

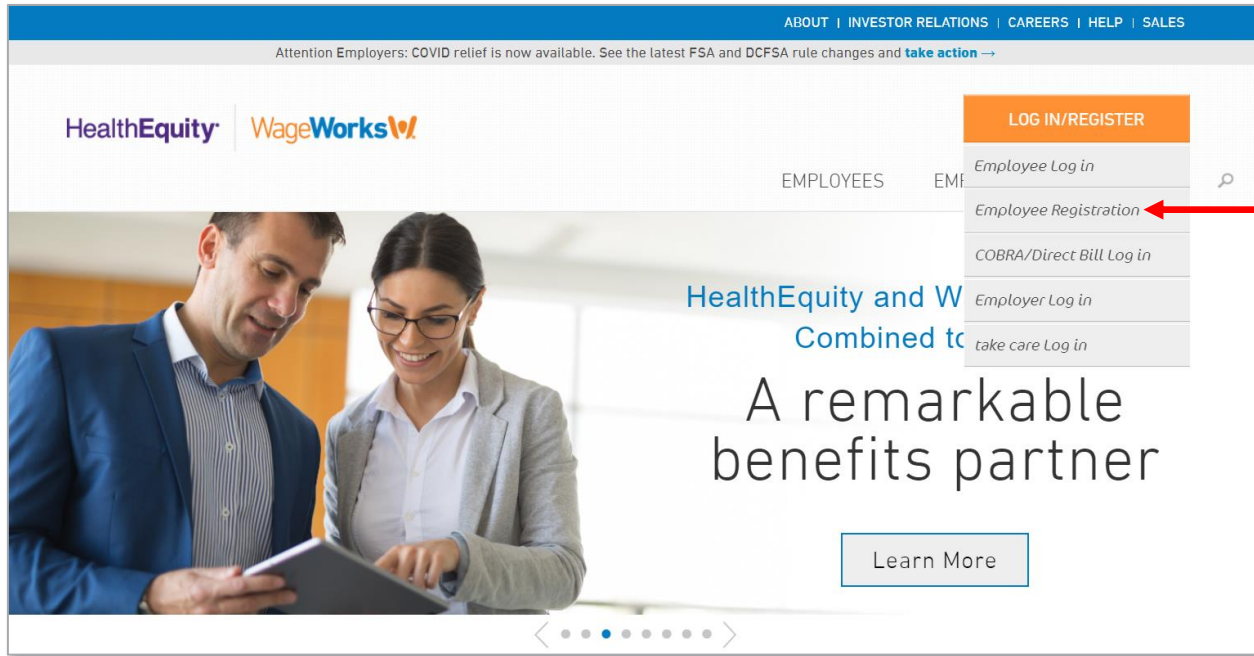
# Commuter Benefit Information

HealthEquity® | WageWorks®

# Registering online

From the <http://healthequity.com/wageworks> homepage

Click **Log In/Register** → **Employee Registration**



# Registering online

- Registration steps outlined

The screenshot displays the 'FIRST-TIME USER REGISTRATION' page for HealthEquity WageWorks, dated February 23, 2021. The page features a 'BACK' button on the left and a 'NEXT' button on the right. The main content area is titled 'Instructions' and includes a 'Before You Start' section with the text 'Have your contact and bank information handy.' Below this is a 'Follow These Steps' section with a numbered list of seven steps:

- 1 Identify Yourself
- 2 Accept Policies
- 3 Enter / Verify Contact Info
- 4 Enter / Verify Reimbursement Method
- 5 Select Preferences
- 6 Select Username & Password
- 7 Confirm Profile & Preferences

# Registering online

- Registration Screen:  
First-time users will be required to provide the following details to authenticate their accounts.

The screenshot shows the registration interface for HealthEquity WageWorks. At the top left is the logo 'HealthEquity WageWorks'. A dark header bar contains 'FIRST-TIME USER REGISTRATION' and the date 'February 23, 2021'. Below the header, there are 'BACK' and 'NEXT' navigation buttons. The main heading is 'Step 1 of 7 Identify Yourself'. A central instruction box states: 'Enter the information as it appears in your employer or program sponsor's records. All fields are required.' The form includes input fields for 'First Name', 'Last Name', 'Date of Birth' (with a note 'MM/DD or M/D format'), 'Home Zip Code', and 'ID Code'. To the right of the 'ID Code' field, there is explanatory text: 'Your ID Code is the last 4 digits of one of the following: Your social security number, Your employee number, Code provided by your program sponsor'. Below this text is a CAPTCHA image showing a grid of characters and a 'Type the characters shown above:' label with an empty input field.

# Accept the User Agreement

**HealthEquity**  
WageWorks

FIRST-TIME USER REGISTRATION February 23, 2021

**BACK** *Step 2 of 7* **ACCEPT POLICIES** **NEXT**

I accept the [Privacy Policy \(PDF\)](#) and [Terms of Use \(PDF\)](#)

# Verify Contact Information

- Confirm and enter email address, physical address, work zip code and phone number

HealthEquity  
WageWorks

FIRST-TIME USER REGISTRATION February 23, 2021

Step 3 of 7  
Enter / Verify Contact Info

BACK NEXT

Enter the residential address where you want us to send you mail.  
Do not enter your work address, a PO Box or other non-residential address.  
This address will not be communicated to your program sponsor or any other party.  
Be sure to update your address here whenever it changes and separately notify all others who need to be aware of your new mailing address.  
All fields are required unless noted as optional.

Email 1  An address you check often for time-sensitive and critical info, including confirmations

Confirm Email 1

Email 2 (optional)  An alternative address, preferably a personal account, where we can send time-sensitive and critical information including confirmations and account statements.

Confirm Email 2 (required with Email 2)

Mailing Address 1

Mailing Address 2 (optional)

City

State

Zip  Ext. (optional)  Used to provide local services, when available.

Work Zip Code

Daytime Phone    Ext. (optional)  A number where we can call for critical issues

# Set up Direct Deposit

- HealthEquity recommends selecting the Commuter Card for your Parking and Transit needs. Reimbursement information is needed only if you will be using the Parking Pay Me Back option for commuter. The default is reimbursement by check. You can set up your account for direct deposit at any time. If you do not have your bank account information on hand, click next to proceed to the next page.

