



Washington Headquarters Services

**Mass Transportation Benefit Program (MTBP)
Web Application**

Applicant User Guide

September 2012

User Guide Version 1.8

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1. Introduction

1.1 Overview

The WHS Mass Transportation Benefit Program (MTBP) system is a web based system and is based on the Department of Defense (DoD) form - DD2845. The MTBP system was developed to allow DoD federal employees and military members in the National Capital Region (NCR) the ability to apply for federally subsidized mass transportation benefits using the Web. This user guide is intended for DoD employees who want to enroll, recertify, change or withdraw from the Mass Transportation Benefit Program using the web based system.

1.2 Contact

- If you have any questions, please feel free to contact the MTBP Program Office by email at transitpass@whs.mil or by phone at 571-256-0962.

1.3 System and Program Requirements

- The MTBP web application is PKI-enabled; therefore, it requires a DOD-issued Common Access Card (CAC) for access.
- The MTBP web application requires Internet Explorer 6+; Firefox is not supported at this time.

1.4 Other Notables When Using this Guide and the MTBP System

- **Steps** included through-out this guide, will move the reader through the guide and show them how to create and submit their MTBP benefits application when they are using the system for the first time.
- **“Help”** is available throughout the MTBP system by clicking on the **“Help”** button which is located in the upper right hand corner of the MTBP screen.
- When using the MTBP system, please **do not** use the browser **“Back”** or **“Forward”** buttons to move through the system. Use the soft keys on the screen to navigate through the system.
- There is usually a **“Next>”** and **“<Previous”** soft key button on most screens. The **“<Previous”** button will move you to the **previous** screen and the **“Next>”** button will move you to the next screen. In some cases, depressing the **“Next>”** button will also; validate your acceptance of the information on the screen that is displayed. However, when this is the case, it is noted on the screen.

2. System Access and Log In

- Any DoD federal employee or military member in the NCR with a Common Access Card (CAC) can access the MTBP system. Open **Internet Explorer** and enter: <https://mtbp.whs.mil/> in the address line. The following MTBP Welcome Page will appear. See first diagram below.

2.1 Begin Application

Step 1: Access the MTBP Welcome page at <https://mtbp.whs.mil/>. Click on “Begin Application” button.

Header Display.
 Includes user name, Help and Navigational Buttons.



Click on the “Begin Application” button.

Figure 1 - MTBP Welcome Page

Application and Benefit Delivery Timeframes

The “Application and Benefit Delivery Timeframes” screen appears after the “MTBP Welcome Page” and before the MTBP application begins. This page displays the list of “Claim Periods” for the current fiscal year and the “Benefit Period” that relates to each “Claim Period.”

Step 2:

Read the “Application and Benefit Delivery Timeframes” page.

DoD National Capital Region
Mass Transportation Benefit Program

Eligibility Privacy Act Statement Enrollment Request Applicant Information Ethics Training Applicant Certification Applicant Type Organization Information Expense Worksheet Applicant Review and Signature Completion

Welcome, MARY SMITH! [Home](#) [Help](#)

Submit Application

Application and Benefit Delivery Timeframes

Welcome to the MTBP application. In general, timeframes for enrollment application processing and approval can take up to 30 days. Please be aware that the date that application approval occurs will affect when a claim can be submitted and benefits are delivered.

Monthly Claims

A monthly electronic claim submission is required in order to receive benefits. The claim period is the 1-15th for the following month's benefit delivery.

<u>Claim Period</u>	<u>Benefit Period</u>
October 1-15	November
November 1-15	December
December 1-15	January
January 1-15	February
February 1-15	March
March 1-15	April
April 1-15	May
May 1-15	June
June 1-15	July
July 1-15	August
August 1-15	September
September 1-15	October

Participants must submit monthly claims in order to receive benefits for the following month. Failure to submit a monthly claim will result in skipping a month of benefits.

More information regarding the claims requirement and process can be found at:
<http://www.whs.mil/DFD/PSD%20Services/ClaimInstructions.cfm>

Examples of application processing/claim submission and benefit delivery:

Application approved between 1-15th -- If your application is approved by your organizational Reviewing Official between the 1-15 of May, you will be able to submit your claim for June before or on May 15th. Claims are not accepted after the 15th. Your first benefit delivery will be on the first of June.

Application approved between 16th - last day -- If your application is approved by your organizational Reviewing Official between the 16th – last day of May, you will be able to submit your claim for July before or on the 1-15 of June. Claims are not accepted after the 15th. Your first benefit delivery will be on the first of July.

Figure 2 – Claim and Benefit Period for Current Fiscal Year

Click the “Next>” button to move to the next page.

Banner/Header

At the top of the MTBP screens, below the MTBP title banner, the graphic shows the steps in the application process. Please see display below. The orange dot denotes the current step in the process. As each step is completed, the line will turn solid blue and the circle will become clear. The “current” step circle will always be orange in color.



Figure 3 - MTBP Page Header Steps

Eligibility Page

The “Eligibility” screen appears after the MTBP application begins.

Step 3:

Read the “**Eligibility**” page, then

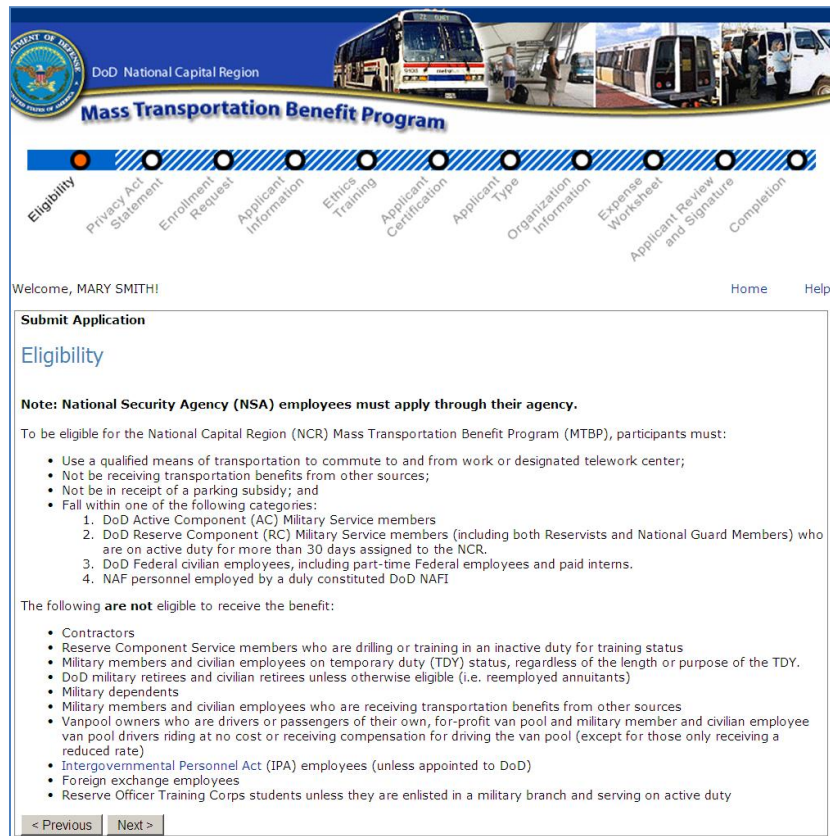


Figure 4 - Eligibility Page

Privacy Act Statement

Step 4:

The “Privacy Act Statement” screen displays, read it and then click on the “Next>” button.



