

TRANSITBENEFIT PLANS

Submit completed form to your college TransitBenefit Coordinator

EMPLOYEE ACTION

NEW (Enroll)
 CHANGE PERSONAL INFORMATION (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 st-t or check stub) Date of Birth (MM/DD/YYYY) ____/____/____

First Name _____ M.I. _____ Last Name _____

Address _____

Email _____ Phone _____

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

<input type="checkbox"/> COMMUTER CARD – UNRESTRICTED (\$1.25 Monthly Admin Fee through Payroll Deductions)		<input type="checkbox"/> TRANSIT PASS (\$2.05 Monthly Admin Fee through Payroll Deductions)	
Employee Initials	Monthly Deduction Amount*	Employee Initials	Monthly Deduction Amount*
	\$ _____ . _____		\$ _____ . _____

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

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 / /
 PAY DATE TO RESUME DEDUCTION / /

EMPLOYEE CERTIFICATION

I hereby authorize the City University of New York to deposit my payroll deduction as indicated above into my Edenred Commuter Benefit 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" 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 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 the 90 day period will be forfeited.

I understand there is a monthly non-refundable fee to cover administrative costs of the program. The administrative fee will be deducted from my post-tax pay each month according to the following table:

TRANSIT PLAN	MONTHLY FEE	CHARGE METHOD
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 for use exclusively related to the administration of the program. This authorization will remain in effect until I submit a new request for a change or cancellation.

I understand that my Transit Account balance and information will be maintained by Edenred and are accessible online at www.commuterbenefitsnyc.com or by calling Edenred Customer Service at (833) 584-8109.

Employee Signature _____ DATE / /

AGENCY PAYROLL SECTION

Payroll # _____ Personal information updated in NYCAPS and PI (check all that apply): Mailing Address Email Phone ENTRY DATE / /

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