HealthEquity WageWorks

FIRST-TIME USER REGISTRATION February 23, 2021

Step 4 of 7  
Enter / Verify Reimbursement Method

BACK NEXT

**Commuter:**  
You can have your payments deposited into your personal bank account. If you do not elect direct deposit, payments will be made by check to the address in your Profile. All fields are required

Reimburse Payments by

Direct Deposit

Check

HealthEquity WageWorks

FIRST-TIME USER REGISTRATION February 23, 2021

Step 4 of 7  
Enter / Verify Reimbursement Method

BACK NEXT

**Commuter:**  
You can have your payments deposited into your personal bank account. If you do not elect direct deposit, payments will be made by check to the address in your Profile. All fields are required

Reimburse Payments by

Direct Deposit

Check

Bank Name

Bank Account Number  [How to locate bank numbers](#)

Bank Routing Number

Type of Account

Checking

Savings

**How to Locate Bank Numbers:**  
Your sample check may not have these numbers in the exact same location.

Bank Routing #    Account #    Check #  
(Not required for SmartCheck)

Bank Routing Number = 9 digit number located between the | symbols.

# Preferences

- Select how you would like to receive updates, via text, email or mail.

FIRST-TIME USER REGISTRATION February 23, 2021

Step 5 of 7  
Select Preferences

How would you like to receive information and updates?  
Not all methods are available for all programs and all situations.

Opt out is not available; we are required to communicate to you about these things.  
Required = You must choose at least one option in this row.

Activity / Topic	Text	Email	Mail
A claim is processed (required)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A payment is issued (required)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Enrollment, deadline and other important notices (required)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not Available
New features and product updates (optional)	Not Available	<input type="checkbox"/>	Not Available
Promotional offers and coupons (optional)	Not Available	<input type="checkbox"/>	Not Available

**Additional Text Options (Available On Demand / Any Time)**  
Text the word BALANCE to MYINFO (694636) to request the balance on your account(s).

Text Me @ Mobile Phone Numbers:

Area	Prefix	Line	Service Provider	Nickname (Optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select Service Provider	Nickname

ADD ANOTHER NUMBER

## CONFIRM PREFERENCES (REQUIRED)

You certify and authorize the following in regards to your selected preferences:

- I am free to turn any of these optional features on or off – using this same page – at any time. When a feature is turned on, it will apply to all programs for which I am receiving services.
- I should print this page and retain a copy for my records.

## CERTIFICATION AND AUTHORIZATION

I hereby authorize the program sponsor, the plan or plans, and the plan administrator to disclose any information about any transactions (claims or payments) contained in this system, including descriptions of services received, in order to provide the optional services I have requested.

This authorization applies to any plan or benefits for which I am currently enrolled and any plan or benefits I may become enrolled in while these optional features remain turned on.

I understand that I have the right to revoke this authorization at any time for future disclosures, unless these parties have taken action in reliance upon this authorization. I must revoke this authorization using the same page on this website (select Profile, then Preferences).

I understand that my treatment, payment, enrollment, and/or eligibility is not dependent on my selecting to use these optional features.

I understand that any protected health information (PHI) disclosed as permitted under this authorization is no longer protected under the federal privacy regulations of the Health Insurance Portability and Accountability Act ("HIPAA") and that there is the possibility that any party who receives or intercepts this information may re-disclose it.

This authorization expires when I turn off these optional features and/or when my account discontinues having activity that triggers these features.

I certify that I am the account holder or their authorized personal representative, as defined under HIPAA. By clicking the "Save Changes" button, I am electronically signing this HIPAA Privacy Authorization. This electronic acceptance is intended to qualify as a valid legal signature under applicable law.

**Save Changes** ( I Authorize Sending My Protected Health Information (PHI) In The Manner Selected, If And When Applicable. )

**Discard Changes**



# Create a Username and Password

- Your username must be at least 5 characters long. It may contain any combination of letters and numbers (but no other characters).
- Your password must be between 8 and 20 characters. Include at least one letter and one number. Do not include your last, first or username.

The screenshot shows a web form for creating a new account. At the top left is the HealthEquity WageWorks logo. A dark header bar contains 'FIRST-TIME USER REGISTRATION' and the date 'February 23, 2021'. Below the header, 'Step 6 of 7' and 'Select Username & Password' are centered, with 'BACK' and 'NEXT' buttons on either side. A message box states: 'We recommend periodic password changes for account security. All fields are required.' The form has three input fields: 'Username', 'Password', and 'Confirm Password'. To the right of each field is a list of requirements: 'Your username must: Be at least 5 characters long. May contain any combination of letters and numbers (but no other characters)'; 'Your password must: Be between 8 and 20 characters. Include at least four of the following: lowercase letter, uppercase letter, number AND symbol. Not include your last name, first name, username or spaces.'

# Confirm Profile and Preferences

HealthEquity  
WageWorks

FIRST-TIME USER REGISTRATION February 23, 2021

BACK *Step 7 of 7* SUBMIT

**Confirm Profile & Preferences**

Carefully review your information before you submit.  
Any errors may delay your order, payments, or other services.

Username and Password [REDACTED]	Payments to You <i>(when applicable)</i> By Check
Contact Information Tammy Transit 1 Main Street New York, NY 10037 (212) 555-1212 example@example.com	Additional Email Options None Selected Text Me Options 0 Texts are On

# Click “remind me later” for any alerts

HealthEquity  
WageWorks

Tammy Transit  
ALERTS & MESSAGES 1 PROFILE HELP LOG IN LOG OUT

DASHBOARD CLAIMS & ACTIVITY CALCULATORS February 23, 2021

CURRENT PROGRAMS 1 AVAILABLE PROGRAMS 1

Commuter Account  
Order by: Mar Current Orders Don't Miss Out

**NEW ALERTS & MESSAGES 1** ALERTS & MESSAGES | SERVICE EMAILS

Product Update • February 23, 2021  
**Your member portal has a new look!**

Did you notice the new look of your member portal? HealthEquity acquired WageWorks to bring the best possible benefits experience to you.

Over the next several months, you will continue to see several HealthEquity brand updates.

HealthEquity | WageWorks

REMIND ME LATER  
DON'T SHOW ME THIS AGAIN

# Online Features Dashboard

The screenshot shows the HealthEquity WageWorks dashboard for user Tammy Transit. The top navigation bar includes the logo, a user profile icon, and links for Alerts & Messages (4), Profile, Help, Live Chat, and Log Out. A secondary navigation bar contains Dashboard, Claims & Activity, Calculators, and the date February 23, 2021. The main content area features a prominent 'ENROLL IN COMMUTER' button. Below it are sections for 'CURRENT PROGRAMS' (1) and 'AVAILABLE PROGRAMS' (1). The 'Commuter Account' section displays a calendar for March 10, 2021, at 11:59 PM ET, with a 'COM' icon. It lists 'Current Orders' for April 2021, showing 'No Transit Orders' and 'No Parking Orders', both with red exclamation mark icons. A 'Don't Miss Out' message encourages users to 'PLACE YOUR ORDER' on savings and convenience.