Figure 5 - Privacy Act Statement

Action Request/Application Type

Step 5:

As part of the application process, select “**Enrolling.**”

The screenshot displays the 'Mass Transportation Benefit Program' application interface. At the top, there is a header with the DoD National Capital Region logo and a banner image of a bus. Below the banner is a progress bar with 11 steps: Eligibility, Privacy Act Statement, Enrollment Request, Applicant Information, Ethics Training, Applicant Certification, Applicant Type, Organization Information, Expense Worksheet, Applicant Review and Signature, and Completion. The 'Enrollment Request' step is currently active, indicated by a red dot. Below the progress bar, the user is greeted with 'Welcome, MARY SMITH!' and a 'Help' link. The main content area is titled 'Submit Application' and 'Action Request'. It contains a question 'Are you (choose one):' with four radio button options: 'Enrolling?' (selected), 'Withdrawing?', 'Recertifying?', and 'Making a change?'. At the bottom of the form are two buttons: '< Previous' and 'Next >'. A red arrow points to the 'Enrolling?' radio button.

Figure 6 - Enrollment Request

Then click on “**Next >**”

Informational Note:

Making a Change? – This option is only valid after an initial application has been submitted. If the user selects, “Making a change”, they need to enter a reason for “Making a change.”

Making a change?

Reason for making a change:

(e.g. address change, returning to program, commuting cost change)

If you currently participate in the MTBP, but have not used the online application before, or you are completing your annual recertification, select **“Recertifying”**

- **Withdrawing?** - Choose **“Withdrawing”** to withdraw you from the MTB Program. See the section on **Withdrawing Application** in Section 2.2.
- **Recertifying** - Please note that you will be required to recertify on an annual basis in order to continue your participation in the Mass Transportation Benefit Program. Recertifying on an annual basis requires you to review and accept the Certification statements and resubmit your application in addition to making any updates regarding your current commuting status. Failure to annually recertify will result in automatic withdrawal from the system. An email reminder will be sent prior to your year anniversary date alerting you to recertify within the system.

Application/Applicant Information

After you select **“Enrolling”** and click on the **“Next>”** button, the MTBP **“Applicant Information”** screen displays. The MTBP system uses the first and last name from your CAC (Common Access Card) to pre-populate your name on the screen. The system uses the last four (4) digits of your social security number to check the Pentagon Force Protection Agency (PFPA) Pentagon Parking database for eligibility in the MTBP. If you receive federally subsidized parking at other locations, you may not be eligible for this program. Please check with your local command first.

Step 6: Enter the **“Last four (4) Digits of your Social Security Number SSN”** and click on the **“Next >”** button on the bottom left of the screen.

Department of Defense
DoD National Capital Region

Mass Transportation Benefit Program

Eligibility Privacy Act Statement Enrollment Request **Applicant Information** Ethics Training Applicant Certification Applicant Type Organization Information Expense Worksheet Applicant Review and Signature Completion

[Help](#)

Applicant Information

The last name, first name, and middle initial shown below are obtained from your Common Access Card (CAC). Information provided will be used to verify that you are not named on a federally subsidized parking permit on the Pentagon Reservation. Participants are not permitted to have both parking privileges and the Mass Transportation benefit. Parking at local installations will be checked by Agency/Component Reviewing Officials.

Last Name: SMITH
First Name: MARY
Middle Initial: M
Last 4 Digits of your SSN:

< Previous Next >

DD2845

click on “Next >”

Figure 4 - Applicant Information

After typing in the “**Last four (4) Social Security Number (SSN)**,” click on the “**Next>**” button. The following blank application screen will display. Complete the fields on the screen. All fields are mandatory with the exception of the “**Work Telephone Extension**” field.

DoD National Capital Region
Mass Transportation Benefit Program

Eligibility Privacy Act Statement Enrollment Request **Applicant Information** Ethics Training Applicant Certification Applicant Type Organization Information Expense Worksheet Applicant Review and Signature Completion

Welcome, MARY SMITH! [Home](#) [Help](#)

Submit Application

Applicant Information (cont.)

(All fields are required)

Home:

Residence City:

State:

9-Digit Zip Code: ([click here to look up your ZIP+4 at the USPS website](#))

Work:

Duty Station: (street address/building where you report to work)

City:

9-Digit Zip Code: ([click here to look up your ZIP+4 at the USPS website](#))

Work Telephone Number: (enter as ten digits, xxx-xxx-xxxx, include area code)

Work Telephone Extension: (optional)

Work Email Address: (Unclass only) (email address must be a .gov, .mil, .edu, or .org address. If you do not have an e-mail address with a .gov, .mil, .edu, or .org, please use that of your supervisor. Once you are assigned an e-mail address with a .gov, .mil, .edu, or .org, please e-mail transitpass@whs.mil with the new address)

Confirm Email Address:

Applicant's Supervisor Information:

Once you complete the application, your information will be forwarded to your supervisor, to the e-mail address you provide below, for his/her review and confirmation. If confirmed, your application will automatically be forwarded to your Agency/Component Reviewing Official for approval. If denied, your application will not be sent forward. You will receive automatic notification of the status of your application as it progresses through the review/approval process.

Please note that if you are on detail outside of the DoD, please list your DoD point-of-contact or your military supervisor.

Last Name:

First Name:

Work Telephone Number: (enter as ten digits, xxx-xxx-xxxx, include area code)

Work Telephone Extension: (optional)

Work Email Address: (Unclass only) (email address must be .gov, .mil, .edu, or .org address)

Confirm Email Address:

Figure 5 - Blank Application Page

Step 7 – Complete the application.

DoD National Capital Region
Mass Transportation Benefit Program

Eligibility | Privacy Act Statement | Enrollment Request | **Applicant Information** | Ethics Training | Applicant Certification | Applicant Type | Organization Information | Expense Worksheet | Applicant Review and Signature | Completion

Welcome, MARY SMITH! [Home](#) [Help](#)

Submit Application

Applicant Information (cont.)

(All fields are required)

Home:

Residence City:

State:

9-Digit Zip Code: ([click here to look up your ZIP+4 at the USPS website](#))

Work:

Duty Station: (street address/building where you report to work)

City:

9-Digit Zip Code: ([click here to look up your ZIP+4 at the USPS website](#))

Work Telephone Number: (enter as ten digits, xxx-xxx-xxxx, include area code)

Work Telephone Extension: (optional)

Work Email Address: (Unclass only) (email address must be a .gov, .mil, .edu, or .org address. If you do not have an e-mail address with a .gov, .mil, .edu, or .org, please use that of your supervisor. Once you are assigned an e-mail address with a .gov, .mil, .edu, or .org, please e-mail transitpass@whs.mil with the new address)

Confirm Email Address:

Applicant's Supervisor Information:

Once you complete the application, your information will be forwarded to your supervisor, to the e-mail address you provide below, for his/her review and confirmation. If confirmed, your application will automatically be forwarded to your Agency/Component Reviewing Official for approval. If denied, your application will not be sent forward. You will receive automatic notification of the status of your application as it progresses through the review/approval process.

Please note that if you are on detail outside of the DoD, please list your DoD point-of-contact or your military supervisor.

