

ACCESS-A-RIDE / PARATRANSIT PLAN

Submit completed form and required documentation to your college Benefits Officer

IMPORTANT INFORMATION FOR EMPLOYEE

- Your enrollment in the Edenred Commuter Benefits Program Access-A-Ride / Paratransit Plan is provided contingent upon your eligibility for MTA New York City Transit Access-A-Ride program or other qualified paratransit service.
- As proof of eligibility, copies (do not send the originals) of the following must be attached to this enrollment: MTA New York City Transit Access-A-Ride Acceptance Letter along with your Access-A-Ride Photo ID, OR proof of enrollment in other qualified paratransit service.
- Three business days after you enroll in the Access-A-Ride Plan, go to www.commuterbenefitsnyc.com or call Edenred Customer Service at (833) 584-8109, Monday – Friday, 8 am – 8 pm, to select your coupons or tickets.

EMPLOYEE ACTION

- NEW (Enroll)
 CHANGE PERSONAL INFO (Change Mailing Address, Email, or Phone)
 CHANGE DEDUCTION (Change Amount Deducted from Pay Each Month)
 SUSPEND DEDUCTION (Temporarily Stop Deduction from Pay)
 CANCELLATION (Terminate Payroll Deduction)

EMPLOYEE IDENTIFICATION (Please fill out ALL fields completely. Please print.)

Employee N Number (Located on your paycheck stub) Date of Birth (MM/DD/YYYY) ____/____/____

First Name _____ M.I. _____ Last Name _____

Address _____

Email _____ Phone _____

ACCESS-A-RIDE / PARATRANSIT DEDUCTION AUTHORIZATION

Please enter the total amount you want deducted from you pay each month. Monthly Deduction Amount: \$ _____ . _____

SUSPEND ACCESS-A-RIDE / PARATRANSIT DEDUCTION

Submit at least 2 weeks before you want to suspend your deduction. Please note this will only suspend your payroll deduction. To also suspend your Access-A-Ride orders, you must do so directly with Edenred at login.commuterbenefits.com or (833) 584-8109.

PAY DATE TO SUSPEND DEDUCTION / /
 PAY DATE TO RESUME DEDUCTION / /

EMPLOYEE CERTIFICATION

I hereby authorize the City University of New York to deposit my payroll deduction as indicated above into my Edenred Commuter Benefit 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” guidelines and rules, the City University of New York can only reverse the amount of the incorrect direct deposit.

I understand that participation in the Access-A-Ride Plan is contingent upon my qualification for MTA New York City Transit Access-A-Ride Paratransit Service or other qualified paratransit service. Proof of such eligibility must be provided as a condition of enrollment.

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 the 90 day period will be forfeited.

I understand that the \$2.05 non-refundable administrative fee will be deducted from my post-tax pay each month when there are any financial activities on my Transit Account.

I grant authorization for the City University of New York to provide my enrollment information, including mailing address, phone number and e-mail address to Edenred for use exclusively related to the administration of the program. This authorization will remain in effect until I submit a new request for a change or cancellation.

I understand that my Transit Account balance and information will be maintained by Edenred. Paratransit Service coupons or vouchers must be ordered directly through Edenred. Transit Account order processing and balance information is accessible online at login.commuterbenefits.com or by calling Edenred Customer Service at (833) 584-8109.

Employee Signature _____ DATE / /

AGENCY PAYROLL SECTION

Agency Code	Personal information updated (check all that apply):			MONTH	DAY	YEAR
	<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
I certify that the above data was entered in Edenred & PayServ:	Prepared By (Please Print)	Signature	ENTRY DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Date			