**HealthEquity**  
WageWorks

DEMO - Commuter Only

Tammy Transit

ALERTS & MESSAGES **4** PROFILE HELP Live Chat LOG OUT

DASHBOARD CLAIMS & ACTIVITY CALCULATORS February 23, 2021

ENROLL IN COMMUTER

CURRENT PROGRAMS **1** AVAILABLE PROGRAMS **1**

**Commuter Account**

Order by: **Mar 10 2021** 11:59 PM ET

**Current Orders**  
April 2021  
No Transit Orders **!**  
No Parking Orders **!**

**Don't Miss Out**  
On savings and convenience.

**PLACE YOUR ORDER**

# Commuter deadlines

- The program has a monthly enrollment deadline of the 10th of the month
- Make changes or cancel anytime before 11:59 p.m. EST on the 10th of each month
- To participate for the first time, for the benefit month of January 2022, you will need to enroll no later than December 10th

# Transit Orders

HealthEquity®

WageWorks®

# Enroll in Commuter

- Once you select “Enroll in Commuter” or the “Place Commuter Order” link, a box will appear asking for your work zip code. Please enter your work zip code to proceed.

HealthEquity  
WageWorks

DEMO - Commuter Only

Tammy Transit  
ALERTS & MESSAGES 1 PROFILE HELP LIVE CHAT LOG OUT

BACK PROGRAM DETAILS February 23, 2021

PROGRAM DETAILS Print Current Page

ABOUT THIS ACCOUNT

**PLACE COMMUTER ORDER**

FORMS & DOCUMENTS

Commuter Account Order by **Mar 10** 2021 11:59 PM ET

Current Orders  
**April 2021**  
(Delivery by Mar 31, 2021)

Transit (0)  
No Transit Orders

Parking (0)  
No Parking Orders

# Enroll in Commuter for Transit

HealthEquity  
WageWorks





DEMO - Commuter Only

Tammy Transit  
ALERTS & MESSAGES 4 PROFILE HELP LIVE CHAT LOG OUT

BACK PLACE COMMUTER ORDER February 23, 2021

PROGRAM DETAILS  
ABOUT THIS ACCOUNT  
**PLACE COMMUTER ORDER**  
FORMS & DOCUMENTS

Select an option below to place your commuter order

-  **Commuter Transit**  
If you use public transportation to commute to work
-  **Commuter Vanpool**  
If you use a Vanpool to commute to work
-  **Commuter Parking**  
If you pay to park while you are at work
-  **Commuter Park and Ride**  
If you park at a train station or bus stop that is part of your commute



# Enroll in Commuter

**HealthEquity**  
WageWorks

DEMO - Commuter Only

Tammy Transit

ALERTS & MESSAGES 4 PROFILE HELP LIVE CHAT LOG OUT

BUY A COMMUTER PASS February 23, 2021

BACK Instructions NEXT

**Before You Start**

Read the [Transit Benefits FAQ](#) and have your contact details ready.









Your employer will pay 100% (up to \$100.00) of your monthly Public Transportation & Vanpool order.

**Follow These Steps**

- 1 Select Provider
- 2 Select Product
- 3 Confirm Contact Information
- 4 Confirm Order
- 5 Receive Confirmation

On your first order, you may need to enter your work zip code. Then select your transit pass operator.

The screenshot shows the 'Tammy Transit' interface for purchasing a commuter pass. At the top, the HealthEquity WageWorks logo is on the left, and the user's name 'Tammy Transit' is on the right. Below the logo, it says 'DEMO - Commuter Only'. On the right side, there are links for 'ALERTS & MESSAGES', 'PROFILE', 'HELP', 'LIVE CHAT', and 'LOG OUT'. A dark navigation bar contains a 'BUY A COMMUTER PASS' button and the date 'February 23, 2021'. Below this is a 'Step 1 of 5 Select Operator' section with a 'BACK' button. There are two search options: 'SEARCH BY ZIP CODE' and 'SEARCH BY NAME'. The 'SEARCH BY ZIP CODE' field contains '10037' and a 'SEARCH' button is next to it. Below the search fields, it says 'Popular Operators (8)'. There are eight operator cards displayed in a grid:

 MetroCard	 PATH train
 MTA Metro-North Railroad	 MTA Long Island Rail Road (LIRR)
 NJ Transit Bus	 NJ Transit Rail
 NJ Transit Light Rail	 PATH Smartlink

# Select your transit product or the Commuter Card

HealthEquity WageWorks | Tammy Transit | ALERTS & MESSAGES | PROFILE | HELP | LIVE CHAT | LOG OUT

OCMO - Commuter Only

BUY A COMMUTER PASS | February 23, 2021

BACK | Step 2 of 5 | Select Product

**MetroCard**  
MetroCard  
<http://www.mta.info/>

4 Product(s) Available

- Premium TransitChek MetroCard**  
An annual Unlimited Ride MetroCard valid for unlimited rides on MTA NYC Transit subway and local buses for a 12 month period. This MetroCard cannot be used on Express buses.  
As long as you are enrolled for this card, you can use this card continuously for unlimited local rides, 7 days a week, 365 days a year. The monthly cost for this annual card is the same as the 30-day Unlimited Ride MetroCard - \$127.00. This product cannot be purchased at MTA ticket vending machines and can only be purchased through WageWorks/TransitChek.  
Order by: Mar 10 2021 11:29 PM ET
- Pay-Per-Ride MetroCard**  
Valid for service on MTA New York City Transit (subway, bus, express bus, Staten Island Railway), New York Bus Service, Queens Surface Corporation, Jamaica, Triboro, and Command Bus Service, and Long Island Bus.  
Order by: Mar 10 2021 11:29 PM ET
- Unlimited Ride MetroCard**  
Unlimited rides for MTA Subway and Bus service.  
Order by: Mar 10 2021 11:29 PM ET
- Commuter Card - Transit**  
A reusable **stored value card** that can be used to purchase MetroCards at MTA ticket vending machines in the New York City Transit Subway System.  
[Click here](#) to see a list of other transit providers in your area that accept the WageWorks Commuter Card. [Click here to learn more about the WageWorks Commuter Card.](#)  
Order by: Mar 10 2021 11:29 PM ET

To select your product, click on the product name

- Commuter Card is a stored value card that can be used to purchase tickets or pay for parking. We send you the card, and as you place your monthly or recurring election, HealthEquity will load that election amount on your card for each new election month.
- If you don't use the full value of your monthly election, the credit carries and can be used in a future benefit month.
- If the Commuter Card is accepted at your transit provider selected, the Commuter Card will appear as a transit product you can select.