Last Name:

First Name:

Work Telephone Number: (enter as ten digits, xxx-xxx-xxxx, include area code)

Work Telephone Extension: (optional)

Work Email Address: (Unclass only) (email address must be .gov, .mil, .edu, or .org address)

Confirm Email Address:

< Previous Next >

Figure 6 - Completed Application Information

Ethics Training

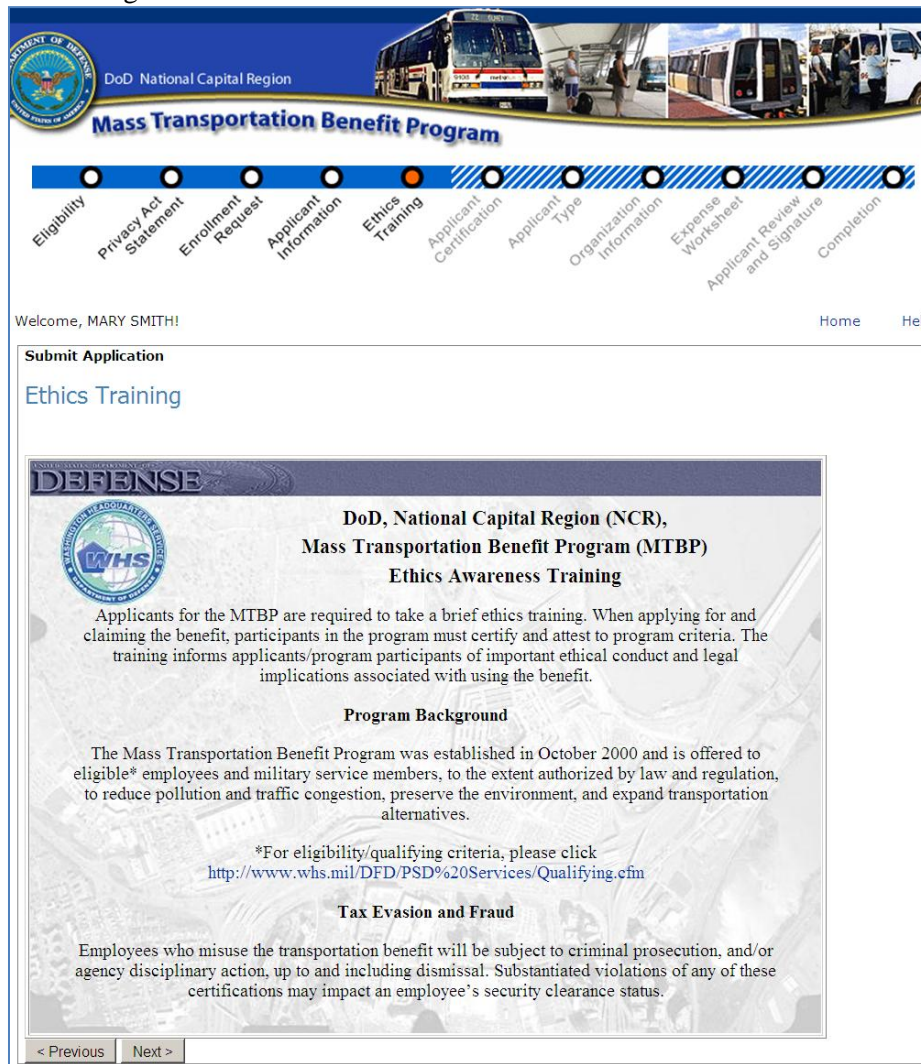
As part of the initial application process, you must read through the Ethics screens and be aware of and accept the information contained therein. All program participants must complete this MTBP Ethics Awareness Training. The training consists of multiple screens.

Upon enrollment in the MTBP system, you will be required to annually complete this training as part of the recertification process. The system checks if you have not completed the training in the last ten and a half (10.5) months. If you have not, you will be required to complete this training. If you have completed ethics training in the last 10.5 months, the system will skip to the next part of the MTBP application.

The screen shown below is the first screen of the ethics training.

Step 8:

Read the Ethics Training slides and then



Click on
"Next>"
→

Figure 7 - Ethics Training

Explanation of Ethics Training/Certification Statements mean. Read the slide and then click “Next>”.

DoD National Capital Region
Mass Transportation Benefit Program

Eligibility Privacy Act Statement Enrollment Request Applicant Information **Ethics Training** Applicant Certification Applicant Type Organization Information Expense Worksheet Applicant Review and Signature Completion

Welcome, MARY SMITH! Home Help

Submit Application
 Ethics Training

DEFENSE
 WASHINGTON METROPOLITAN AREA
 WASHINGTON METROPOLITAN AREA
 WASHINGTON METROPOLITAN AREA

Program Certification
 What do the certification statements mean?

- When applying for the benefit, you will be attesting to several things.
- By signing, the applicant is formally and legally attesting that the statements made in the application are true.
- The DoD NCR MTBP certification includes several certification statements. The certifications state, I certify that I understand that:

1. I am employed by the US Department of Defense and am not named on a Federally subsidized workplace parking permit with DoD or any other Federal Agency. If applicable, I have relinquished my workplace parking permit to the issuing authority.
This means that you do not have federally subsidized parking, are not listed on any federal parking pass and you do not park your vehicle at a government parking lot or garage.
2. My claim for benefits is as a Federal employee or military service member.
This means that you are directly employed by the DoD (and receive your pay directly from the DoD) or are an Active Duty military service member, including Reservists and National Guard Members who are on active duty for more than 30 days. Also included are part-time Federal employees, paid interns, non-appropriated fund (NAF) employees employed by a duly constituted NAF.
3. I am eligible for a public transportation fare benefit, will use it only for my daily commute to and from work, will not transfer it to anyone else, and will not allow anyone else to use it.
This means that you are qualified to receive the transportation fare benefit, you use a qualified means of transportation to commute to/from work and you will not give or sell your benefit to anyone for any other purpose.

< Previous Next >

Figure 8 - Ethics Training - Screen 2

Explanation of Ethics Training/Certification Statements continues. Read the slide and then click on “Next>.”

DoD National Capital Region

Mass Transportation Benefit Program

Eligibility Privacy Act Statement Enrollment Request Applicant Information **Ethics Training** Applicant Certification Applicant Type Organization Information Expense Worksheet Applicant Review and Signature Completion

Welcome, MARY SMITH! [Home](#) [Help](#)

Submit Application

Ethics Training

DBFENSE

Program Certification
What do the certification statements mean?

4. The monthly transportation benefit I am claiming does not exceed my monthly commuting costs.
This means that you will not claim more in fare benefit than what it actually costs you for your commuting to/from work. Costs should be calculated based on actual days commuted, taking into consideration telecommuting, alternate work schedules and compressed work schedules.
5. I will adjust the amount received based upon long term TDY or leave.
This means that if you are away for an extended period, in which you are not commuting and incurring costs, that you will not claim benefits, or if you have already been issued benefits for that period, you will reduce your next claim by any remaining amount. Please note that the DoD does not pay to "hold" or "reserve" seats for vanpools while you are on extended absence.
6. Upon separation from DoD, I will return unused fare media to the MTB Office. If I have converted the fare media to another form of media, I will reimburse the DoD by check or money order payable to the U.S. Treasury.
This means that you are responsible for returning any fare media or providing repayment to the DoD for periods during which you are not eligible to participate.
7. I will notify the MTB office of any changes in my status, i.e. home or work address, change in commuting pattern or change in organization even if within the DoD.
This means that you are responsible for notifying the MTBP Office of any changes that affect your home/work address, commuting pattern or change in employing organization.

< Previous Next >

Figure 9 - Ethics Training - Screen 3

Explanation of Ethics Training/Certification Statements continues. Read the slide and then click on “Next>.”

DoD National Capital Region
Mass Transportation Benefit Program

Eligibility Privacy Act Statement Enrollment Request Applicant Information **Ethics Training** Applicant Certification Applicant Type Organization Information Expense Worksheet Applicant Review and Signature Completion

Welcome, MARY SMITH! Home Help

Submit Application

Ethics Training

DEFENSE

Program Certification
 What do the certification statements mean?

8. I will NOT calculate parking costs.
This means that you will not include costs incurred for parking (i.e. Metro parking lots, commuter lots, parking garages, etc) when determining your monthly commuting costs. The benefit is intended to solely cover your use of mass transportation.

9. I am not a vanpool owner/driver of my own for profit vanpool. If I am a driver and receive a reduced fee, I will adjust my claim for benefits accordingly. If I am a driver and receive compensation, I may not participate in the program.
Vanpool owners who commute in their own (or their own company's) vanpool may not receive the benefit. Furthermore, if you are a driver of a vanpool owned by another person or company and receive compensation for driving, you may not participate in the program. Finally, if you are a driver of a vanpool owned by another person or company and pay a reduced fee to the vanpool owner, you may not receive more benefit than your actual cost.

