CUNY TransitBenefit Transportation Spending Account (TSA) Enrollment / Change Form

Please submit form to your Benefits Officer – COMMUNITY COLLEGES

IMPORTANT INFORMATION FOR EMPLOYEE

Your TransitBenefit Transportation Spending Account Card is provided as a pre-tax benefit contingent upon continuing deductions from your gross pay. Your taxable wages reported to the IRS at the end of the year will be reduced by the total of your annual pre-tax TransitBenefit Transportation Spending Account deductions. Your TransitBenefit Transportation Spending Account Card will be mailed to the mailing address you provide on this form. Please make sure that the mailing address you provide is correct.

ENROLLMENT ACTION

☐ **NEW** (Enroll) ☐ **CHANGE ADDRESS/TELEPHONE** (Change address to which the TSA Card is to be mailed) ☐ **CHANGE DEDUCTION PLAN** (Change amount deducted per pay period) ☐ **SUSPEND DEDUCTION** (Temporarily stop deduction for your TSA account) ☐ **CANCELLATION** (Close your TSA account)

EMPLOYEE IDENTIFICATION

Employee Reference # (Located on your pay statement)

Home Telephone (Your telephone # is required by the bank)

First Name MI Last Name

(Your name exactly as it appears on your pay statement)

MAILING ADDRESS

Street Address (Line 1) Included: Apt#, FL# or Box# if applicable

Street Address (Line 2)

City State Zip

DEDUCTION PLANS

THESE DEDUCTION PLANS ARE SUGGESTED BASED ON FREQUENCY OF RIDES AND PAYROLL CYCLE. SELECT ONE PLAN WITHIN YOUR PAYROLL CYCLE BY INITIALING THE BOX NEXT TO THE PLAN YOU CHOOSE.

PAYROLL FREQUENCY

	Occasional Rider				Monthly Unlimited Ride Plan				Weekly Trip Plan				Bi-Weekly Trip Plan				Express Rider			
	Employee Initial	Plan Code	Deduction Per Payday	Admin Fee Deduction Per Payday	Employee Initial	Plan Code	Deduction Twice Per Month	Admin Fee Deduction Per Payday	Employee Initial	Plan Code	Deduction Per Payday	Admin Fee Deduction Per Payday	Employee Initial	Plan Code	Deduction Per Payday	Admin Fee Deduction Per Payday	Employee Initial	Plan Code	Deduction Per Payday	Admin Fee Deduction
BI-WEEKLY OPTION A 26 Pay Dates		1000	$22.50	$0.84		2000	$44.50	$0.84		4000	$45	$0.84		5000	$51.50	$0.84		3000	$90	$0.84
BI-WEEKLY OPTION B 22 Pay Dates		1022	$22.50	$0.98		2022	$44.50	$0.98		4022	$45	$0.98		5022	$51.50	$0.98		3022	$90	$0.98
BI-WEEKLY OPTION C 18 Pay Dates		1018	$22.50	$1.20		2018	$44.50	$1.20		4018	$45	$1.20		5018	$51.50	$1.20		3018	$90	$1.20
BI-WEEKLY OPTION D 16 Pay Dates–Only LAG CC		1016	$22.50	$1.35		2016	$44.50	$1.35		4016	$45	$1.35		5016	$51.50	$1.35		3016	$90	$1.35
BI-WEEKLY OPTION E 14 Pay Dates–Only KCC		1014	$22.50	$1.54		2014	$44.50	$1.54		4014	$45	$1.54		5014	$51.50	$1.54		3014	$90	$1.54
***BI-WEEKLY OPTION F SUSPENDED SUMMER DEDUCTIONS** 26 Pay Dates		1002	$22.50	$0.84		2002	$44.50	$0.84		4002	$45	$0.84		5002	$51.50	$0.84		3002	$90	$0.84

*NO TSA DEDUCTIONS IN SUMMER. DEDUCTIONS FOR ADMINISTRATIVE FEES WILL CONTINUE.

NOTE: For the Monthly Unlimited Ride Plan, no transportation deduction will be taken from the first pay date of months that have 3 bi-weekly pay dates. Administrative fees will continue.

SUSPEND TSA DEDUCTION

Submit at least 3 weeks before you want to suspend your deduction. Deductions for administrative fees will continue.

PAY DATE TO SUSPEND DEDUCTION ☐☐ ☐☐ ☐☐ **PAY DATE TO RESUME DEDUCTION** ☐☐ ☐☐ ☐☐

IF MY CARD IS LOST OR STOLEN AND I REQUEST A REPLACEMENT CARD, I UNDERSTAND THAT I WILL BE CHARGED A FEE OF $5 PER OCCURRENCE VIA PAYROLL DEDUCTION. I HEREBY AUTHORIZE THE CITY OF NEW YORK TO DEDUCT THE REPLACEMENT CARD FEE FROM MY PAY. _____ (Must initial)

I HEREBY AUTHORIZE THE CITY OF NEW YORK TO DEPOSIT MY PAYROLL DEDUCTION AS INDICATED ABOVE INTO MY TRANSPORTATION SPENDING 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 THAT THIS AUTHORIZATION WILL REMAIN IN EFFECT AND THAT I MAY REVOKE OR MODIFY THIS AUTHORIZATION AT ANY TIME BY PROVIDING A WRITTEN REQUEST TO MY AGENCY BENEFITS OFFICE. I ALSO UNDERSTAND THAT IF TRANSPORTATION DEDUCTION RATES INCREASE, THE NEW RATES WILL BE AUTOMATICALLY APPLIED.

I HAVE READ THE "FREQUENTLY ASKED QUESTIONS" AND UNDERSTAND THE TERMS AND CONDITIONS. I UNDERSTAND THAT IN ORDER TO MAINTAIN MY TSA CARD ACTIVE, AN ANNUAL ADMINISTRATIVE FEE OF APPROXIMATELY $21.60 WILL BE DEDUCTED FROM MY POST-TAX PAY ON AN ANNUALIZED PRO-RATED BASIS.

EMPLOYEE SIGNATURE _____ DATE _____

PMS Deduction Codes (To Be Completed By College Benefits Officer Based on above chart)

Enter appropriate PMS Plan Code based on employee selection.

JSN ☐ **Payroll #** ☐☐☐ **Check Digit** ☐ **Deduction Code** 9 9 2 0 **Plan Code** ☐☐☐☐

Effective Date ☐☐/☐☐/☐☐ **TSA Replacement Admin Fee Code** 9 9 1 8 $ ☐.☐☐

Benefits Officer Signature _____ Date _____

Updated May 2009