DOE TransitBenefit Spending Account Program (TSA) Enrollment Form

Please submit form to your Payroll Secretary or Timekeeper

NOTE: If you currently enrolled in the TransitBenefit Program and choose to enroll in the TSA program enrollment in the TransitBenefit must be cancelled first.

IMPORTANT INFORMATION FOR EMPLOYEE

Your TransitBenefit 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 TransitBenefit Transportation Spending Account deductions. Your TransitBenefit 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 Commuter Savings 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 Social Security # ☐☐☐ ☐☐ ☐☐☐☐

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

First Name ☐☐☐☐☐☐☐☐☐☐ MI ☐ Last Name ☐☐☐☐☐☐☐☐☐☐☐☐

(Your name exactly as it appears on your check stub)

MAILING ADDRESS

Street Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐ Zip ☐☐☐☐☐☐☐☐☐

The address to which you're Commuter Savings Card is to be mailed. Including apartment, if applicable.

DEDUCTION PLAN AUTHORIZATION

THESE PRE-TAX DEDUCTION PLANS ARE SUGGESTED BASED ON FREQUENCY OF RIDES AND PAYROLL CYCLE. SELECT ONE PLAN WITHIN YOUR PAYROLL CYCLE BY CIRCLING THE DEDUCATION PLAN YOU CHOOSE.

IF YOU DO NOT KNOW YOUR PAYROLL CYCLE NUMBER PLEASE REFER TO THE TOP RIGHT PORTION OF YOUR STUB.

	OCCASIONAL RIDER		FREQUENT RIDER		WEEKLY TRIP PLAN		EXPRESS RIDER		BI-WEEKLY PLAN	
PAYROLL FREQUENCY	Ded Plan	Ded Per Pay Date	Ded Plan	Ded Per Pay Date	Ded Plan	Ded Per Pay Date	Ded Plan	Ded Per Pay Date	Ded Plan	Ded Per Pay Date
12 MONTH SEMI-MONTHLY PLAN (742, 744 Pay cycles)	1000	$24.75	2000	$44.50	4000	$49.50	3000	$97.50	5000	$51.50
12 MONTH SEMI-MONTHLY- NO SUMMER DEDUCTIONS PLAN* (742 & 744 Paycycle)	1002	$24.75	2002	$44.50	4002	$49.50	3002	$97.50	5002	$51.50
12 MONTH BI-WEEKLY PLAN (740, 745 Paycycles)	1000	$22.50	2000	$44.50	4000	$45.00	3000	$90.00	5000	$51.50
12 MONTH BI-WEEKLY PLAN- WITH NO SUMMER DEDUCTIONS* (745 Paycycle)	1002	$22.50	2002	$44.50	4002	$45.00	3002	$90.00	5002	$51.50
10 MONTH BI-WEEKLY–SAPIS PLAN SUSPENDED SUMMER DEDUCTIONS* (740 Paycycle)	1001	$22.50	2001	$44.50	4001	$45.00	3001	$90.00	5001	$51.50
10 MONTH SEMI-MONTHLY PER DIEM PLAN* (746 Paycycle)	1001	$24.75	2001	$44.50	4001	$49.50	3001	$97.50	5001	$51.50

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

SUSPEND TSA DEDUCTION

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

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

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 UNTIL I SUBMIT A NEW REQUEST FOR A CHANGE OR CANCELLATION.

I HAVE READ "WHAT YOU SHOULD KNOW ABOUT THE TRANSITBENEFIT TSA CARD" AND UNDERSTAND THE TERMS AND CONDITIONS. I UNDERSTAND THAT $1.80 PER MONTH ON AVERAGE WILL BE DEDUCTED FROM MY POST-TAX PAY FOR EACH MONTH MY TSA COMMUTER SAVINGS CARD IS ACTIVE TO COVER ADMINISTRATIVE COSTS.

EMPLOYEE SIGNATURE _____ DATE _____