10. The mode of transportation for which I am claiming the mass transportation benefit is a qualified means of transportation.
Qualified means of transportation (QMOT) are commercial or public transportation operated for use by the general public and/or modes of transportation that meet the requirements of section 1.132-9 of title 26 of the Code of Federal Regulations (C.F.R.). For a listing of QMOT, please visit <http://www.whs.mil/DFD/PSD%20Services/FAQs.cfm>

< Previous Next >

Figure 10 - Ethics Training - Screen 4

Ethics Training “Commonly Asked Questions” and “Answers.” Read the slide and then click on “Next>.” If you have any questions regarding the Ethics slides, you may contact the MTBP Program Office with questions.

The screenshot displays the MTBP Applicant User Guide interface. At the top, there is a navigation bar with the DoD National Capital Region logo and a progress indicator showing steps from Eligibility to Completion. The 'Ethics Training' step is currently selected. Below the navigation bar, a welcome message reads 'Welcome, MARY SMITH!' with 'Home' and 'Help' links. The main content area is titled 'Submit Application' and 'Ethics Training'. It features a slide titled 'Commonly Asked Questions' with a 'DEFENSE' header and a 'WHS' logo. The slide contains six numbered questions and their corresponding answers regarding benefit distribution, cost limits, work schedule changes, leaving DoD, extended leave, and benefit usage. Navigation buttons for '< Previous' and 'Next >' are located at the bottom of the slide.

DEFENSE

Commonly Asked Questions

1. What do I do if I have benefits left over from the previous distribution period?
Reduce your claim during the distribution period.
2. What if my costs are more than the maximum benefit amount?
If your costs exceed the maximum allowable benefit, you must supplement additional costs with your own funds. The IRS sets the maximum allowable benefit amount. DoD cannot provide more than is allowable by the IRS code.
3. What if my work schedule changes, i.e. I plan to telecommute or participate in an alternate work schedule?
What if my work schedule changes, i.e. I plan to telecommute or participate in an alternate work schedule? If your work schedule changes your commuting costs, you must notify the MTBP office of this change. You may use the online application to make this change. Remember that your estimated costs are based on the actual days commuted to and from work.
4. I am leaving DoD to take another job and have leftover benefits. What can I do?
You must withdraw from the DoD NCR MTBP and return unused benefits upon your departure from DoD. Procedures for withdrawing and returning benefits are listed on the DoD NCR MTBP website.
5. I plan to go on extended leave. Can I still receive my benefit?
If you are out on extended leave, you are ineligible to receive benefits for the period you will not be commuting to/from work. If your account is inactive for two consecutive quarters, you will be withdrawn from the program and required to re-enroll upon your return.
6. I didn't use all of my benefit. Can I give it to someone else?
No. Your benefit is issued to you for the sole purpose of subsidizing your commute to/from work. It is against the rules and the law to sell or give your benefit to someone else OR to use it for anything other than its intended purpose.

< Previous Next >

Figure 11 - Ethics Training - Commonly Asked Questions

Ethics Training Completion and Acceptance Acknowledgement page. Read the slide and click on “Next>” to acknowledge that you have read, understand and agree with the contents of the Ethics slides.

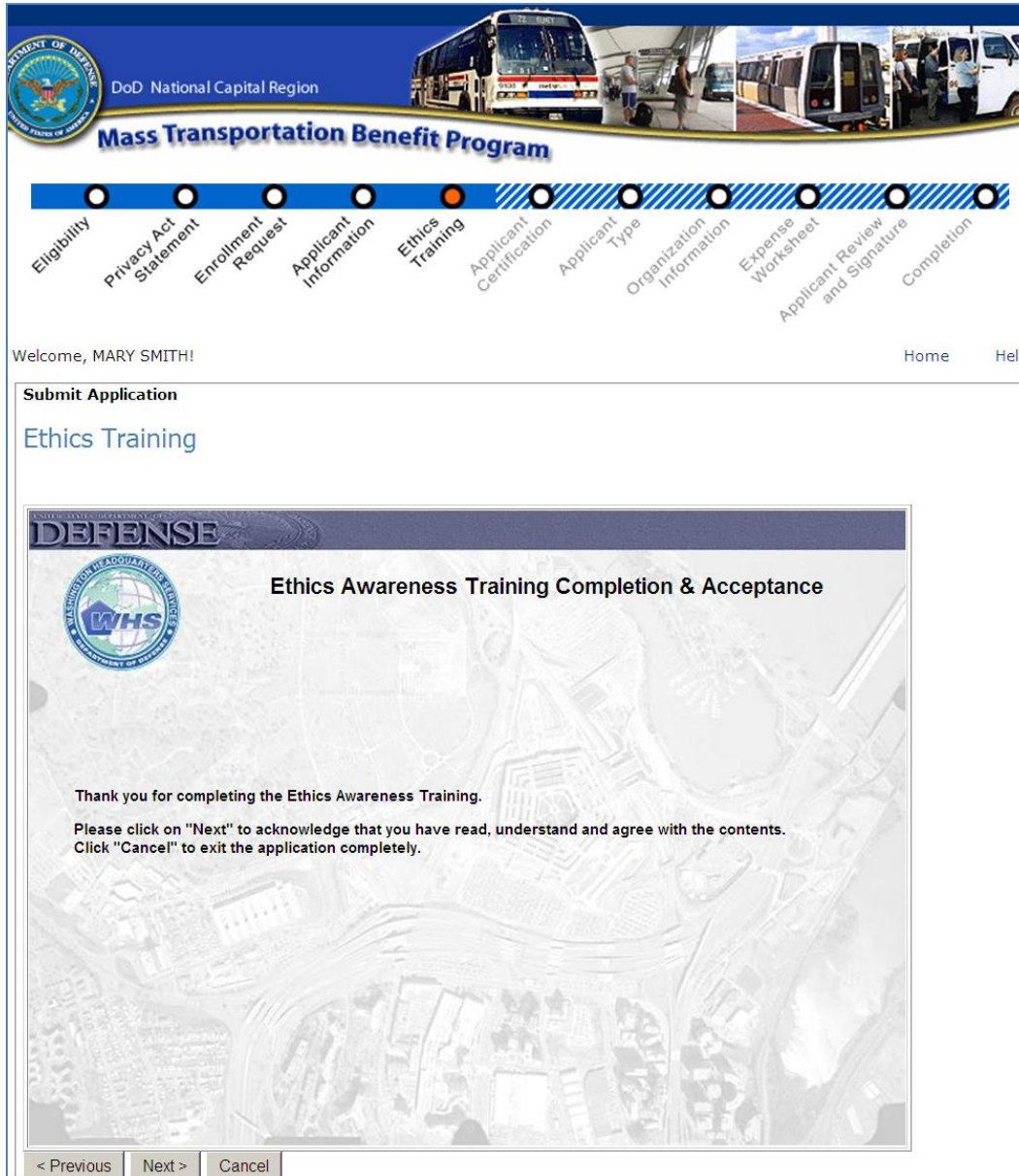


Figure 12 - Ethics Training Completion & Acceptance Page

Applicant Certification

After completion of the Ethics Training, the “**Applicant Certification**” page displays next with the first certification statement visible.

Step 9 - Read the certification statement and click on the radio button to confirm that you have read and understand the certification statement. Click on each certification statement radio button, then the next

certification statement displays until all of the certifications display. At the release of this version, there are ten (10) certification statements.

Note: You are required to certify/recertify for the MTBP annually. Certification includes you reviewing and confirming the MTBP certification statements. If you have not done this in the past 10.5 months, you will be required to certify. If you are not a first time user to the system and have completed certification in the last 10.5 months, the system will skip to the next step of the MTBP application and bypass the Ethics slides.

Please Read the **Warning** and **Mandatory** statements for Applicant Certification. See the screen display below.

