



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 2023 HealthEquity Commuter Benefit Guide

**To enroll in the program, you will need the following three pieces of information:**

- The last 4 digits of your employee ID number
- Your date of birth
- Your home ZIP code

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**NOTE:** If you have questions or need assistance accessing the HealthEquity platform, please contact the Association Office Benefits department at 212-630-9687 or email [benefits@ymcanyc.org](mailto:benefits@ymcanyc.org).

## COMMUTER BENEFITS PROGRAM

The HealthEquity® Commuter Benefits program allows you to pay for your monthly commute by using tax-free dollars. **Employees can enroll, change or suspend their benefit on a monthly basis.**

### ELIGIBILITY AND COST

Staff scheduled to work 20 – 29 hours per week on their **primary assignment** can deduct up to \$128.00 per month for their transit expenses and up to \$100 per month for qualified parking expenses from their paycheck, pre-tax.

Staff scheduled to work 30 – 40 hours per week on their **primary assignment** can deduct up to \$300 per month for their transit expenses and up to \$300 per month for qualified parking expenses from their paycheck, pre-tax. They are also eligible to take out additional monies on an after-tax basis.

### EFFECTIVE DATE OF COVERAGE AND ENROLLMENT

Below is the enrollment schedule for 2023:

<b>Benefit Month</b>	<b>Enrollment Period</b>	<b>Payroll Deduction</b>
January 2023	November 1, 2022 – November 30, 2022	December 23, 2022
February 2023	December 1, 2022 – December 31, 2022	January 20, 2023
March 2023	January 1, 2023 – January 31, 2023	February 17, 2023
April 2023	February 1, 2023 – February 28, 2023	March 17, 2023
May 2023	March 1, 2023 – March 31, 2023	April 28, 2023
June 2023	April 1, 2023 – April 30, 2023	May 26, 2023
July 2023	May 1, 2023 – May 31, 2023	June 23, 2023
August 2023	June 1, 2023 – June 30, 2023	July 21, 2023
September 2023	July 1, 2023 – July 31, 2023	August 18, 2023
October 2023	August 1, 2023 – August 31, 2023	September 15, 2023
November 2023	September 1, 2023 – September 30, 2023	October 27, 2023
December 2023	October 1, 2023 – October 31, 2023	November 24, 2023

### MONTHLY BENEFIT

Employees will be deducted on the second pay date of the month **prior** to the benefit month (see schedule above). All products will be mailed to the participant's home address by the 1<sup>st</sup> day of the benefit month. Every month thereafter, the selected product will be mailed or filled by the 1<sup>st</sup> of each month.

## HOW DO I APPLY FOR BENEFITS

1. Online by visiting the website <http://healthequity.com/wageworks>.
2. Telephone by calling (877) 924-3967 and speaking with a HealthEquity Customer Service Representative.

You will need to provide the following information to enroll:

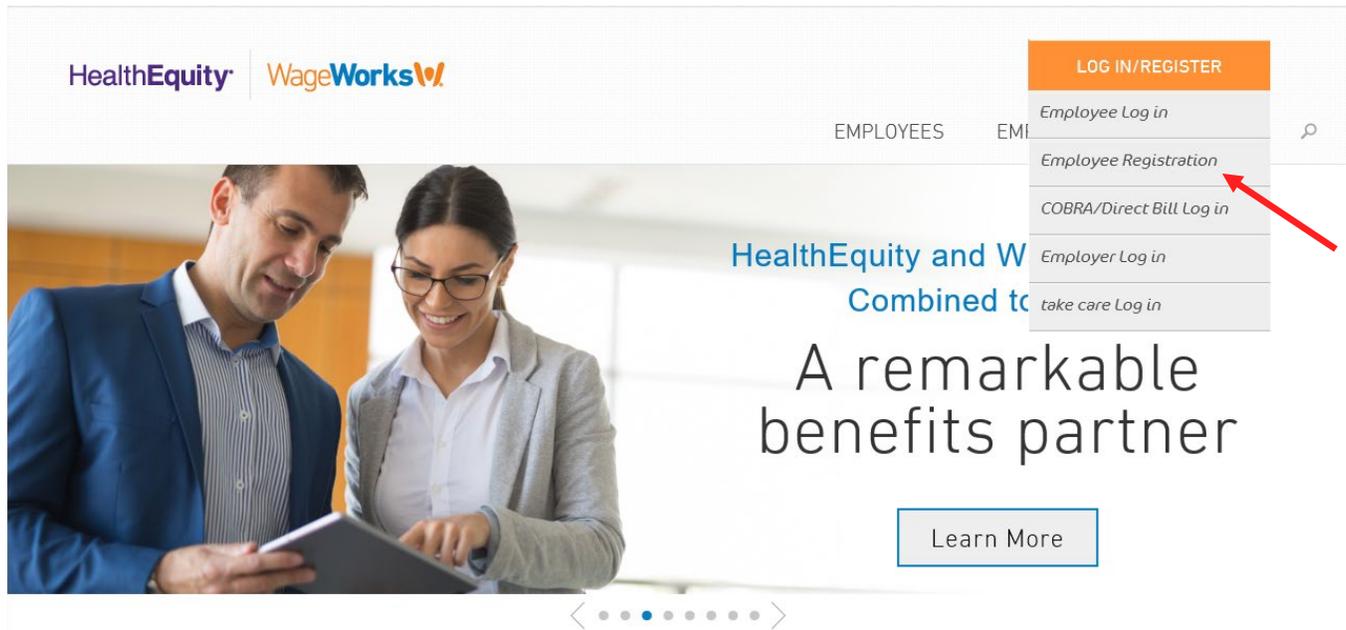
- Your date of birth
- Your home ZIP code
- The last 4 digits of your employee ID number\*

