



login.commuterbenefits.com

ARK-N-RIDE PLANS
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## Submit completed form to your college Benefits Officer

## **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 days after you enroll in the Park-N-Ride Plan, go to login.commuterbenefits.com or call Edenred Customer Service at (833) 584-8109, Monday Friday, 8 am 8 pm, to select your preferred parking payment option.

## **TRANSIT PLAN IDENTIFICATION (Please select ONE)**

Prepared By (Please Print)

I certify that the above data was

entered in Edenred & PayServ:

TRANSIT PLAN IDENTIFICATION (Please select ONE)				]			
COMMUTER CARD – UNRESTRICTED							
EMPLOYEE ACTION							
NEW (Enroll)CHANGE PERSONAL INFO (Change Mailing Address, Email, or Phone)CHANGE DEDUc (Change Amoun from Pay Each M			unt Deducte		SUSPEND DEDUCTION (Temporarily Stop Deduction from Pay)	CANCELLATION (Terminate Payroll Deduction)	
EMPLOYEE IDENTIFICATION (Please fill out ALL fields completely. Please print.)							
Employee N Number (Locate			Date of Birth (MM/DD/YYY)	n)//			
First Name M.I				Last Name			
Address							
mail Phone							
PARK N RIDE DEDUCTION AUTHORIZATION							
Please enter the total amount you want deducted from you pay each month. Monthly Deduction Amount: \$							
SUSPEND PARK N RID				-			
when applicable. Please n	efore you want to suspend note this will only suspend lirectly with Edenred at <u>loc</u> MONTH DAY	or resume ve	our payro benefits.c	II deductior <u>com</u> or (833	n. To also suspend vou	r Park-N-Ride payment	
I hereby authorize the City University of New York to deposit my payroll deduction as indicated above into my Edenred Commuter Benefit Parking Account.							
	r the reversal of a credit to m Association" guidelines and						
average monthly cost of put change, I will change my de transportation fringe deduct	to the Internal Revenue Cod blic transportation to and fro duction plan to accommodat tions. Upon termination, volu the effective date of termina	m work. If my a e my new circu intary or other	average mo imstance. I wise, any fi	onthly cost o Furthermore unds remain	of public transportation to e, no reimbursement will b ing in my Parking Accour	and from work should be provided for pre-tax nt will be available for use	
I understand that the \$2.05 m activities on my Parking Acc	non-refundable administrativ count.	e fee will be de	ducted fro	m my post-t	ax pay each month when	there are any financial	
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 Parking Account balance and information will be maintained by Edenred. Parking orders must be placed directly through Edenred. Parking order processing and balance information is accessible online at login.commuterbenefits.com or by calling Edenred Customer Service at (833) 584-8109.							
Employee Signature							
AGENCY PAYROLL SECTION							
Agency Code	Personal information u				MONTI		
	Mailing Address	Email	Phone	)			

Signature

Date