



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

(06/2019)

Submit completed form to your college TransitBenefit Coordinator

IMPORTANT INFORMATION FOR EMPLOYEE

- > To enroll in the Edenred Commuter Benefits Park-N-Ride Plan, you must be jointly enrolled in one of the following Edenred Commuter Benefits Plans: Commuter Card Plan or 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 \$2.05 per month through payroll deductions.
- > In this plan, you fund your Edenred parking account with your pre-tax and post-tax payroll deductions. You select your Park-N-Ride payment option on Edenred website. Edenred offers three parking payment options: Commuter Card Direct Pay Cash Reimbursement.

➤ Three business davs af	site. Edenred offers three pa ter you enroll in the Park-N-F - – Friday, 8 am – 8 pm, to se	Ride Plan, go to ww	/w.commuterbenefi	tsnvc.com or call Edenr		ice at
TRANSIT PLAN IDENTI	FICATION (Please sele	ect ONE)				
COMMUTER CARD – UNRESTRICTED TRANSIT PASS						
EMPLOYEE ACTION						
NEW CHANGE PERSONAL INFO (Change Mailing Address, Email, or Phone) (Change Amou from Pay Each			nt Deducted (Temporarily Stop (Terminate Payroll			
EMPLOYEE IDENTIFICA	ATION (Please fill out	ALL fields com	npletely. Please	print.)		
Employee Reference Number (Located on your pay st-t or check stub) Date of Birth (MM/DD/YYYY)/						
First Name		M.I	M.I Last Name			
Address						
Email Phone						
PARK-N-RIDE DEDUCT	TION AUTHORIZATION	I				
Please enter the total amo	ount you want deducted	from you pay ea	ch month. Mont	hly Deduction Amou	ınt: \$	-
SUSPEND PARK-N-RID						
Submit at least 2 weeks before you want to suspend your payroll deduction. Remember, administrative fee 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 Edenred at www.commuterbenefitsnyc.com or (833) 584-8109.						
PAY DATE TO SUSPEND	DEDUCTION DAY	YEAR	PAY DATE	TO RESUME DEDUCTION	MONTH DAY	YEAR
EMPLOYEE CERTIFICA						
I hereby authorize the City L Account.	Iniversity of New York to de	eposit my payroll o	deduction as indic	ated above into my Ed	enred Commuter	Benefit Parking
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" guidelines and rules, the City University of New York can only reverse the amount of the incorrect direct deposit.						
I understand that according average monthly cost of pul change, I will change my de transportation fringe deduct for a period of 90 days from	blic transportation to and fr duction plan to accommod tions. Upon termination, vo	om work. If my av ate my new circum luntary or otherwi	erage monthly cos nstance. Furthermo se, any funds rema	et of public transportati ore, no reimbursement aining in my Parking A	ion to and from w will be provided f ccount will be ava	ork should for pre-tax ailable for use
I understand that the \$2.05 r activities on my Parking Acc		ive fee will be ded	ucted from my pos	st-tax pay each month	when there are an	y financial
I grant authorization for the mail address to Edenred for new request for a change or	use exclusively related to					
I understand that my Parking Edenred. Parking order prod Customer Service at (833) 58	cessing and balance inform					
Employe	ee Signature			DATE		
Lilipioye		GENCY PAYR	OLL SECTION			
Payroll #	Personal information				MONTH DAY	YEAR
	Mailing Address	Email	Phone	ENTRY DATE		/
I certify that the above data	Prepared By (Please Pri	nt)	Signature		Date	