

NEW YORK CITY HEALTH + HOSPITALS

WAGeworks PROGRAM FORM

(Submit completed form to your Facility's Payroll Department)

PURPOSE <i>(Please check appropriate box or boxes, complete Part A, and then the appropriate section)</i>					
ENROLL	CHANGE PERSONAL INFORMATION <i>Change e-mail address</i>	CHANGE PLAN OR DEDUCTION <i>Change plans and/or deduction amount</i>	ADD OR DELETE A PLAN (check one) Add a plan Delete a plan	SUSPEND DEDUCTION <i>Temporarily stop deductions In which plan: _____</i>	TERMINATE PARTICIPATION <i>Cancel participation in the program completely</i>
PART A: ENROLLMENT/CHANGE PERSONAL INFORMATION (PLEASE PRINT)					
EMPLOYEE ID	<i>(Located on your timesheet under TKID)</i>		EMPLOYEE NAME:		
EMAIL ADDRESS			WORK TELEPHONE:		
HOME ADDRESS					
CITY, STATE, ZIP					
I understand that my WageWorks Commuter Card or Transit Pass and/or Parking Card will be mailed to my home address on file with New York City Health + Hospitals. I understand that the above address must match my home address on file with New York City Health + Hospitals. If it is different, my enrollment/change will be delayed until the above address agrees with the home address on file with New York City Health + Hospitals.					
DEDUCTION PLAN AUTHORIZATION					
<p>Step 1: Select the plan or plans you would like to participate in by writing your initials in the Employee Initials Box F below. You may choose only <u>one</u> Transit Plan – Plan 1, 2, or 3. The Parking Plan may be chosen on its own or in addition to one of the Transit Plans.</p> <p>Step 2: Write in your desired deduction amount. <u>The deduction amount for Transit Plan 1 is fixed.</u> For the other Transit plans, you may elect any per pay check deduction amount greater than \$1.00, however your total monthly deductions for all plans cannot exceed \$800. The first \$265 deducted a month in Transit Plans 1,2 or 3 will be deducted on a pre-tax basis and any amount over \$265 will be deducted post-tax. The Parking Plan is a separate plan from your Transit Plan and the first \$265 will be deducted on a pre-tax basis with any additional over \$265 deducted on post-tax basis.</p>					
(A) TYPE	(B) PLAN NAME	(C) DEDUCTION AMOUNT PER PAY CHECK INPUT HERE IF YOU ARE PAID WEEKLY (48 deductions / yr)	(D) DEDUCTION AMOUNT PER PAY CHECK INPUT HERE IF YOU ARE PAID BIWEEKLY (24 deductions / yr)	(E) MONTHLY ADMINISTRATIVE FEE	(F) EMPLOYEE INITIALS
TRANSIT PLAN 1	COMMUTER CARD - NO ADMIN FEE	CURRENTLY \$31.75	CURRENTLY \$63.50	\$1.77 ADDED TO EARNINGS AS TAXABLE FRINGE BENEFIT	
TRANSIT PLAN 2	COMMUTER CARD - UNRESTRICTED			\$1.77	
TRANSIT PLAN 3	TRANSIT PASS PLAN			\$3.05	
PARKING PLAN	PARKING PLAN *			\$3.05	
<p>* Parking Plan participants- PLEASE NOTE: This plan is limited to authorized employee parking facilities or park & ride facilities as detailed in the "What You Should Know About the WageWorks Account Program" document. <u>In addition</u> to signing up for the program on this form, you must, after receiving a welcoming email from WageWorks, a) select a type of parking plan payment option, b) place a parking order and c) select the frequency of the order. Please refer to "What You Should Know About the WageWorks Account Programs" document on the employee payroll webpage for more information.</p>					
I hereby authorize New York City Health + Hospitals to (a) deduct and deposit my payroll deduction(s) as indicated above into my WageWorks account(s), (b) reverse any credit to my account(s) in the event the credit was made in error, and (c) provide my enrollment information, including home address, phone number and e-mail address to WageWorks, Inc. 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 terminate participation or employment.					
I certify that I will be using WageWorks products for New York City Health + Hospitals work-related commuting or parking only and 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. Additionally, I understand the availability of funds following termination of employment and that funds may be forfeited if not used accordingly.					
I have received and read the "What You Should Know About the WageWorks Account Program" document. I understand that I will be charged a non-refundable administrative fee, as listed above, each month to cover the costs of the program and these fees will be deducted from my post-tax pay.					
EMPLOYEE SIGNATURE:					
SUSPEND/RESUME PARTICIPATION/TERMINATE PARTICIPATION					
Submit to your facility's Payroll Department 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 WW, you must do so directly with WageWorks at www.wageworks.com or 1-877-924-3967.					
SUSPEND DEDUCTIONS ON (Payroll Date)			RESUME DEDUCTIONS ON (Payroll Date)		
TERMINATE PROGRAM					
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:	
EMPLOYEE SIGNATURE:					