# Select the face value

- If you already use a Transit Smart Card or stored value card from your Transit Authority that can be reloaded, the system will prompt you for the serial number to enter to register your existing reloadable card.

# Confirm your contact information


- Confirm an email address to receive email confirmation of your order.

The screenshot shows a web form titled "Confirm Contact Information" at the "Step 3 of 5" stage of a "BUY A COMMUTER PASS" process. The user is identified as "Tammy Transit". The form includes a "BACK" button and a "NEXT" button. A message box states: "This address will be used for any orders or communications that we will mail to you. DO enter a residential address where you want to receive this mail. DO NOT enter your work address, a PO Box or a non-residential address. All fields are required unless noted as optional." The form fields are: "Mailing Address 1" (1 Main Street), "Mail Address 2 (optional)" (empty), "City" (New York), "State" (NY), "ZIP" (10037), "Work ZIP" (10007), "Daytime Phone" (Area: 212, Prefix: 565, Line: 1212), "Email 1" (example@example.com), and "Email 2(optional)" (empty). A checkbox at the bottom is labeled "I confirm that this information is accurate".

# Confirm your order and click “Submit Order”

BUY A COMMUTER PASS February 23, 2021

Step 4 of 5 Confirm Order **SUBMIT ORDER**

 <b>Premium TransitChek MetroCard (P...</b>	
Pass	Premium TransitChek MetroCard
Total Cost	<b>\$127.00</b>
Description	An Unlimited Ride MetroCard valid for unlimited rides on MTA NYC Transit subway and local buses and other operators accepting MetroCard for the span of one calendar year.
Span	12 Months

**IF THIS IS YOUR FIRST ORDER:**  
Your new annual Premium TransitChek MetroCard (PMC) will be delivered to you by the 26th of the month before the 1st day of the benefit month. If your card does not arrive by the 26th of the month, please login to your HealthEquity account to request a replacement card. You will be able to select whether you want a replacement card mailed to you or pick up a replacement at the HealthEquity/TransitChek offices in Manhattan. You will not be able to request a replacement before the 26th of the month. Please be aware that there are no reimbursements for the time you are without your PMC.

If you are currently using the 30-day MetroCard, you may want to purchase a Pay-Per-Ride MetroCard to bridge the gap between the time that your current 30-day MetroCard expires and the 1st day of the new benefit month when your new PMC card will be active.


Retain the PMC that you will receive in the mail for use in future months. You will not receive a new one in the mail until expiration of your card.

**IF THIS IS A RECURRING ORDER:**  
Your current Premium TransitChek MetroCard (PMC) will continue to be active and usable for your upcoming benefit month.

Please do not discard the PMC that you are currently using as you will not receive a new one in the mail until expiration.

**IMPORTANT INFORMATION ABOUT YOUR PREMIUM TRANSITCHEK METROCARD:**  
The annual Premium TransitChek MetroCard (PMC) operates differently than the 30-day Unlimited Ride MetroCard you may have used in the past. The 30-day Unlimited Ride MetroCard is good for 30 days after the 1st day of use, so if you do not start using the card, your 30 day period does not begin until that first day of usage. The PMC is valid for an entire calendar month regardless of usage. If you do not use your PMC, your card is still active for that calendar month and you cannot receive a refund for not using the card.

If you lose your PMC or your card becomes damaged, you can login to your HealthEquity account or contact customer service to have a replacement card mailed to you or elect to pick one up at the HealthEquity/TransitChek offices in Manhattan.

<b>Mailing Address/Contact Info</b> Tammy Transit 1 Main Street New York, NY 10037 (212) 555-1212 example@example.com	<b>First Benefit Month</b> 
<b>Change/Cancel Until</b> 11:59 PM ET on the 10th of Month One Month Prior to the Benefit Month	<b>Frequency</b> Every Month

[View Public Transportation & Vanpool Rules](#)

**CANCEL** **SUBMIT ORDER**

# Order confirmation – Order complete

- You can change or cancel your order by the 10th of the month prior to the benefit month.
- i.e. for January benefit month you have until December 10 to cancel
- Passes and cards will be mailed in time for you receive them on the first day of the new benefit month.
- Reloadable transit passes will have funds loaded by the first day of the new benefit month

➔ BUY A COMMUTER PASS

Step 5 of 5  
Thank You

**Your Order Has Been Placed**  
A confirmation email will be sent by the end of the day.  
Select NEXT to return to Commuter Program Details.

Premium TransitChek MetroCard (P...	
Pass	Premium TransitChek MetroCard
Total Cost	<b>\$127.00</b>
Description	An Unlimited Ride MetroCard valid for unlimited rides on MTA NYC Transit subway and local buses and other operators accepting MetroCard for the span of one calendar year.
Span	12 Months

**IF THIS IS YOUR FIRST ORDER:**  
Your new annual Premium TransitChek MetroCard (PMC) will be delivered to you by the 26th of the month before the 1st day of the benefit month. If your card does not arrive by the 26th of the month, please login to your HealthEquity account to request a replacement card. You will be able to select whether you want a replacement card mailed to you or pick up a replacement at the HealthEquity/TransitChek offices in Manhattan. You will not be able to request a replacement before the 26th of the month. Please be aware that there are no reimbursements for the time you are without your PMC.

If you are currently using the 30-day MetroCard, you may want to purchase a Pay-Per-Ride MetroCard to bridge the gap between the time that your current 30-day MetroCard expires and the 1st day of the new benefit month when your new PMC card will be active.


Retain the PMC that you will receive in the mail for use in future months. You will not receive a new one in the mail until expiration of your card.

**IF THIS IS A RECURRING ORDER:**  
Your current Premium TransitChek MetroCard (PMC) will continue to be active and usable for your upcoming benefit month.

Please do not discard the PMC that you are currently using as you will not receive a new one in the mail until expiration.