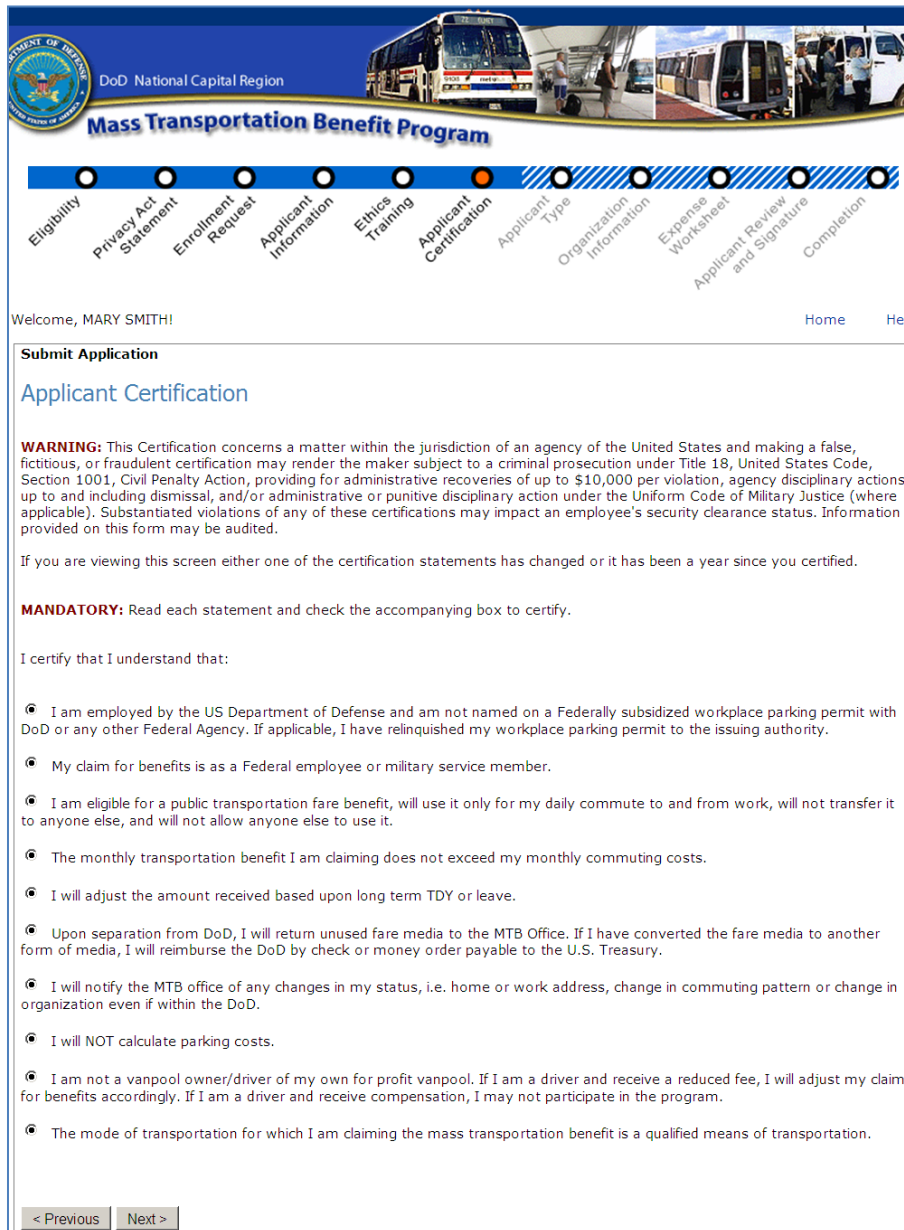


Figure 13 - Application/Applicant Certification Page

When you complete reading all certification statements, click on the “Next>” button.

Applicant Type

Use the radio button to select the appropriate type that applies to you. Then click on the “Next >” button at the bottom left of the screen to continue.

The **Applicant Types** include:

- Civilian
- Military
- Non-Appropriated Funds (NAF)
- Active Reservist
- Paid Temporary Hire / Intern

If you select the “Paid Temporary Hire / Intern” option, complete the “Start Date” and “End Date” fields. See the following screen.

Figure 14 - Applicant Type Screen 1

Step 10: Click on the appropriate “Applicant Type” and then click on “Next>” →

click “Next>” at bottom of screen.

ious” button will return to the previous page. other than “Military” is selected for “Applicant Type,” the following screen will display. Use the radio buttons to select the option that applies to you. Then click on the “Next >” button at the bottom left of the screen to continue.

Step 11: Click on the appropriate applicant type and then click on “Next>” →

Figure 15 - Applicant Type Screen 2

If “Military” is selected on the “Applicant Type” screen, the following screen will display:

Click on the appropriate applicant type and then click on “Next>” →

Figure 16 - Applicant Type When Military Selected – Screen 3

Organization Information

Click on the down arrow button to display the organization list. Select the organization that employs you. This list is based on your selection(s) on the previous “**Applicant Type**” screens. For example, if you selected Army, you will only be shown Army organization codes, etc. The organizational selection also includes the organization’s code. Click on the “**Next >**” button at the bottom left of the screen to continue.

Step 12: Click on the down arrow and select organization code and then click on “**Next>**” →

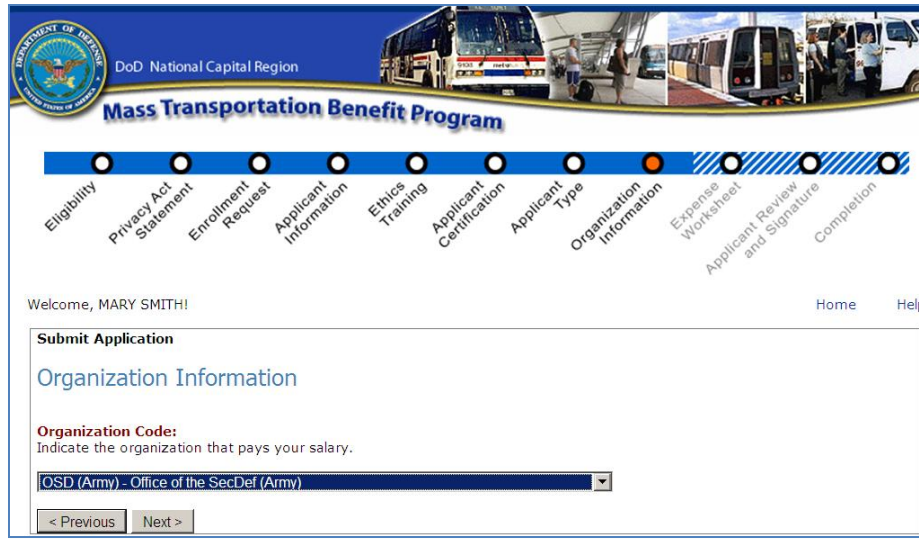


Figure 17 - Organization Information

Expense Worksheet

The expense worksheet is used to calculate your monthly mass transportation commuting costs. Please read it carefully and enter each mode of transportation you use, detailing: the name of the company, frequency of purchase, cost of purchase, from (starting point/station), and to (ending point/station). First, use the down arrows to pull down lists and entry boxes to enter this information. Then, click on the “**Add**” button to the right of the expense record. If any information is entered with an incorrect format, or if required fields are blank, a text message is displayed for that field detailing the error. **Note:** Only enter the number of days you commute; **do not** include the days you telecommute in the number of days commuted per month.

Step 13:
Read the
“**Instructions:**”
for completing the
Worksheet.

Refer to the
following pages
for examples of
links and fields
noted on this page.

Note: Don’t
include
telecommuting
days in the
Number of Days
Commuted Per
Month.
Number of Days
must be between 1
and 22 with 23
being an exception
for August 2012.

DoD National Capital Region
Mass Transportation Benefit Program

Eligibility Privacy Act Statement Enrollment Request Applicant Information Ethics Training Applicant Certification Applicant Type Organization Information **Expense Worksheet** Applicant Review and Signature Completion

Welcome, MARY SMITH! [Home](#) [Help](#)

Submit Application
[Expense Worksheet](#)

To apply for the MTBP, you are required to calculate your usual monthly mass transportation commuting cost.

