NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
WAGEWORKS (WW) ACCESS-A-RIDE / PARATRANSIT PLAN FORM
(Submit completed form to your Facility's Payroll Department)

IMPORTANT INFORMATION FOR EMPLOYEES
Your enrollment in the WageWorks Access-A-Ride / Paratransit plan is provided as a pre-tax benefit contingent upon your approved eligibility for the MTA New York City Transit Access-A-Ride program or other paratransit.
As proof of eligibility, copies (not originals) of the following **must be attached to this enrollment**: MTA New York City Transit Access-A-Ride Acceptance Letter and Access-A-Ride Photo ID or Proof of Enrollment in a Paratransit.
After you enroll in the Access-A-Ride/Paratransit plan, and you receive confirmatory email from WageWorks, go to www.wageworks.com or call WageWorks at 1-877-WageWorks (1-877-924-3967) Monday through Friday, from 8 a.m. to 8 p.m. Eastern Time, to select your coupons or tickets.

PURPOSE *(Please check appropriate box or boxes, complete Part A, and then the appropriate section)*

☐	☐	☐	☐	☐
ENROLL	CHANGE PERSONAL INFORMATION *Change home address, email or telephone*	CHANGE DEDUCTION *Change WW plan and/or deductions*	SUSPEND DEDUCTION *Temporarily stop WW deductions*	TERMINATE PARTICIPATION *Stop participation in WW program*

PART A: ENROLLMENT/CHANGE PERSONAL INFORMATION *(PLEASE PRINT)*

EMPLOYEE ID	*(Located on your timesheet under TKID)*	EMPLOYEE NAME:	
EMAIL ADDRESS		WORK TELEPHONE: ( ) -	
HOME ADDRESS			
CITY, STATE, ZIP			

I understand that my Access-A-Ride or other paratransit plan coupons or tickets will be mailed to my home address on file with New York City Health and Hospitals Corporation (HHC).

I understand that the above address must match my home address on file with HHC. If it is different, my WW enrollment/change will be delayed until the above address agrees with the home address on file with HHC.

EMPLOYEE SIGNATURE:

PART B: ACCESS-A-RIDE/PARATRANSIT PLAN DEDUCTION AUTHORIZATION

Please enter the total amount , in dollars and cents, you want deducted from every pay check.	$_____.____	Circle one: Paid Weekly* / Biweekly**	$3.05 ADDED TO EARNINGS AS TAXABLE FRINGE BENEFIT

* 48 DEDUCTIONS PER YEAR

** 24 DEDUCTIONS PER YEAR

I hereby authorize HHC to deduct and deposit my payroll deduction(s) as indicated above into my WW account(s). I also grant authorization for the reversal of a credit to my account(s) in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules, HHC can only reverse the amount of the incorrect direct deposit. I grant authorization for HHC to provide my enrollment information, including home address, phone number and e-mail address to WW for uses exclusively related to the administration of the program.

I understand that this authorization will remain in effect until I submit a new request for a change or termination of participation.

I understand that participation in the Access-A-Ride program 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 certify that I will be using WageWorks products for HHC work-related commuting or parking only. 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 and/or parking to and from work. If my average monthly work related transportation/parking costs should change, I will change my deduction plan(s) to accommodate my new circumstance. Furthermore, no reimbursement will be provided for pre-tax transportation fringe deductions. Upon cancellation, voluntary or otherwise, any funds remaining in my WageWorks Account will be available for use for a period of 90 days from the effective date of cancellation. Residual funds remaining in the account beyond the 90 day period will be forfeited.

I have received and read "What you should know about the WageWorks Account Program". I understand that the Access-A-Ride/ Paratransit Plan charges administrative fees for each month in which my account has activity to cover the costs of the program. I understand that the charge is $3.05 per month, and it will be paid by HHC on my behalf and will be added to my taxable earnings as a fringe benefit each month. The administrative fees are non-refundable.

EMPLOYEE SIGNATURE:

PART C: SUSPEND/RESUME PARTICIPATION

Submit at least 2 weeks before you want to suspend your deduction(s). Please note that this will only suspend your payroll deduction(s), not any administrative fee deduction if there is activity in your WW account during the suspension period. To also suspend orders placed with WageWorks, you must do so directly with WageWorks at www.wageworks.com or 1-877-924-3967.

SUSPEND WW DEDUCTIONS ON __/__/____ (Payroll Date)	RESUME WW DEDUCTIONS ON __/__/____ (Payroll Date)

EMPLOYEE SIGNATURE:

PART D: TERMINATE PARTICIPATION

TERMINATE WW PROGRAM PARTICIPATION ON __/__/____

EMPLOYEE SIGNATURE:

FOR PAYROLL DEPARTMENT USE ONLY

Above address matches PSMS? Yes ☐ No ☐	If no, date referred to HR: __/__/____
Pay Cycle: W1 B1 B2 Circle one	Payroll Schedule:	Batch #:
Check One: Suspend ☐ Terminate ☐ Date: __/__/____	Deduction Resumption date: __/__/____ (Payroll Date)
Name:	Date: __/__/____	Phone:	Signature:

revised 4/4/2013