**IMPORTANT INFORMATION ABOUT YOUR PREMIUM TRANSITCHEK METROCARD:**  
The annual Premium TransitChek MetroCard (PMC) operates differently than the 30-day Unlimited Ride MetroCard you may have used in the past. The 30-day Unlimited Ride MetroCard is good for 30 days after the 1st day of use, so if you do not start using the card, your 30 day period does not begin until that first day of usage. The PMC is valid for an entire calendar month regardless of usage. If you do not use your PMC, your card is still active for that calendar month and you cannot receive a refund for not using the card.

If you lose your PMC or your card becomes damaged, you can login to your HealthEquity account or contact customer service to have a replacement card mailed to you or elect to pick one up at the HealthEquity/TransitChek offices in Manhattan.

Mailing Address/Contact Info	First Benefit Month
Tammy Transit 1 Main Street New York, NY 10037 (212) 555-1212 example@example.com	
Change/Cancel Until 11:59 PM ET on the 10th of Month	Frequency Every Month
One Month Prior to the Benefit Month	

[View Public Transportation & Vanpool Rules](#)

# Didn't find the transit option you were looking for?

Select 'cannot find what you are looking for.'

- Provide your information and correspondence is sent to customer service and they will follow up with you regarding your options.

4 Product(s) Available

**Premium TransitChek MetroCard**  
An annual Unlimited Ride MetroCard valid for unlimited rides on MTA NYC Transit subway and local buses for a 12 month period. This MetroCard cannot be used on Express buses.  
As long as you are enrolled for this card, you can use this card continuously for unlimited local rides, 7 days a week, 365 days a year. The monthly cost for this annual card is the same as the 30-day Unlimited Ride MetroCard - \$127.00. This product cannot be purchased at MTA ticket vending machines and can only be purchased through WageWorks/TransitChek.  
Order by 11:59 PM ET

**Pay-Per-Ride MetroCard**  
Valid for service on MTA New York City Transit (subway, bus, express bus, Staten Island Railway), New York Bus Service, Queens Surface Corporation, Jamaica, Triboro, and Command Bus Service, and Long Island Bus.  
Order by 11:59 PM ET

**Unlimited Ride MetroCard**  
Unlimited rides for MTA Subway and Bus service.  
Order by 11:59 PM ET

**Commuter Card - Transit**  
A reusable [stored value card](#) that can be used to purchase MetroCards at MTA ticket vending machines in the New York City Transit Subway System.  
[Click here](#) to see a list of other transit providers in your area that accept the WageWorks Commuter Card. [Click here to learn more about the WageWorks Commuter Card.](#)  
Order by 11:59 PM ET

Need help deciding which Product to elect? Visit the [New York Resource Page](#).

I cannot find the pass or ticket I am looking for



# Important Tips

- If you are loading funds to your current card
- Be sure that the name on your card matches the name displaying in the HealthEquity system.
- Enter the correct serial #.
- Make sure your card is registered.
- After receiving your new card be sure to come back to the website to place an order for the amount to be loaded to the card each month.

# Parking Orders

HealthEquity® | WageWorks®

# Enroll in Commuter

**HealthEquity**  
WageWorks

DEMO - Commuter Only

Tammy Transit

ALERTS & MESSAGES 4 PROFILE HELP LIVE CHAT LOG OUT

BACK PROGRAM DETAILS February 23, 2021

PROGRAM DETAILS Print Current Page

ABOUT THIS ACCOUNT

**PLACE COMMUTER ORDER**

FORMS & DOCUMENTS

**Commuter Account** Order by **Mar 10 2021** 11:59 PM ET

**Current Orders**  
**April 2021**  
(Delivery by Mar 31, 2021)

**Transit (0)**  
No Transit Orders

**Parking (0)**  
No Parking Orders

# Enroll in Commuter for Parking

The screenshot displays the 'PLACE COMMUTER ORDER' interface. At the top left is the HealthEquity WageWorks logo. The top right shows the user name 'Tammy Transit' and navigation links: 'ALERTS & MESSAGES', 'PROFILE', 'HELP', 'LIVE CHAT', and 'LOG OUT'. Below the header, there is a 'BACK' button and the page title 'PLACE COMMUTER ORDER' with the date 'February 23, 2021'. A sidebar on the left contains buttons for 'PROGRAM DETAILS', 'ABOUT THIS ACCOUNT', 'PLACE COMMUTER ORDER' (highlighted), 'MODIFY OR CANCEL ORDER', and 'FORMS & DOCUMENTS'. The main content area is titled 'Select an option below to place your commuter order' and contains four cards: 'Commuter Transit' (with a right arrow icon), 'Commuter Vanpool' (with a van icon), 'Commuter Parking' (with a 'P' icon, highlighted by a red border), and 'Commuter Park and Ride' (with a right arrow icon). Each card includes a brief description of the option.

# Enroll in Commuter for Parking

P PARKING February 23, 2021

BACK Instructions NEXT

**Before You Start**

Have your work location on hand to find nearby parking locations. If you work at multiple locations, choose the location where you pay the most for work-related parking expenses.

**Follow These Steps**

- 1 Choose Work Location
- 2 Choose Parking Location
- 3 Select Payment Method
- 4 Amount And Frequency
- 5 Confirm Contact Information
- 6 Confirm Order

