

# Commuter Benefits Participation Form

Under NYC's Commuter Benefits Law, certain employers must offer commuter benefits to existing full-time employees beginning January 1, 2016 or four weeks after an employee begins full-time work, whichever is later. For more information, please call 311 or visit [nyc.gov/commuterbenefits](http://nyc.gov/commuterbenefits) to read Frequently Asked Questions about the Commuter Benefits Law.

## Note to Employees:

Your employer is required by law to offer you a commuter benefits program; however, your participation is voluntary. You may decline to enroll in the program, or you may cancel your participation at any time. You may also choose to enroll in the program at a later date.

EMPLOYER INFORMATION	
Employer Name	
Address	
City/State/ZIP Code	
Phone Number	
EMPLOYEE INFORMATION	
Name (First/Middle/Last)	
Address	
City/State/ZIP Code	
Phone Number	
Email Address	
Date of Hire	

I, \_\_\_\_\_, (*Employee's printed name*)  **Accept**  **Decline**  
my employer's offer to use pre-tax income to pay for qualified transportation benefits to the extent permitted under federal law.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**If you have questions about your employer's obligations under NYC's Commuter Benefits Law or to report non-compliance, please contact the Department of Consumer Affairs (DCA) at [nyc.gov/commuterbenefits](http://nyc.gov/commuterbenefits), email [commuterbenefits@dca.nyc.gov](mailto:commuterbenefits@dca.nyc.gov), or contact 311 (212-NEW-YORK outside NYC).**