

Transit Benefit Program Enrollment

Please check your payroll number:

740 742 744 745 746

If you do not know your payroll number, please refer to the top right portion of your pay stub.

Please Check if you wish to begin deductions in September for

October 1 Card usage.

IMPORTANT INFORMATION FOR EMPLOYEE

Your annual unlimited ride Premium TransitChek MetroCard is provided as a pre-tax benefit contingent upon continuing deductions from your gross pay. Your taxable wages reported to the IRS at the end Financial Operations the year will be reduced by the total of your annual Premium TransitChek MetroCard deductions and increased by the value of the administrative processing fee paid by the City to the provider of the Premium TransitChek MetroCard for each payday that you have a Transit Benefit deduction.

Your Premium TransitCheck MetroCard will be mailed to the Mailing Address you provide on this form.

Please make sure that the Mailing Address you provide is correct.

EMPLOYEE ENROLLMENT INFORMATION

<i>ENROLLMENT ACTION</i> (Check one only)	<input type="checkbox"/> NEW (To initiate the Deduction)	<input type="checkbox"/> CHANGE ADDRESS (Address to which the Premium TransitChek MetroCard is to be sent)	<input type="checkbox"/> CANCELLATION (To Cancel the Deduction)	EMPLOYEE'S SS# <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> (YOUR SOCIAL SECURITY NUMBER)
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<i>ENROLLMENT ACTION</i> (Check one only)	FIRST <div style="border: 1px solid black; width: 100%; height: 15px;"></div>	MI <input type="checkbox"/>	LAST <div style="border: 1px solid black; width: 100%; height: 15px;"></div>
(YOUR NAME EXACTLY AS IT APPEARS ON YOUR PAYCHECK)			

<i>MAILING ADDRESS</i>	STREET ADDRESS <div style="border: 1px solid black; width: 100%; height: 15px;"></div>
The address to which your premium TransitChek Metrocard is to be mailed, including Apartment (if applicable)	STREET ADDRESS CONTINUATION <div style="border: 1px solid black; width: 100%; height: 15px;"></div>
	CITY <div style="border: 1px solid black; width: 100%; height: 15px;"></div>
	STATE <div style="border: 1px solid black; width: 20px; height: 15px;"></div>
	ZIP CODE + 4 <div style="border: 1px solid black; width: 100%; height: 15px;"></div>

EMPLOYEE CERTIFICATION

---MUST BE SIGNED AND DATED BY EMPLOYEE---

I understand that the use of my Premium TransitChek MetroCard is contingent upon continuing deductions from my gross pay and that, if for any reason, such deductions stop, my Premium TransitChek MetroCard will be de-activated. I understand that if my Premium TransitChek MetroCard is lost or stole, it will be replaced with one that will be active as of the first day of the month following the month during which the lost or stolen MetroCard was active.

EMPLOYEE'S
SIGNATURE _____

DATE _____

AGENCY PAYROLL SECTION

(A/C) ACTION CODE	DOCUMENT #	CD	JSN	PAYROLL #
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EFFECTIVE
DATE

MONTH	DAY	YEAR

EXPIRATION
DATE

MONTH	DAY	YEAR

DEDUCTION

CODE	PLAN
9924	0000

PREPARED BY <i>(PLEASE PRINT)</i>	DATE	I CERTIFY THAT THE ABOVE DATA WAS ENTERED INTO PMS
SIGNATURE	TELEPHONE #	DATE
		SIGNATURE