Instructions:

- Please list each mode of mass transportation used for your commute. For each listed, provide the information required. [Click here](#) for some examples. Also, please note that you are required to take the most cost-effective means within your mode of transportation per DoDI 1000.27: <http://www.dtc.mil/whs/directives/corres/pdf/100027p.pdf>
- For the number of days commuted, you must factor in alternate work schedules and telework arrangements that affect the number of days you commute per month (i.e. 17, 19, 21, 23). The maximum allowed number of days is 23. [Click here](#) for examples.
- Please note that **parking fees are not allowed** when computing monthly mass transportation costs.
- If you use other modes of transportation, that don't incur reimbursable costs, such as slugging, carpooling, etc, please list those modes with a dollar value of \$0.
- If you are a person with a disability or a senior citizen receiving reduced fare rates, you must calculate the reduced fare rates that you pay.

To assist you in finding your mass transportation service provider, fares, and schedule, please visit the following link:
<http://www.whs.mil/DFD/PSD%20Services/TransitLinks.cfm>

For help on this screen, [click here](#).

Indicate cost of each leg of commute or weekly/monthly pass.

Expense Worksheet:
Do not include days that you telecommute in the **Number of Days Commuted Per Month** field.

Number of Days Commuted Per Month:

Time Reporting to Work:

Time Leaving from Work:

Mode of Transportation	Name of Transportation Company	Frequency of Purchase	Cost of one way leg or weekly/monthly pass	From (Station/Start point)	To (Station/End point)	Total Cost for Mode	Action	
COMMUTER RAIL	VRE	MONTHLY	234.20	Broad Run	L'Enfant Plaza	234.20	Edit	Delete
RAIL	WMATA	DAILY	1.80	L'Enfant Plaza	Pentagon	37.80	Edit	Delete
RAIL	WMATA	DAILY	1.80	Pentagon	L'Enfant Plaza	37.80	Edit	Delete
[SELECT]		[SELECT]					Add	

Your Monthly Grand Total Mass Transportation Commuting Costs: 309.80

If necessary, please provide additional information here (i.e. commuting pattern, work schedule, etc):
 Test application: 2nd add.
 This is a re-certify app.
 Changed from Temp to Civilian
 Test to see if commuting days display a zero for this new application.

< Previous Save Next >

Figure 18 - Expense Worksheet

Bullet/Link #1

This link provides examples for mode of transportation entries.

Example 1: If you ride a vanpool both ways

- Mode of Transportation: **Vanpool**
- Name of Company: **VPSI**
- Frequency of purchase: **Monthly**
- Cost of purchase: **\$225.00** (this is the monthly fare you pay)
- From: **Woodbridge** (area from which you commute)
- To: **Pentagon** (this is the duty station at which you work)

Expense Worksheet									
Number of Days Commuted Per Month:								21	
Mode of Transportation	Name of Transportation Company	Frequency of Purchase	Cost of one way leg or weekly/monthly	From (Station/ Start point)	To (Station/ Start point)	Total Cost for Mode	Action		
VANPOOL	VPSI	Monthly	225.00	Woodbridge	Pentagon	225.00	Edit	Delete	
[SELECT] ▼		[SELECT] ▼					Add		
						Your Monthly Grand Total	225.00		
						Mass Transportation			
						Commuting Cost			

Example 2: Combination of Commuter Rail/Rail

- Mode of Transportation: **Commuter Rail**
- Name of Company: **VRE**
- Frequency of purchase: **Monthly**
- Cost of purchase: **\$234.20** (this is your monthly fare cost)
- From: **Broad Run** (station from which you commute)
- To: **L'Enfant Plaza** (station to which you commute)

Click the add button to add another mode of transportation

- Mode of Transportation: **Rail**
- Name of Company: **WMATA**
- Frequency of purchase: **Daily**
- Cost of purchase: **\$1.80** (this is your one-way fare cost)
- From: **L'Enfant Plaza** (station from which you commute in the morning)
- To: **Pentagon** (duty station/morning commute end point)

Click the add button to add another mode of transportation

- Mode of Transportation: **Rail**
- Name of Company: **WMATA**
- Frequency of purchase: **Daily**
- Cost of purchase: **\$1.80** (this is your one-way fare cost)
- From: **Pentagon** (duty station/evening commute end point)
- To: **L'Enfant Plaza** (station at which you arrive in the evening)

Expense Worksheet									
Number of Days Commuted Per Month:								21	
Mode of Transportation	Name of Transportation Company	Frequency of Purchase	Cost of one way leg or weekly/monthly	From (Station/ Start point)	To (Station/ Start point)	Total Cost for Mode	Action		
Commuter Rail	VRE	Monthly	234.20	Broad Run	L'Enfant Plaza	234.20	Edit	Delete	
Rail	WMATA	Daily	1.80	L'Enfant Plaza	Pentagon	37.80	Edit	Delete	
Rail	WMATA	Daily	1.80	Pentagon	L'Enfant Plaza	37.80	Edit	Delete	
[SELECT] ▼		[SELECT] ▼					Add		
						Your Monthly Grand Total	395.60		
						Mass Transportation			
						Commuting Cost			

Figure 19 - Worksheet Examples

Bullet/Link #2 for DoDI 1000.27

This link provides you with the DoD Instruction

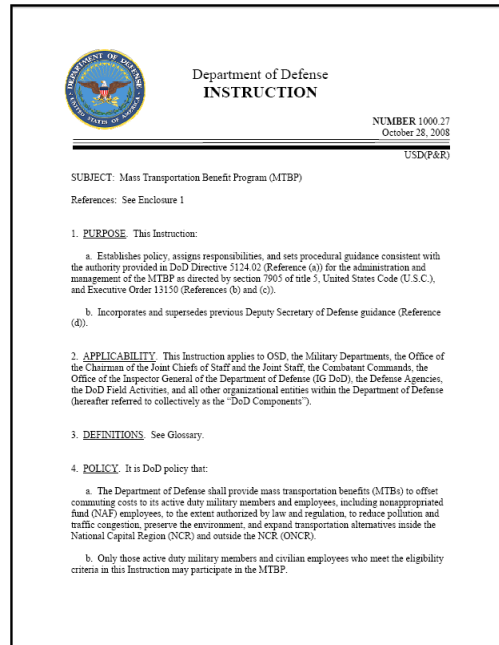


Figure 20 - DoDI 1000.27

Bullet/Link #3

This link provides examples of the number of work days commuted to work based on the schedule that you work and commute. For a “Standard work week”, the system will allow up to twenty-two (22) workdays.

Bullet/Link #4 Transit Links

This link connects to a List of Transit Links that you can use to obtain your mass transportation benefit costs, for entry on the MTBP Expense Worksheet.

The screenshot shows the WHS Online website interface. At the top, it says 'Department of Defense WHS Online Facilities Services Directorate (FSD)'. There is a search bar and a dropdown menu for 'Popular Links' with 'WHS Managed Programs and Projects' selected. A navigation bar includes 'Site Map', 'FSD Contacts', 'ICE', and 'Contractor Opportunities'. Below this is a breadcrumb trail: 'Home > DFD > PSD Services'. The main heading is 'Transit Links'. The content is organized into two sections: 'Transit Subsidy Programs Outside of the National Capital Region (NCR)' and 'Transit Subsidy Programs Inside of the National Capital Region (NCR)'. The NCR section lists various bus and train services with links. The non-NCR section lists links for Army, Navy, and DISA. At the bottom, there is a footer with the WHS logo, the text 'The Official site of Washington Headquarters Services, Alexandria, VA', and several links: 'Contact WHS', 'No FEAR Act Data', 'Security and Privacy Notice', 'External Link Disclaimer', and 'Intranet Home'.