\* Example – if your employee ID# is 12345, please enter 2345 when enrolling. Also, if your employee ID# only contains 3 digits, include a leading zero in front of your employee ID# while registering. For example, if your employee ID# is 454, please use 0454.

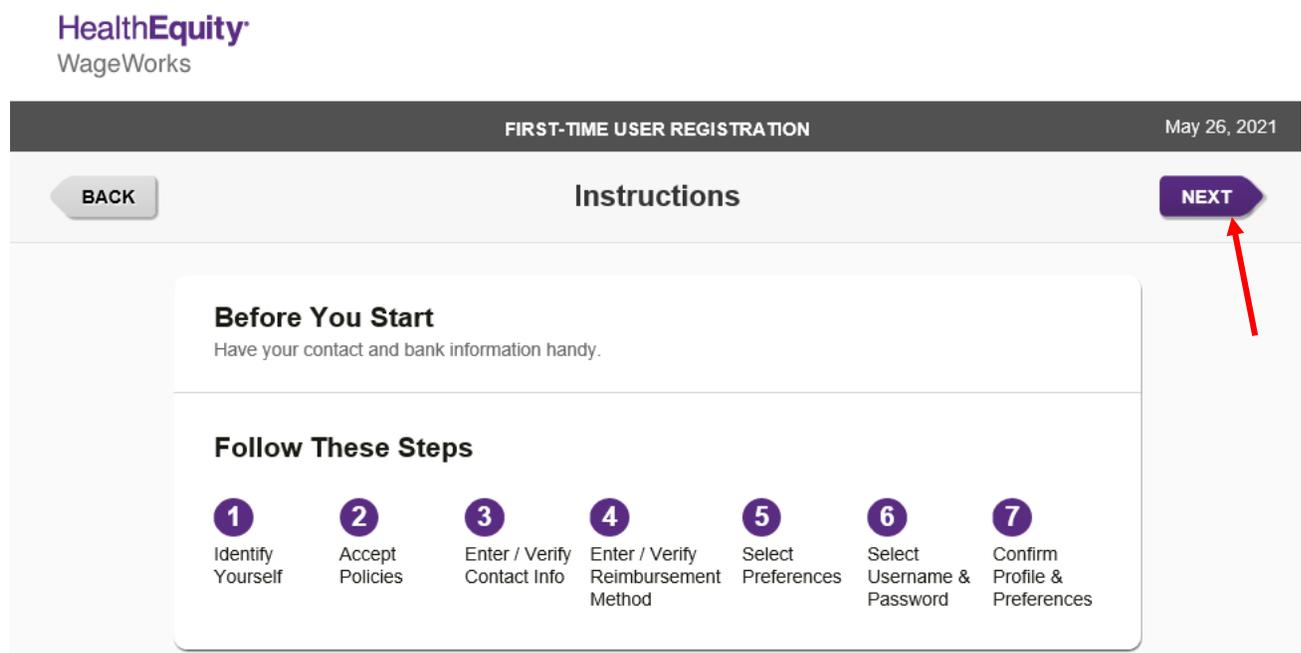
The benefit is provided through HealthEquity and the group number is **55247**. If you have any questions regarding your benefit, please contact the Association Office Benefits department at (212) 630-9687 or HealthEquity Customer Service at (877) 924-3967. Customer Service Representatives are available 24 hours a day, 7 days a week (excluding holidays).