# On your first order you will need to enter your work address

Once you enter your work address, select MAP IT. Once mapped, select NEXT

**No known work locations**  
Enter your primary work address or drop a pin on the map

**Street Address 1**

**Street Address 2**

**City**

**State**

**Zip Code**

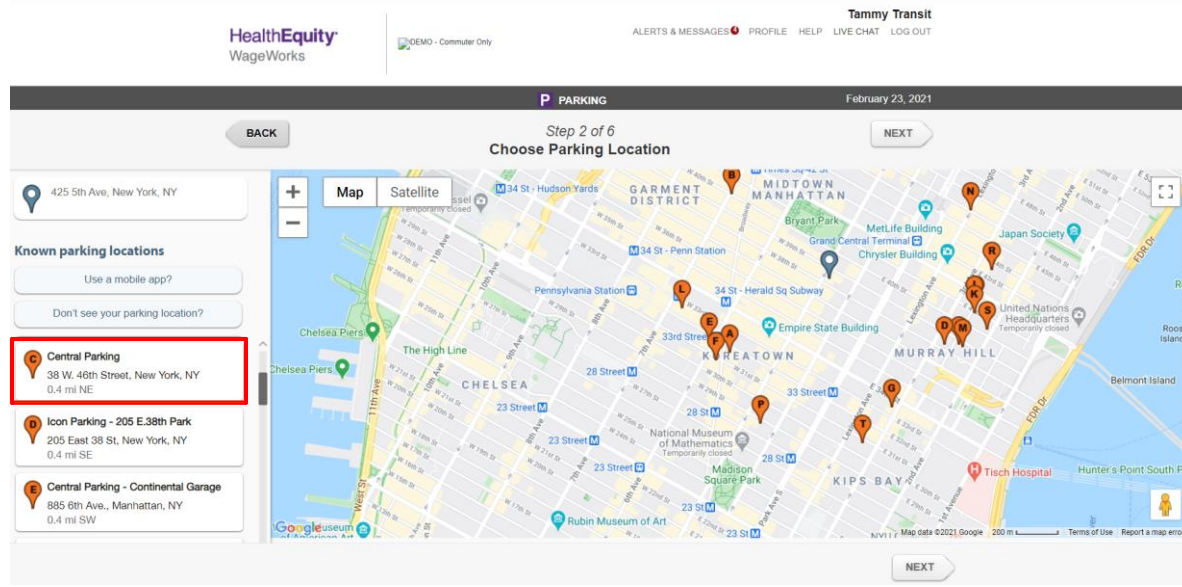
**P PARKING** February 23, 2021

Step 1 of 6  
**Choose Work Location**

The map displays a section of Lower Manhattan, New York City. A green pin is placed on 5th Avenue, corresponding to the address entered in the form. The map includes labels for various streets such as Canal Street, Chambers Street, and Wall Street, as well as landmarks like the 9/11 Memorial & Museum and the Tenement Museum. A scale bar at the bottom indicates 200 meters.

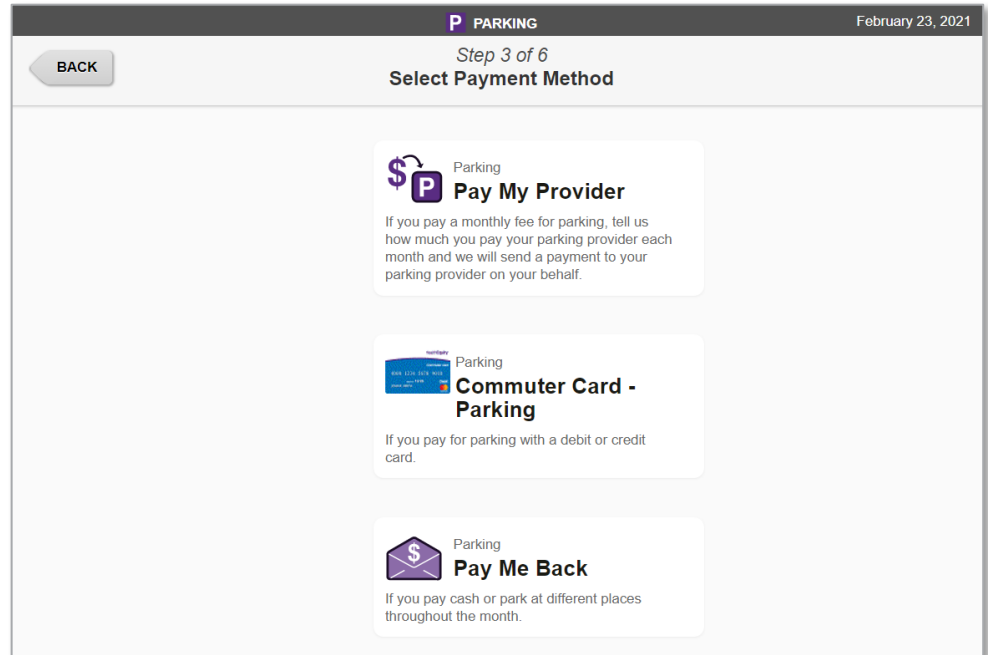
# Select your garage location

- If your parking location does not appear, select “Don’t see your parking location? Click here” to enter the garage location and select one of the locations to the right.
- Once you enter or select the Garage Name and address, select NEXT



# Select your payment option

- HealthEquity recommends the Commuter Card. This stored value, reloadable and reusable card will allow you to pay for your monthly parking.
- Using this option allows you to quickly and efficiently make payment. Additionally, it can be used for the daily parking for work option





# Parking options


- Commuter Debit Card – HealthEquity recommends the Commuter Card. This stored value, reloadable and reusable card will allow you to pay for your monthly parking online
- Parking Pay Me Back – If you pay at a meter, cash box or different places throughout the month
- Pay My Provider – If you pay for a monthly parking permit or pay once per month

# Commuter Card option


P PARKING February 23, 2021

Step 3 of 6


BACK **Select Payment Method**

 Parking  
**Pay My Provider**

If you pay a monthly fee for parking, tell us how much you pay your parking provider each month and we will send a payment to your parking provider on your behalf.

 Parking  
**Commuter Card - Parking**

If you pay for parking with a debit or credit card.

 Parking  
**Pay Me Back**

If you pay cash or park at different places throughout the month.

# Enter your amount and frequency

- Select every month to have a recurring amount loaded to your card.

**P** COMMUTER CARD - PARKING February 23, 2021

*Step 2 of 5*  
**Amount & Frequency** **NEXT**

**Amount \$**  **Required.** Be sure this amount enough to cover your monthly parking expenses

**Frequency**

**Every Month** Recurring order every month until you change or cancel

**Manage Calendar** Recurring order - but only for the months you choose

**One Month Only** One time order for the upcoming benefit month only.

[About the Commuter Card - Parking](#)

**NEXT**

# Confirm your location

- Confirm an email address to receive email confirmation of your order.

P COMMUTER CARD - PARKING February 23, 2021

Step 3 of 5

Confirm Contact Information

BACK NEXT

This address will be used for any orders or communications that we will mail to you  
DO enter a residential address where you want to receive this mail  
DO NOT enter your work address, a PO Box or a non-residential address.  
All fields are required unless noted as optional.

Mailing Address 1

Mail Address 2 (optional)

City

State

ZIP  Ext. (optional)

Work ZIP

Daytime Phone     A number where we can call for critical issues

Email 1  An address you check often for time-sensitive and critical info, including confirmations

Email 2(optional)

I confirm that this information is accurate

# Your order is confirmed


- Select “Submit Order.”