Figure 21 - Transit Links

Bullet/Link # 5 Help for Expense Worksheet

This link provides you with help text for each of the Expense Worksheet headers. It also tells you the function of each button on the Expense Worksheet.

Help for Expense Worksheet

- Mode of Transportation - Indicate the type of transportation used.
- Frequency of Purchase - Indicate how often you pay for your commute - daily, weekly or monthly (Note: Subway costs must be listed as daily- cost for each leg must be listed).
- Cost of Purchase - Indicate the commuting cost for the frequency listed.
- From - Indicate the start point/station for the mode selected.
- To - Indicate the end point/station for the mode selected.
- Total Cost for Mode - This is the total for the mode calculated by the system based on the cost and frequency listed.
- **"Add" button** - Click on this button to add a new mode of transportation. You will need to click on this after completing the first mode.
- **"Edit" button** - Click on this button to edit a new mode of transportation.
- **"Delete" button** - Click on this button to delete that mode of transportation.
- **"Save" button** - Click on this button to re-calculate the totals and save the record.
- **"Next" button** - Click on this button to continue with the application process.
- **"Previous" button** - Click on this button to go to the previous screen. Please make sure you click on Save before clicking on this to save the information on this screen.

Figure 22 -Help for Expense Worksheet

Bullet/Link #6 for Online Help


This link is located in the upper right hand corner of the screen and provides you with this MTBP Application User Guide, which is viewable as a PDF file, when you click on this link. It can then be viewed, printed or saved. 



Figure 23 - Location of "Help" Button on Expense Worksheet Screen

Additional Expense Information #7

This text/comment box can be used to provide additional expense information, which may be helpful to the application reviewers. You can use this multiline text box to provide additional details or notes on

your commuting expenses, particularly if there is an unusual circumstance which requires additional explanation.

If necessary, please provide additional information here (i.e. commuting pattern, work schedule, etc):

< Previous
Save
Next >

Figure 24 - Worksheet Page Comment Box

Mode of Transportation Entry #8

Number of Days Commuted Per Month:

Mode of Transportation	Name of Transportation Company	Frequency of Purchase	Cost of one way leg or weekly/monthly pass	From (Station/Start point)	To (Station/End point)	Total Cost for Mode	Action	
RAIL	Metro	DAILY	3.50	West Falls Church	Crystal City	73.50	Edit	Delete
LOCAL BUS	Georges	DAILY	0.25	Falls Church	West Falls Church	5.25	Edit	Delete
VANPOOL	VansRus	MONTHLY	30.00	Crystal City	Falls Church	30.00	Edit	Delete
[SELECT]	<input type="text"/>	[SELECT]	<input type="text"/>	<input type="text"/>	<input type="text"/>		Add	

Your Monthly Grand Total 108.75
 Mass Transportation
 Commuting Costs:

Figure 25 - Mode of Transportation Example

If you select the link for each column header of the expense worksheet, a pop-up window will appear explaining the purpose of the field and applicable entries, as detailed below:

- **Mode of Transportation** – Indicate the type of transportation used.
- **Frequency of Purchase** – Indicate how often you pay for your commute – daily, weekly or monthly (Note: Subway costs must be listed as daily).
- **Cost of Purchase** – Indicate the commuting cost for the frequency listed.
- **From** – Indicate the start point/station for the mode selected.
- **To** – Indicate the end point/station for the mode selected.

After:

- 1) selecting the mode of transportation,
- 2) enter the name of the transportation company,
- 3) select the frequency of purchase,
- 4) enter the cost of purchase,
- 5) enter the starting location [From] and
- 6) a different ending location [To],
- 7) click on the “Add” button to the right. This will add a new mode of transportation. You will need to click on this after completing the first mode. If there are any errors in your entries, a red

asterisk (*) will appear next to the field where there is an entry error and a pop up window will detail the field errors.

Once you have added a new mode of transportation, the following buttons will appear to the right of the mode of transportation.

- **Delete:** If you want to delete the mode of transportation entered, click on the “**Delete**” button.
- **Edit:** If you want to edit the mode of transportation entered, click on the “**Edit**” button.

Note: If you need to change the number of days commuted, you will not need to re-enter the modes of transportation that were added. After changing the number in the field next to “**Number of Days Commuted Per Month,**” click on the “**Save**” button, at the bottom left of the screen. The Total Cost for the Mode will automatically recalculate, as will “**Your Grand Total Mass Transportation Commuting Costs,**” based on the valued entered.

After completion of the application worksheet, click on “**Save / Next>**” The **Link SmarTrip Card** Page will display.

DoD National Capital Region
Mass Transportation Benefit Program

Eligibility Privacy Act Statement Enrollment Request Applicant Information Ethics Training Applicant Certification Applicant Type Organization Information Expense Worksheet Applicant Review and Signature Completion

Welcome, MARY SMITH! Home Help

Submit Application

Link SmarTrip® Card

Please link your SmarTrip® card with MTBP by providing the card's serial number below. This step is needed in order to distribute the transit benefits to you. Please ensure that your SmarTrip® card's serial number is accurate. If the serial number is incorrect, then there will be a delay in delivering benefits to you.

Important Information

In order to be used for benefits, your SmarTrip card must be registered with WMATA/Metro in your name as displayed below

NOTE: If the last name displayed below is longer than 15 characters then use only the first 15 characters (spaces and hyphens included) when registering your card with WMATA.

Last Name: SMITH
 First Name: MARY

[Go to the WMATA SmarTrip® site to register your card](#)

After registering your card with WMATA, come back to this page to link your registered card for benefits and complete your application for the Mass Transportation Benefit Program.

Select the Type of Card

Please indicate the type of card by matching the serial number on the back of the card with the matching pattern circled in the images below.

Card Type #1: see return to: WMATA, 600 Fifth Street, N.W.
D.C. 20001
TriP® and SmarTrip® are logos and trademarks of WMATA. 012345678 C3DW803
serial number

Card Type #2: see return to: WMATA, 600 Fifth Street, N.W.
D.C. 20001
TriP® and SmarTrip® are logos and trademarks of WMATA. 012345678 3 C3DW803
serial number check sum

Card Type #3: see return to: WMATA, 600 Fifth Street, N.W.
D.C. 20001
TriP® and SmarTrip® are logos and trademarks of WMATA. C3DW017 0020 0001 5644 364 6
serial number

Card Type #4: see return to: WMATA, 600 Fifth Street, N.W.
D.C. 20001
TriP® and SmarTrip® are logos and trademarks of WMATA. GD1137 0167 0693 4564 7992 9601
serial number

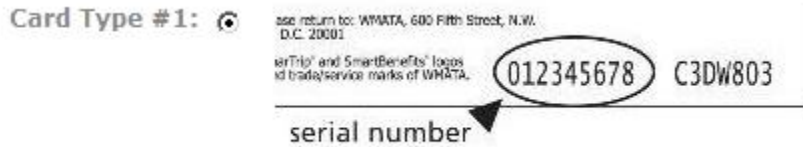
< Previous Next >

Figure 26 - Link SmarTrip Card Page

Step 14: The participant selects the “Card Type” by clicking on the radio button, the bottom of the screen will change to accommodate entry of the “Card Type” selected. See the following examples.

When the participant selects the “Card Type #1”,

Example 1 – Card Type #1:



The following fields display at the bottom of the screen:

Enter the Serial Number

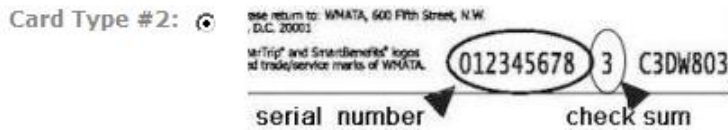
If the SmarTrip® card serial number is less than 9 digits, please add zeros to the front to make it 9 digits. For example, if the card number is "123456", then enter the serial number as "000123456". Likewise, if the card serial number is "12345678" then enter the serial number as "012345678".

