

TransitBenefit Program Access-A-Ride Enrollment

**SUBMIT COMPLETED FORM WITH
A COPY OF A VALID PICTURE ID AND
ACCEPTANCE LETTER FROM THE MTA TO:
Your Agency's TransitBenefit Coordinator**

www.NYC.gov/payroll

IMPORTANT INFORMATION FOR EMPLOYEE

Your TransitBenefit Access-A-Ride Coupons are provided as a pre-tax benefit contingent upon eligibility for the MTA New York City Transit Access-A-Ride program and continuing pre-tax TransitBenefit payroll deductions. 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, and
- MTA New York City Transit Access-A-Ride Photo ID.

Your Access-A-Ride Coupons will be sent to the Mailing Address you provide on this form. Please make sure that the Mailing Address is correct. Please note that a work address is not permitted.

EMPLOYEE ENROLLMENT INFORMATION

ACTION (Check one only)	<input type="checkbox"/> NEW (To Initiate Deduction)	<input type="checkbox"/> CHANGE ADDRESS (Address to which your Access-A-Ride Coupons will be sent)	<input type="checkbox"/> RENEWAL (To Renew Enrollment consistent with Access-A-Ride eligibility)	<input type="checkbox"/> CANCELLATION (To Cancel the Deduction)
ENROLLMENT DEDUCTION (Check one only)	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE	DEDUCTION AMOUNT / SCHEDULE		EMPLOYEE REFERENCE # <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> (LOCATED ON YOUR PAY STATEMENT)
		<input type="checkbox"/> \$ 22.50 <small>\$11.25 WEEKLY / \$22.50 BI-WEEKLY</small>	<input type="checkbox"/> \$ 45.00 <small>\$22.50 WEEKLY / \$45.00 BI-WEEKLY</small>	
EMPLOYEE NAME (Please Print)	FIRST <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	MI <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	LAST <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
	<small>(YOUR NAME EXACTLY AS IT APPEARS ON YOUR PAYCHECK)</small>			
MAILING ADDRESS (Please Print)	STREET ADDRESS - LINE 1 <small>INCLUDE: APT. #, FL # OR BOX #, IF APPLICABLE.</small> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>			
	STREET ADDRESS - LINE 2 <div style="border: 1px solid black; width: 100%; height: 20px;"></div>			
The address to which your Access-A-Ride Coupons will be mailed. Include your apartment, floor or P.O. Box # (if applicable).	CITY <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	STATE <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	ZIP CODE <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	PLUS 4 <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
CANCEL OTHER TRANSITBENEFIT PROGRAM	<small>WHEN ENROLLING IN THE TRANSITBENEFIT ACCESS-A-RIDE PROGRAM, PARTICIPATION IN THE TRANSITBENEFIT PREMIUM TRANSITCHEK METROCARD AND TSA PROGRAMS MUST BE CANCELED.</small>		DEDUCTION CODE	AGENCY USE ONLY
CHECK TO CANCEL	<input type="checkbox"/> PREMIUM CARD	<input type="checkbox"/> TRANSPORTATION SPENDING ACCOUNT (TSA)	<div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">9924</div> <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">9920</div>	EXPIRATION DATE <small>MONTH DAY YEAR</small> <div style="border: 1px solid black; width: 40px; height: 20px;"></div>

EMPLOYEE CERTIFICATION

I UNDERSTAND THAT THE USE OF MY ACCESS-A-RIDE TRANSITBENEFIT IS CONTINGENT UPON MTA NEW YORK CITY TRANSIT ACCESS-A-RIDE ELEGIBILITY AND CONTINUING PRE-TAX TRANSITBENEFIT PAYROLL DEDUCTIONS.

EMPLOYEE
SIGNATURE _____

DATE _____

AGENCY PAYROLL SECTION

(A/C) ACTION CODE	DOCUMENT #	CD	JSN	PAYROLL #
EFFECTIVE DATE <small>MONTH DATE YEAR</small> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	EXPIRATION DATE <small>MONTH DATE YEAR</small> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	DEDUCTION CODE <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">9926</div>	DEDUCTION PLAN	
			<input type="checkbox"/> \$22.50	<input type="checkbox"/> \$45.00
			<div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">1500</div>	<div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">3000</div>
PREPARED BY (PLEASE PRINT)	DATE	I CERTIFY THAT THE ABOVE DATA WAS ENTERED INTO PMS		
SIGNATURE	TELEPHONE #	DATE		
		SIGNATURE		