tr> <td style="padding: 2px;">Commuter Card-No Admin Fee</td> <td style="padding: 2px; text-align: center;">\$1.77</td> <td style="padding: 2px;">Added to earnings as a taxable fringe benefit.</td> </tr> <tr> <td style="padding: 2px;">Commuter Card-Unrestricted</td> <td style="padding: 2px; text-align: center;">\$1.77</td> <td style="padding: 2px;">Reduced from earnings as a post-tax deduction.</td> </tr> <tr> <td style="padding: 2px;">Transit Pass</td> <td style="padding: 2px; text-align: center;">\$3.05</td> <td style="padding: 2px;">Reduced from earnings as a post-tax deduction.</td> </tr> </tbody> </table> <p>I grant authorization for the City of New York to provide my enrollment information, including mailing address, phone number and e-mail address to WageWorks for use exclusively related to the administration of the program.</p> <p>I understand that this authorization will remain in effect until I submit a new request for a change or cancellation.</p> <p>I understand that my Commuter Benefits Transit Account balance and information will be maintained by WageWorks and are accessible online at www.getwageworks.com/nyc or by calling WageWorks Customer Service at 1-877-WageWorks (1-877-924-3967).</p>			TRANSIT PLAN	MONTHLY FEE	CHARGE METHOD	Premium TransitChek MetroCard	\$1.77	Added to earnings as a taxable fringe benefit.	Commuter Card-No Admin Fee	\$1.77	Added to earnings as a taxable fringe benefit.	Commuter Card-Unrestricted	\$1.77	Reduced from earnings as a post-tax deduction.	Transit Pass	\$3.05	Reduced from earnings as a post-tax deduction.
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AGENCY PAYROLL SECTION								
Payroll #	Personal information updated in NYCAPS (check all that apply): <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email Address <input type="checkbox"/> Phone Number	NYCAPS ENTRY DATE <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="text-align: center; padding: 2px;">MONTH</td> <td style="text-align: center; padding: 2px;">DAY</td> <td style="text-align: center; padding: 2px;">YEAR</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	MONTH	DAY	YEAR			
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<small>I certify that the above data was entered in NYCAPS via EForms:</small>								
Prepared By (Please Print)	Signature	Date						