# HOW TO REGISTER FOR A HEALTHEQUITY ACCOUNT

1. From the <http://healthequity.com/wageworks> homepage, click **Log In/Register** → **Employee Registration**



2. Registration steps are outlined below. Select **Next**.



3. First-time users will be required to provide the following details to authenticate their accounts. Please note, your **ID Code** is the last 4 digits of your employee number.

If your employee ID# is 12345, please enter 2345 when enrolling. Also, if your employee ID# only contains 3 digits, include a leading zero in front of your employee ID# while registering. For example, if your employee ID# is 454, please use 0454.

Once you complete all the fields, select **Next**.

The screenshot shows the 'FIRST-TIME USER REGISTRATION' page for 'Step 1 of 7: Identify Yourself' dated May 26, 2021. It features a 'BACK' button on the left and a 'NEXT' button on the right, with a red arrow pointing to the 'NEXT' button. The main content area contains a text box with instructions: 'Enter the information as it appears in your employer or program sponsor's records. All fields are required.' Below this are several input fields: '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 the 'ID Code' field is a CAPTCHA image showing the characters 'BLP5' and a text prompt: 'Type the characters shown above:' followed by an empty input box.

4. Accept the user agreement, then select **Next**.

The screenshot shows the 'FIRST-TIME USER REGISTRATION' page for 'Step 2 of 7: Accept Policies' dated February 23, 2021. It features a 'BACK' button on the left and a 'NEXT' button on the right, with a red arrow pointing to the 'NEXT' button. The main content area contains a checkbox with a red arrow pointing to it, labeled '1.'. To the right of the checkbox is the text: 'I accept the [Privacy Policy \(PDF\)](#) and [Terms of Use \(PDF\)](#)'. A red arrow points from the 'NEXT' button to the text '2.'.

5. Confirm your contact information is correct, then select **Next**.

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

6. You will be brought to the **Enter/Verify Reimbursement Method** screen. Reimbursement information is needed only if you will be using the Parking Pay Me Back option. The default is reimbursement by check. If you will not be using this option, disregard this screen and select **Next**.

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

- Select how you would like to receive updates – via text, email, or mail. Once you confirm your preferences, select **Save Changes**.

**FIRST-TIME USER REGISTRATION**

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. You must include at least one letter and one number. Do not include your first name, last name, or username.

Once you create a username and password, select **Next**.

**HealthEquity**  
WageWorks

**FIRST-TIME USER REGISTRATION**

Step 6 of 7  
**Select Username & Password**

February 23, 2021

**NEXT**

**We recommend periodic password changes for account security.**  
All fields are required.

Username	<input type="text"/>	<small>Your username must: Be at least 5 characters long May contain any combination of letters and numbers (but no other characters)</small>
Password	<input type="password"/>	<small>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.</small>
Confirm Password	<input type="password"/>	

9. Review your profile information and preferences. If all is correct, select **Submit**.

**HealthEquity**  
WageWorks

FIRST-TIME USER REGISTRATION February 23, 2021

Step 7 of 7  
**Confirm Profile & Preferences**

BACK SUBMIT

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

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

10. Registration is now complete. You will be brought to the **HealthEquity Commuter Benefit Dashboard**.

**SPONSORED ACCOUNTS**  
Ymca Of Greater New York

**PARKING**  
12 Days Left  
Order by 11/01 @ 11:59 PM EDT

**TRANSIT**  
12 Days Left  
Order by 11/01 @ 11:59 PM EDT

## TRANSIT

[Place Transit Order](#) [Place Van Pool Order](#)

 Transit Orders 12 days left to order	 Savings Estimated Savings YTD <b>\$0.00</b>	 Transit Balances Credits <sup>2</sup> <b>\$0.00</b>
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<sup>1</sup> Balances may not reflect current card transactions.  
<sup>2</sup> Balances shared between both transit and parking accounts.