**P** COMMUTER CARD - PARKING February 23, 2021

Step 4 of 5  
**Confirm Order**

**SUBMIT ORDER**

---

 Commuter Card - Parking

<b>Commuter Card Amount</b> <b>\$100.00</b>	<b>First Benefit Month</b> 
<b>Primary Location</b> Central Parking 38 W. 46th Street New York, NY 10036	Your card will be mailed to you by Apr 1, 2021

---

**Mailing Address/Contact Info**  
Tammy Transit  
1 Main Street  
New York, NY 10037  
(212) 555-1212  
example@example.com


<b>Change/Cancel Until</b> 11:59 PM ET on the 10th of Month Prior to the Benefit Month	<b>Frequency</b> Every Month
---	---------------------------------

This amount will be available on your card as of the first day of the benefit month (e.g., April 1st for an April benefit order).

# Confirmation and Timing of Order – Commuter Card


**P** COMMUTER CARD - PARKING February 23, 2021


Step 5 of 5  
**Thank You**

**NEXT** 

**Your Order Has Been Placed**

A confirmation email will be sent by the end of the day.  
Select NEXT to return to Commuter Program Details.

**Print Current Page** 

 Commuter Card - Parking

<p><b>Commuter Card Amount</b> <b>\$100.00</b></p> <p><b>Primary Location</b> Central Parking 38 W. 46th Street New York, NY 10036</p>	<p><b>First Benefit Month</b></p> <div style="border: 1px solid #ccc; padding: 2px; text-align: center; width: 30px; margin: 0 auto;"><small>Apr</small> <b>1</b> <small>2021</small></div> <p>Your card will be mailed to you by Apr 1, 2021</p>
--	---

---

**Mailing Address/Contact Info**  
Tammy Transit  
1 Main Street  
New York, NY 10037  
(212) 555-1212  
example@example.com

<p><b>Change/Cancel Until</b> 11:59 PM ET on the 10th of Month Prior to the Benefit Month</p>	<p><b>Frequency</b> Every Month</p>
---	---

This amount will be available on your card as of the first day of the benefit month (e.g., April 1st for an April benefit order).

[About the Commuter Card - Parking](#)

# Your dashboard updates to reflect your order

- You can change or cancel your order by the 10th of the month prior to the benefit month, i.e. for January benefit month you have until December 10<sup>th</sup> to change or cancel.

The screenshot displays the HealthEquity WageWorks dashboard for a user named Tammy Transit. The page is titled "COMMUTER ONLY" and shows the "PROGRAM DETAILS" for a "Commuter Account" (COM). The order is for the month of March 10, 2021, at 11:59 PM ET. The dashboard is divided into several sections:

- Current Orders April 2021** (Delivery by Mar 31, 2021):
  - Transit (1)**: Premium TransitChek MetroCard (FMC) for \$127.00. Change or Cancel by Mar 10, 2021.
  - Parking (1)**: Commuter Card (Parking) for \$100.00. Change or Cancel by Mar 10, 2021.
- Order Payments**:


Pretax Employer Subsidy	\$ 100.00
Pretax Deduction	\$ 127.00
Post Tax Deduction	\$ 0.00
Total	\$ 227.00
Estimated Annual Tax Savings	\$ 457.20


# HealthEquity Pay Me Back option


P PARKING February 23, 2021

Step 3 of 6  
Select Payment Method

BACK

 Parking  
**Pay My Provider**  
If you pay a monthly fee for parking, tell us how much you pay your parking provider each month and we will send a payment to your parking provider on your behalf.

 Parking  
**Commuter Card - Parking**  
If you pay for parking with a debit or credit card.

 Parking  
**Pay Me Back**  
If you pay cash or park at different places throughout the month.



# Select amount

**P** PARKING PAY ME BACK February 23, 2021

Step 2 of 5  
**Amount & Frequency** NEXT

**Amount \$**  All fields are required.

**Frequency**

**Every Month** Recurring order every month until you change or cancel

**Manage Calendar** Recurring order - but only for the months you choose

**One Month Only** One time order for the upcoming benefit month only.

By choosing this option, your parking election will be deducted from your paycheck on a pre-tax basis and then used to reimburse you for your parking costs. Just pay for your parking as you normally do and then submit claims to get reimbursed. You can file claims online or on paper. You can only elect an amount up to the Federal Pre-tax limit for parking, currently set at \$270, or an amount up to the Pre-tax Limit set by your Program Sponsor (not to exceed the Federal Pre-tax Limit). If your monthly parking expenses exceed this amount, elect the maximum amount.

# Confirm your location

- Confirm an email address to receive email confirmation of your order.

P PARKING PAY ME BACK February 23, 2021

Step 3 of 5

BACK Confirm Contact Information NEXT

This address will be used for any orders or communications that we will mail to you  
DO enter a residential address where you want to receive this mail  
DO NOT enter your work address, a PO Box or a non-residential address  
All fields are required unless noted as optional.

Mailing Address 1

Mail Address 2 (optional)

City

State

ZIP

Work ZIP

Daytime Phone     A number where we can call for critical issues

Email 1  An address you check often for time-sensitive and critical info, including confirmations

Email 2(optional)

I confirm that this information is accurate

# Confirm your location

- Enter an email address to receive email confirmation of your order.

**P** PARKING PAY ME BACK February 23, 2021

Step 4 of 5  
**Confirm Order** **SUBMIT ORDER**

---

<b>Pay Me Back Amount</b> <b>\$125.00</b>	<b>First Benefit Month</b> Apr <b>1</b> 2021
<b>Primary Location</b> Central Parking 38 W. 46th Street New York, NY 10036	
<b>Mailing Address/Contact Info</b> Tammy Transit 1 Main Street New York, NY 10037 (212) 555-1212 example@example.com	
<b>Change/Cancel Until</b> 11:59 PM ET on the 10th of Month Prior to the Benefit Month	<b>Frequency</b> Every Month

Pay for parking in your usual manner, but keep a receipt for your purchases. When you submit your receipt, we will reimburse you for the amount of your Pay Me Back election.

Complete and submit your claim on or after the first day of the benefit month when you will use the services (for example, April 1st for an April Benefit Month).

The claim form should accompany your receipt. When you submit receipts, please submit a copy of the receipt and keep your original.

Submit Order to finalize your enrollment in accordance with the fine print.

