



THE CITY OF NEW YORK COMMUTER BENEFITS PROGRAM PARK-N-RIDE PLAN

Submit completed form to: Your Agency TransitBenefit Coordinator.

www.NYC.gov/payroll

www.getwageworks.com/nyc

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 Program TransitBenefit Plans: Commuter Card Plan or the Transit Pass 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 \$3.05 per month through payroll deductions.

In this plan, you fund a parking account with WageWorks with your pre-tax and post-tax payroll deductions and you select your Park-n-Ride payment option on the WageWorks system. WageWorks offers three parking payment options: • Pay My Parking • Parking Card • Pay Me Back.

Two business days after you enroll in the Park-n-Ride Plan, go to www.wageworks.com or call WageWorks at 1-877-WageWorks (1-877-924-3967) Monday through Friday, from 8 a.m. to 8 p.m. Eastern Time, to select your preferred WageWorks parking payment option.

TRANSITBENEFIT PLAN IDENTIFICATION

Please identify the Commuter Benefits TransitBenefit Plan in which you are enrolled by writing your initials in the column next to the plan.

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)
 RESUME DEDUCTION (End Suspension, Resume 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			
Email Address	Telephone		

* 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 or when you want to resume the deduction from being withheld from pay. A separate form will be required to resume the deduction. Please place your initials next to the action you are authorizing. Remember, administrative deductions will continue when applicable. Please note this will only suspend or resume your payroll deduction. To also suspend or resume your Park-n-Ride payment options you must do so directly with WageWorks at www.wageworks.com or 1-877-924-3967.

PAY DATE TO SUSPEND DEDUCTION
MONTH
DAY
YEAR
Employee Initials _____

PAY DATE TO RESUME DEDUCTION
MONTH
DAY
YEAR
Employee Initials _____

EMPLOYEE CERTIFICATION

I hereby authorize the City of New York to deposit my payroll deduction as indicated above into my WageWorks 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 cancellation, voluntary or otherwise, any funds remaining in my Parking account will be forfeited on the effective date of cancellation.

I understand that \$3.05 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 WageWorks 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 WageWorks. Parking Account orders must be placed directly through WageWorks. Parking Account order processing and balance information is 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 confirm that this employee is jointly enrolled in the following TransitBenefit Plan: **Commuter Card No Admin Fee** **Commuter Card Unrestricted** **Transit Pass**

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

Prepared By (Please Print)	Signature	Date
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