



New York Medical College
Human Resources
Valhalla, NY 10595 Tel 914-594-4560 Fax 914-594-4309

Date: December, 2008

To: New York Medical College Employees (Non-1199 CBU)

From: Human Resources Department

Re: **Smart Commute Pre-Tax Benefit Program – 2009**

Each calendar year, New York Medical College employees may elect to enroll in the Smart Commute Pre-tax Benefit Program. This program is for employees who commute to work on public transportation.

You may elect to pay for eligible commuting expenses with pre-tax dollars. According to IRS guidelines, effective January 1, 2009, you may withhold up to **\$120 per month** to pay for eligible transportation costs, and up to **\$230 per month** to pay for parking costs at a location from which you commute by public transportation, such as a park and ride lot, transit station, or facility or vanpool.

When you incur and pay for an eligible expense, reimbursement will be made by the Controller's Office upon their receipt of an Employee Reimbursement Certification form (copy attached). A commuter expense check would be payable to you based on the information contained on the form. **The amount of the reimbursement check cannot exceed your current balance.** You will also receive periodic statements from the Controller's Office to help you reconcile your commuter expense transactions.

If you want to enroll in the program, please complete the attached payroll deduction authorization enrollment form and return it to Elaine Muia, Human Resources, New York Medical College, Administration Bldg. Valhalla, NY 10595. Reimbursement certification forms should be sent to Rhonda Beville, Controller's Office, New York Medical College, Administration Bldg., Valhalla, NY 10595.

For additional information, about the Smart Commute Pre-Tax Benefit Program, please call the Department of Transportation, 914-813-7741, or visit their website at www.westchestergov.com . Click on "Transportation" then click on "Smart Commute Program".



New York Medical College

SMART COMMUTE ENROLLMENT FORM

2009 Payroll Deduction Authorization

A. Transit Expense
(Not to exceed **\$120 per month**)

Transit Pass,
Tokens or Tickets _____ Transit Vouchers _____

Vanpool Passes or
Tickets _____ Vanpool Vouchers _____

B. Qualified Parking
(Not to exceed **\$230 per month**)

	Per Pay Period	#Pay Periods	Annual Election
Transit	\$ _____	\$ _____	\$ _____
Parking	\$ _____	\$ _____	\$ _____

Total for both Transit & Parking per Pay Period \$ _____

Authorization & Acknowledgement:

I will be using the benefit exclusively for my regular daily direct commute from home to work and return. I will not give, barter, exchange, convey, or otherwise transfer this benefit to any other person. The monthly benefit that I receive does not exceed my average monthly commuting cost based on a 20-day month commuting by public transportation or eligible vanpool.

I understand and agree that false certification may result in disciplinary action taken by my employer up to and including dismissal from employment and possible prosecution for Federal income tax evasion.

I hereby authorize New York Medical College to deduct \$ _____ from my **bi-weekly** wages for Transit and/or Qualified Parking on a **pre-tax** basis.

Name _____ Signed _____
(Please Print)

EmplID: _____ SS# _____

Date: _____



New York Medical College

Smart Commute Pre-Tax Benefit Program

2009 Reimbursement Certification Form

I certify that I spent \$_____ for transit, and/or \$_____ for qualified parking costs, for the month/year _____ for my commutation to work.

I acknowledge that this benefit was used exclusively for my regular daily direct commute from home to work and return. I will not give, barter, exchange, convey or otherwise transfer this benefit to any other person and certify that the monthly benefit that I receive does not exceed my average monthly commuting cost based on a 20-day month commuting by public transportation or eligible vanpool.

I understand and agree that false certification may result in disciplinary action taken by my employer up to and including dismissal from employment and possible prosecution for Federal income tax evasion.

Name _____ Signed _____

EmplID: _____ Social Security # _____

Date _____