# HOW TO ENROLL IN A COMMUTER BENEFIT

1. On the HealthEquity Commuter Benefit Dashboard, select **Place Transit Order**.

The screenshot shows the HealthEquity Commuter Benefit Dashboard. On the left, there are three menu items: 'SPONSORED ACCOUNTS' (Ymca Of Greater New York), 'PARKING' (12 Days Left, Order by 11/01 @ 11:59 PM EDT), and 'TRANSIT' (12 Days Left, Order by 11/01 @ 11:59 PM EDT). The 'TRANSIT' section is highlighted. The main content area is titled 'TRANSIT' and contains three cards: 'Place Transit Order' (with a red arrow pointing to it), 'Place Van Pool Order', 'Transit Orders' (with a red arrow pointing to it), 'Savings' (Estimated Savings YTD \$0.00), and 'Transit Balances Credits<sup>2</sup>' (\$0.00). Below the cards, there are two footnotes: <sup>1</sup> Balances may not reflect current card transactions. and <sup>2</sup> Balances shared between both transit and parking accounts.

2. Enrollment steps are outlined below. Select **Next**.

The screenshot shows the HealthEquity WageWorks 'BUY A COMMUTER PASS' page. The page is titled 'Instructions' and has a 'NEXT' button highlighted with a red arrow. The page content includes: '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.) and 'Follow These Steps' (1 Select Provider, 2 Select Product, 3 Confirm Contact Information, 4 Confirm Order, 5 Receive Confirmation). The page also shows the user's name 'Tammy Transit' and the date 'February 23, 2021'.

3. Enter your work ZIP code, then select your **Transit Pass Operator**.

HealthEquity WageWorks | DEMO - Commuter Only | ALERTS & MESSAGES | PROFILE | HELP | LIVE CHAT | LOG OUT | Tammy Transit

BUY A COMMUTER PASS | February 23, 2021

BACK | Step 1 of 5 | Select Operator

SEARCH BY ZIP CODE | SEARCH BY NAME

10037 | SEARCH

Popular Operators (8)

- 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

4. Select your Commuter Product.

HealthEquity WageWorks | DEMO - Commuter Only | ALERTS & MESSAGES | PROFILE

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 11:50 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 11:50 PM ET
- Unlimited Ride MetroCard**  
Unlimited rides for MTA Subway and Bus service.  
Order by: Mar 10 11:50 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 11:50 PM ET

5. Select your contribution amount and frequency. Then select **Next**.

The image shows two screenshots of the 'BUY A COMMUTER PASS' website interface. The left screenshot is titled 'Step 2 of 5 Commuter Card - Transit' and shows a 'Value \$' input field, a 'Frequency' dropdown menu with 'Every Month' selected, and a 'NEXT' button. The right screenshot is titled 'Step 2 of 5 Premium TransitChek MetroCard' and shows a 'NEXT' button highlighted with a red arrow. Both screenshots include detailed text about the cards and their usage.

6. Confirm your contact information and select **Next**.

The image shows a screenshot of the 'Confirm Contact Information' step in the 'BUY A COMMUTER PASS' process. The form includes fields for 'Mailing Address 1', 'Mail Address 2 (optional)', 'City', 'State' (set to NY), 'ZIP', 'Work ZIP', 'Daytime Phone' (with Area, Prefix, Line, and Ext. optional), 'Email 1', and 'Email 2 (optional)'. A 'NEXT' button is highlighted with a red arrow. At the bottom, there is a checkbox labeled 'I confirm that this information is accurate' which is checked.

## 7. Confirm your order and select **Submit Order**.

BUY A COMMUTER PASS October 20, 2021

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

BACK

**Commuter Card - Transit**

Pass	Commuter Card - Transit
Total Cost	<b>\$85.00</b>

Mailing Address/Contact Info	First Benefit Month
	<b>Dec 1</b>
	Your card will be mailed to you by Dec 1, 2021

Change/Cancel Until	Frequency
11:59 PM ET on the 1st of Month	Every Month
One Month Prior to the Benefit Month	

This amount will be available on your card as of the 20th of the month (e.g., June 20th for a July benefit order).

**Important Note regarding Zip Code Verification** -- If you are using your HealthEquity Commuter Card at a New York City Subway ticket vending machine that requests you to provide your "billing zip code", please provide the zip code you have on file with HealthEquity.

