

THE CITY OF NEW YORK COMMUTER BENEFITS PROGRAM TRANSIT BENEFIT PLANS

Submit completed form to: Your Agency TransitBenefit Coordinator.

www.NYC.gov/payroll

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 Amount Deducted from Pay each Month) | <input type="checkbox"/> SUSPEND DEDUCTION (Temporarily Stop Transit Plan Deduction from Pay. DOES NOT APPLY TO Annual Transit Card.) | <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.) | | | | | | | |
| Annual Transit Card | | Commuter Card - No Admin Fee | | Commuter Card - Unrestricted <small>(\$1.25 Monthly Admin Fee through Payroll Deductions)</small> | | Transit Pass <small>(\$2.05 Monthly Admin Fee through Payroll Deductions)</small> | |
| Employee Initials | Monthly Deduction Amt. | Employee Initials | Monthly Deduction Amt. | Employee Initials | Monthly Deduction Amt. | Employee Initials | Monthly Deduction Amt. |
| | \$127.00 <small>(\$63.50 per pay date)*</small> | | \$127.00 <small>(\$63.50 per pay date)*</small> | | \$ | | \$ |

* 31.75 for weekly paid employees

| | | | | | | | |
|---|-------|-----|------|------------------------------|-------|-----|------|
| SUSPEND TRANSIT PLAN DEDUCTION (DOES NOT APPLY to the Annual Transit Card) | | | | | | | |
| 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 ECBS 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 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 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 a period of 90 days will be forfeited. | | | | | | | | |
| 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 ECBS 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: | | | | | | | | |
| TRANSIT PLAN | MONTHLY FEE | CHARGE METHOD | | | | | | |
| Annual Transit Card | \$1.25 | Added to earnings as a taxable fringe benefit. | | | | | | |
| Commuter Card No Admin Fee | \$1.25 | Added to earnings as a taxable fringe benefit. | | | | | | |
| Commuter Card Unrestricted | \$1.25 | Reduced from earnings as a post-tax deduction. | | | | | | |
| Transit Pass | \$2.05 | Reduced from earnings as a post-tax deduction. | | | | | | |
| I grant authorization for the City of New York to provide my enrollment information, including mailing address, phone number, and email address to ECBS 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 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 | <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | MONTH | DAY | YEAR | | | |
| MONTH | DAY | YEAR | | | | | | |
| | | | | | | | | |

| | | | | | | | | |
|---|---|---|-------|-----|------|--|--|--|
| 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: auto;"> <tr> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | MONTH | DAY | YEAR | | | |
| MONTH | DAY | YEAR | | | | | | |
| | | | | | | | | |
| I certify that the above data was entered in NYCAPS via EForms: | | | | | | | | |
| Prepared By (Please Print) | Signature | Date | | | | | | |