

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: Annual Transit Card Plan, 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 ECBS with your pre-tax and post-tax payroll deductions and you select your Park-n-Ride payment option on the ECBS website. ECBS 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 ECBS Customer Service at (833) 584-8109 Monday through Friday, from 8 a.m. to 8 p.m. Eastern Time, to select your preferred ECBS 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.)

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

NEW (Enroll)
 CHANGE PERSONAL INFORMATION (Change Mailing Address, Email or Telephone)
 CHANGE DEDUCTION (Change Amount Deducted from Pay each Month)
 SUSPEND DEDUCTION (Temporarily Stop Deduction from Pay)
 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.

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 \$

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 ECBS 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

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 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.

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 Parking account will be available for use within the commuter account 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.

I understand that \$2.05 per month, to cover administrative costs of the program, will be deducted from my post-tax pay each month my account is debited for purchases and/or charges. The administrative charge is non-refundable.

I grant authorization for the City of New York to provide my enrollment information, including mailing address, phone number and e-mail address to ECBS for use 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 Parking Account balance and information will be maintained by ECBS. Parking Account orders must be placed directly through Customer Service at (833) 584-8109. Parking Account order processing and balance information is 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):

Mailing Address
 Email Address
 Phone Number
 NYCAPS ENTRY DATE MONTH DAY YEAR

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

Prepared By (Please Print) _____ Signature _____ Date _____