**Reminder** -- When using the Commuter Card at ticket vending machines, be sure to select Credit Card when entering the payment type. The Commuter Card does not require a PIN.

[More Metrocard questions?](#)  
[More Commuter Card Questions?](#)

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

CANCEL SUBMIT ORDER

## 8. Once you submit an order, you will receive an **Order Confirmation**.

BUY A COMMUTER PASS October 20, 2021

Step 5 of 5  
**Thank You** NEXT

Print Current Page

**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.

**Commuter Card - Transit**

Pass	Commuter Card - Transit
Total Cost	<b>\$85.00</b>

Mailing Address/Contact Info	First Benefit Month
	<b>Dec 1</b>
	Your card will be mailed to you by Dec 1, 2021

Change/Cancel Until	Frequency
11:59 PM ET on the 1st of Month	Every Month
One Month Prior to the Benefit Month	

This amount will be available on your card as of the 20th of the month (e.g., June 20th for a July benefit order).

**Important Note regarding Zip Code Verification** -- If you are using your HealthEquity Commuter Card at a New York City Subway ticket vending machine that requests you to provide your "billing zip code", please provide the zip code you have on file with HealthEquity.

**Reminder** -- When using the Commuter Card at ticket vending machines, be sure to select Credit Card when entering the payment type. The Commuter Card does not require a PIN.

NEXT

# HOW TO CHANGE YOUR COMMUTER BENEFIT

1. On the HealthEquity Commuter Benefit Dashboard, select **Edit**.

The screenshot shows the 'TRANSIT' section of the dashboard. On the left, there are navigation options for 'SPONSORED ACCOUNTS' (Ymca Of Greater New York), 'PARKING' (11 Days Left), and 'TRANSIT' (11 Days Left). The main content area includes buttons for 'Place Transit Order' and 'Place Van Pool Order'. Three summary cards are displayed: 'Transit Orders' (11 days left to order, order by 11/01/2021 @ 11:59 PM EDT), 'Savings' (Estimated Savings YTD: \$312.00), and 'Transit Balances' (Credits<sup>2</sup>: \$0.00). Below these cards, there are footnotes: <sup>1</sup> Balances may not reflect current card transactions. and <sup>2</sup> Balances shared between both transit and parking accounts. A 'RECENT ACTIVITY' section with a link to 'Order History' is shown. A table lists recent activity with columns for Date, Order Description, Status, and Amount. The first entry is dated 12/01/2021, described as 'WageWorks Commuter Card', with a status of 'Pending' and an amount of '\$65.00'. An 'Edit' button with a pencil icon is circled in red next to this entry.

Date	Order Description	Status	Amount
12/01/2021	WageWorks Commuter Card	Pending	\$65.00

2. Under Program Details, select **Modify or Cancel Order**.

The screenshot shows the 'PROGRAM DETAILS' page for a 'Commuter Account'. The page has a dark header with 'BACK', 'PROGRAM DETAILS', and the date 'October 21, 2021'. On the left, there is a navigation menu with buttons for 'PROGRAM DETAILS', 'ABOUT THIS ACCOUNT', 'PLACE COMMUTER ORDER', 'MODIFY OR CANCEL ORDER', and 'FORMS & DOCUMENTS'. A red arrow points to the 'MODIFY OR CANCEL ORDER' button. The main content area includes a 'Commuter Account' section with a 'COM' icon, an 'Order by' date of 'Nov 01 2021' at '11:59 PM ET', and a 'Print Current Page' button. Below this, there is a 'Current Orders' section for 'December 2021' (Delivery by Nov 30, 2021). Under 'Transit (1)', there is a 'Commuter Card (Transit)' order for '\$65.00' with a 'Change or Cancel by Nov 01, 2021' deadline. Under 'Parking (0)', it says 'No Parking Orders'. A text box on the right contains the following message: 'Place an order prior to your monthly enrollment deadline. We can offer you the opportunity to change your election each month, but we cannot offer retroactive benefits. HealthEquity offers a monthly deadline so you can change your election/order on a month-to-month basis. You can enroll, change or cancel your election from this page or by contacting Member Services'.

3. You will now be able to change your election amount and frequency.

If you select **Every Month**, you will receive a monthly recurring benefit until you change or cancel.

If you select **Manage Calendar**, you will receive a monthly recurring benefit only for the months you choose.