[Pay Me Back Claim Form](#)

[View Parking Pay Me Back Rules](#)

# Confirm order

**P** PARKING PAY ME BACK February 23, 2021

Step 5 of 5  
**Thank You**

[NEXT](#)

**Your Order Has Been Placed**  
A confirmation email will be sent by the end of the day.  
Select NEXT to return to Commuter Program Details.

[Print Current Page](#)

<b>Pay Me Back Amount</b> <b>\$125.00</b>	<b>First Benefit Month</b> <b>Apr</b> <b>1</b> <small>2021</small>
<b>Primary Location</b> Central Parking 38 W. 46th Street New York, NY 10036	
<b>Mailing Address/Contact Info</b> Tammy Transit 1 Main Street New York, NY 10037 (212) 555-1212 example@example.com	
<b>Change/Cancel Until</b> 11:59 PM ET on the 10th of Month Prior to the Benefit Month	<b>Frequency</b> Every Month

Pay for parking in your usual manner, but keep a receipt for your purchases. When you submit your receipt, we will reimburse you for the amount of your Pay Me Back election.

Complete and submit your claim on or after the first day of the benefit month when you will use the services (for example, April 1st for an April Benefit Month).

The claim form should accompany your receipt. When you submit receipts, please submit a copy of the receipt and keep your original.

Submit Order to finalize your enrollment in accordance with the fine print.

[Pay Me Back Claim Form](#)

[View Parking Pay Me Back Rules](#)


# HealthEquity Pay My Provider option


P PARKING February 23, 2021


Step 3 of 6

BACK

Select Payment Method

 Parking  
**Pay My Provider**  
If you pay a monthly fee for parking, tell us how much you pay your parking provider each month and we will send a payment to your parking provider on your behalf.

 Parking  
**Commuter Card - Parking**  
If you pay for parking with a debit or credit card.

 Parking  
**Pay Me Back**  
If you pay cash or park at different places throughout the month.

# Account Information

- Provide any information your garage requires

The screenshot shows a mobile application interface for 'PARKING PAY MY PROVIDER'. At the top, the date 'February 23, 2021' is displayed. Below the header, there are 'BACK' and 'NEXT' navigation buttons. The main heading is 'Step 2 of 5 Account Information'. A central instruction box reads: 'Enter your account # and all other information required by your provider to accompany your payment. Check your invoice to be sure.' Below this are three input fields: 'Account #', 'Key Card # (optional)', and 'License Plate (optional)'.

**P** PARKING PAY MY PROVIDER February 23, 2021

BACK NEXT

*Step 2 of 5*  
**Account Information**

Enter your account # and all other information required by your provider to accompany your payment.  
Check your invoice to be sure.

Account #

Key Card # (optional)

License Plate (optional)

# Enter amount and frequency

**P** PARKING PAY MY PROVIDER February 23, 2021

*Step 3 of 5*  
**Amount & Frequency**

**BACK** **NEXT**

**Amount \$**  Required

---

**Frequency**

- Every Month** Recurring order every month until you change or cancel
- Manage Calendar** Recurring order - but only for the months you choose
- One Month Only** One time order for the upcoming benefit month only.

# Confirm order

**P** PARKING PAY MY PROVIDER February 23, 2021

Step 4 of 5  
**Confirm Order** SUBMIT ORDER

---

**Pay My Provider Amount**  
**\$75.00**

<b>Payment Address</b>	<b>Facility Location</b>
SP Plus Corporation	Central Parking
PO Box 74007568	38 W. 46th Street
Chicago, IL 60674	New York, NY 10036

**Account #**  
\*\*\*4567

---

<b>Mailing Address/Contact Info</b>	<b>First Benefit Month</b>
Tammy Transit	<b>Apr</b>
1 Main Street	<b>01</b>
New York, NY 10037-	<small>2021</small>
example@example.com	
(212) 555-1212	

<b>Change/Cancel Until</b>	<b>Frequency</b>
11:59 PM ET on the 10th of Month	Every Month
<b>Prior to the Benefit Month</b>	

Your payment will be sent to your provider so it is received before the first day of each benefit month. To ensure proper delivery of your payment, please confirm that the payment address shown above is accurate.

HealthEquity participants parking at this Central Parking Location are eligible for special pricing at this location. You must register as a HealthEquity customer with Central to receive this discount. To register for this special discount, contact Central Parking at 1-800-836-6666 ext 4. Please identify yourself as a HealthEquity customer to get the special discount.

Submit Order to finalize your enrollment in accordance with the fine print.

[View Parking Pay My Provider Rules](#)



# Confirmation order has been placed – Pay My Provider

P PARKING PAY MY PROVIDER February 23, 2021

Step 5 of 5  
Thank You [NEXT](#)

**Your Order Has Been Placed**  
A confirmation email will be sent by the end of the day.  
Select NEXT to return to Commuter Program Details. [Print Current Page](#)

**Pay My Provider Amount**  
**\$75.00**

<b>Payment Address</b>	<b>Facility Location</b>
SP Plus Corporation PO Box 74007566 Chicago, IL 60674	Central Parking 38 W. 46th Street New York, NY 10036

**Account #**  
\*\*\*4567

<b>Mailing Address/Contact Info</b>	<b>First Benefit Month</b>
Tammy Transit 1 Main Street New York, NY 10037- example@example.com  (212) 555-1212	

<b>Change/Cancel Until</b>	<b>Frequency</b>
11:59 PM ET on the 10th of Month Prior to the Benefit Month	Every Month

Your payment will be sent to your provider so it is received before the first day of each benefit month. To ensure proper delivery of your payment, please confirm that the payment address shown above is accurate.

HealthEquity participants parking at this Central Parking Location are eligible for special pricing at this location. You must register as a HealthEquity customer with Central to receive this discount. To register for this special discount, contact Central Parking at 1-800-836-6666 ext 4. Please identify yourself as a HealthEquity customer to get the special discount.

Submit Order to finalize your enrollment in accordance with the fine print.

[View Parking Pay My Provider Rules](#)

# Placing an order with Customer Service

HealthEquity®

WageWorks®

## For assistance

- Members may call to place a commuter order at 855.692.2959
- Customer Service Representatives are available 24 hours a day, 7 days a week (excluding holidays)
- You will need to verify your name, zip code and last four of your SSN
- You will need to provide the following:
  - Your work address and zip code
  - Your parking garage location if you park (parking garage remittance address needed for Pay My Provider)
  - Your transit provider information/pass type
- The Customer Service Representative will place your order for you and confirm your order

HealthEquity®



WageWorks®