



THE CITY OF NEW YORK COMMUTER BENEFITS PROGRAM TRANSIT BENEFIT PLANS

Submit completed form to: Your Agency Transit Benefit Coordinator.

www.NYC.gov/payroll

www.getwageworks.com/nyc

EMPLOYEE ACTION

NEW (Enroll)
 CHANGE PERSONAL INFORMATION (Change Mailing address, Email or Telephone)
 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 (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		
Email Address	Telephone	

* 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 Transit Plan of your choice. Please enter the total amount, including dollars and cents, you want deducted from your pay each month.)

COMMUTER CARD - No Admin Fee		COMMUTER CARD - Unrestricted (\$1.77 Monthly Admin Fee through Payroll Deductions)		TRANSIT PASS (\$3.05 Monthly Admin Fee through Payroll Deductions)	
Employee Initials	Monthly Deduction Amount	Employee Initials	Monthly Deduction Amount*	Employee Initials	Monthly Deduction Amount*
	\$104.00 (\$52.00 per pay date)		\$		\$

*For the Commuter Card – Unrestricted and Transit Pass plans you may elect any amount up to \$800 per month where the first \$230 will be deducted pre-tax and any amount over \$230 will be deducted post-tax.

SUSPEND TRANSIT PLAN DEDUCTION

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.wageworks.com or 1-877-924-3967.

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 WageWorks 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 cancellation, 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 cancellation. Residual funds remaining in the account beyond the 90 day period 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 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:

TRANSIT PLAN	FEE	CHARGE METHOD
Commuter Card-No Admin Fee	\$1.77	Added to earnings as a taxable fringe benefit.
Commuter Card-Unrestricted	\$1.77	Deducted from post-tax pay.
Transit Pass	\$3.05	Deducted from post-tax pay.

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 uses 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 WageWorks and are accessible online at www.wageworks.com or by calling WageWorks Customer Service at 1-877-WageWorks (1-877-924-3967).

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 EForms:

Prepared By (Please Print) _____
Signature _____
Date _____