If you select, **One Month Only**, you will receive a commuter benefit for the upcoming benefit month only, then your account will suspend indefinitely. For example, if you select One Month Only for the August benefit month, you will have an active benefit for August, then will suspend starting the September benefit month.

The screenshot shows a web form titled "Step 2 of 5 Commuter Card - Transit". It includes a "NEXT" button in the top right corner. The form has the following fields and options:

- Amount:** A text input field containing "1.00". To its right is a note: "Required. Be sure this amount is enough to cover your monthly purchases".
- First Benefit Month:** A text input field containing "01-Aug-21".
- Frequency:** Three radio button options:
  - 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.
- Description:** A label with the text "Commuter Card - Transit".

At the bottom of the form, there are two buttons: "CANCEL THIS ORDER" on the left and "NEXT" on the right.

4. Submit your election.

# HOW TO SUSPEND YOUR COMMUTER BENEFIT

1. On the HealthEquity Commuter Benefit Dashboard, select **Edit**.

The screenshot shows the 'TRANSIT' section of the dashboard. On the left, there are navigation options for 'SPONSORED ACCOUNTS' (Ymca Of Greater New York), 'PARKING' (11 Days Left), and 'TRANSIT' (11 Days Left). The main content area includes buttons for 'Place Transit Order' and 'Place Van Pool Order'. Three summary cards are displayed: 'Transit Orders' (11 days left to order, Order by 11/01/2021 @ 11:59 PM EDT), 'Savings' (Estimated Savings YTD \$312.00), and 'Transit Balances' (Credits<sup>2</sup> \$0.00). Below these are footnotes and a 'RECENT ACTIVITY' section with a table. The table has columns for Date, Order Description, Status, and Amount. One entry is shown: 12/01/2021, WageWorks Commuter Card, Pending, \$65.00. An 'Edit' button with a pencil icon is circled in red next to this entry.

Date	Order Description	Status	Amount	
12/01/2021	WageWorks Commuter Card	Pending	\$65.00	<a href="#">Edit</a>

2. Under Program Details, select **Modify or Cancel Order**.

The screenshot shows the 'PROGRAM DETAILS' page. At the top, there is a 'BACK' button and the date 'October 21, 2021'. A 'Print Current Page' button is also visible. On the left, a sidebar contains buttons for 'ABOUT THIS ACCOUNT', 'PLACE COMMUTER ORDER', 'MODIFY OR CANCEL ORDER', and 'FORMS & DOCUMENTS'. A red arrow points to the 'MODIFY OR CANCEL ORDER' button. The main content area shows 'Commuter Account' with an order deadline of 'Nov 01 2021 11:59 PM ET'. Below this, 'Current Orders' for 'December 2021' (Delivery by Nov 30, 2021) are listed. There is one 'Transit (1)' order: 'Commuter Card (Transit)' for '\$65.00' with a 'Change or Cancel by Nov 01, 2021' deadline. There are 'Parking (0)' orders, with a note 'No Parking Orders'. A warning box on the right states: 'Place an order prior to your monthly enrollment deadline. We can offer you the opportunity to change your election each month, but we cannot offer retroactive benefits. HealthEquity offers a monthly deadline so you can change your election/order on a month-to-month basis. You can enroll, change or cancel your election from this page or by contacting Member Services.'

1. You may suspend your benefit in two ways:

If you select, **Cancel this Order**, your benefit will suspend indefinitely for the upcoming benefit month. Please note you will still be able to use any remaining unused funds on your card until you are no longer eligible for commuter benefits, or if you are separated from the YMCA.

If you select, **One Month Only**, you will receive a commuter benefit for the upcoming benefit month only, then your account will suspend indefinitely. For example, if you select One Month Only for the August benefit month, you will have an active benefit for August, then will suspend starting the September benefit month.

Step 2 of 5  
Commuter Card - Transit NEXT

Amount	<input type="text" value="1.00"/>	Required. Be sure this amount is enough to cover your monthly purchases
First Benefit Month	<input type="text" value="01-Aug-21"/>	
Frequency	<input type="radio"/> Every Month <input type="radio"/> Manage Calendar <input checked="" type="radio"/> One Month Only	Recurring order every month until you change or cancel Recurring order - but only for the months you choose One time order for the upcoming benefit month only.
Description	Commuter Card - Transit	

CANCEL THIS ORDER NEXT

2. Submit your election.