Card Serial Number:

Re-enter Card Serial Number:

Example 2 = Card Type #2:

When the participant selects the “Card Type #2”



The following fields display at the bottom of the screen:

Enter the Serial Number

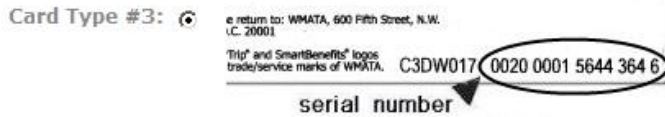
If the SmarTrip® card serial number is less than 9 digits, please add zeros to the front to make it 9 digits. For example, if the card number is "123456", then enter the serial number as "000123456". Likewise, if the card serial number is "12345678" then enter the serial number as "012345678".

Card Serial Number:

Re-enter Card Serial Number:

Example 3 = Card Type #3:

When the participant selects the “Card Type #3”



The following fields display at the bottom of the screen:

Enter the Serial Number

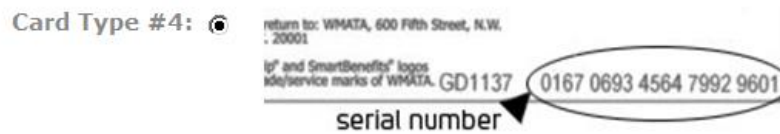
Enter each part of the card serial number in the boxes below.

Card Serial Number:

Re-enter Card Serial Number:

Example 4 = Card Type #4:

When the participant selects the “Card Type #4”




The following fields display at the bottom of the screen:

Enter the Serial Number

Enter each part of the card serial number in the boxes below.

Card Serial Number:

Re-enter Card Serial Number:



After the participant has made their selection and entered their card number as noted in the examples above, the participant will click on the “Next>” button at the bottom of the screen and the “Applicant Review and Signature” Page will display. See the following screen.

Applicant Review and Signature

The purpose of the “**Applicant Review and Signature**” page is to review all MTBP applicant information that you have entered and validate that it is true and correct before submitting the application.

See the following “**Applicant Review and Signature**” page as an example with fields completed with sample data. The first two screenshots are the top and bottom half of the whole page, “**Applicant Review and Signature**.” Figure 30 displays the whole page, “**Applicant Review and Signature**” page.

DoD National Capital Region
Mass Transportation Benefit Program

Eligibility Privacy Act Statement Enrollment Request Applicant Information Ethics Training Applicant Certification Applicant Type Organization Information Expense Worksheet **Applicant Review and Signature** Completion

Welcome, MARY SMITH! [Home](#) [Help](#)

Submit Application

Applicant Review and Signature

! Please note, your application has not been submitted.

Please review your information, and click the **Submit Application** button at the bottom of the page to submit your application for processing. You will be able to print a copy for your records after submission.

Applicant:		Home:	
Tracking Number:	36420767	Residence (City):	CLIFTON
Application Type:	ENROLLMENT	State:	VA
Entry Type:	ENTERED BY APPLICANT	9-Digit Zip Code:	20310-1155
Last Name:	SMITH	Days Commuted Monthly:	21
First Name:	MARY	Total Monthly Commuting Cost:	301.50
Middle Initial:	M	Time Reporting to Work:	06:00 AM
Last 4 Digits of SSN:	5555	Time Leaving from Work:	05:00 PM
SmartBenefits® Status:	Enrolled		
SmarTrip® Serial Number:	22233332123443214343		
Work:		Supervisor:	
Duty Station:	1155 PENTAGON	Last Name:	HEMMINGS
City:	ARLINGTON	First Name:	CHRISTOPHER
9-Digit Zip Code:	20310-1155	Work Telephone Number:	703-555-1777
Work Telephone Number:	703-657-1234	Work E-Mail Address:	craig.andren.ctr@whs.mil
Work E-Mail Address:	mary.m.smith.ctr@whs.mil		
Organization:	OSD (ARMY) - OFFICE OF THE SECDEF (ARMY)		
Applicant Type:	CIVILIAN		
Military Member Type:	N/A		

Figure 27 - Applicant Review and Signature - Top Half

Expense Worksheet:

Mode of Transportation	Name of Transportation Company	Frequency of Purchase	Cost of one way leg or weekly/monthly pass	From (Station/Start point)	To (Station/End point)	Total Cost for Mode
RAIL	Metro	DAILY	2.75	Vienna	Pentagon	57.75
RAIL	Metro	DAILY	2.75	Pentagon	Vienna	57.75
COMMUTER RAIL	AMTRAK	MONTHLY	165.00	Fredericksburg	Pentagon	165.00
LOCAL BUS	Dash	DAILY	1.00	Pentagon	Ballston	21.00
Monthly Grand Total Mass Transportation Commuting Costs:						301.50

Applicant provided the following additional information:
 Test application; 2nd add. This is a re-certify app. Changed from Temp to Civilian Test to see if commuting days display a zero for this new application.

The applicant certifies that:

- I am employed by the US Department of Defense and am not named on a Federally subsidized workplace parking permit with DoD or any other Federal Agency. If applicable, I have relinquished my workplace parking permit to the issuing authority.
- My claim for benefits is as a Federal employee or military service member.
- I am eligible for a public transportation fare benefit, will use it only for my daily commute to and from work, will not transfer it to anyone else, and will not allow anyone else to use it.
- The monthly transportation benefit I am claiming does not exceed my monthly commuting costs.
- I will adjust the amount received based upon long term TDY or leave.
- Upon separation from DoD, I will return unused fare media to the MTB Office. If I have converted the fare media to another form of media, I will reimburse the DoD by check or money order payable to the U.S. Treasury.
- I will notify the MTB office of any changes in my status, i.e. home or work address, change in commuting pattern or change in organization even if within the DoD.
- I will NOT calculate parking costs.
- I am not a vanpool owner/driver of my own for profit vanpool. If I am a driver and receive a reduced fee, I will adjust my claim for benefits accordingly. If I am a driver and receive compensation, I may not participate in the program.
- The mode of transportation for which I am claiming the mass transportation benefit is a qualified means of transportation.

Application Certification: I certify that the information contained in this application is true and correct. I further acknowledge that any false statements or misrepresentations made by me for the purposes of my certification for this benefit may subject me to criminal, civil, or administrative penalties.

I agree.

Date Signed: 05/14/2012

< Previous Submit Application Not Accept

Figure 28 - Applicant Review and Signature - Bottom Half

DoD National Capital Region
Mass Transportation Benefit Program

Progress Bar: Eligibility, Privacy Ad Statement, Enrollment Request, Applicant Information, Ethics Training, Applicant Certification, Applicant Type, Organization Information, Expense Worksheet, Applicant Review and Signature, Completion.

Welcome, MARY SMITH! [Home](#) [Help](#)

Submit Application

Applicant Review and Signature

Warning: Please note, your application has not been submitted.

Please review your information, and click the **Submit Application** button at the bottom of the page to submit your application for processing. You will be able to print a copy for your records after submission.

Applicant:
Tracking Number: 36420767
Application Type: ENROLLMENT
Entry Type: ENTERED BY APPLICANT
Last Name: SMITH
First Name: MARY
Middle Initial: M
Last 4 Digits of SSN: 5555
SmartBenefits® Status: Enrolled
SmartTrip® Serial Number: 22233332123443214343

Home:
Residence (City): CLIFTON
State: VA
9-Digit Zip Code: 20310-1155
Days Commuted Monthly: 21
Total Monthly Commuting Cost: 301.50
Time Reporting to Work: 06:00 AM
Time Leaving from Work: 05:00 PM

Work:
Duty Station: 1155 PENTAGON
City: ARLINGTON
9-Digit Zip Code: 20310-1155
Work Telephone Number: 703-657-1234
Work E-Mail Address: mary.m.smith.ctr@whs.mil

Supervisor:
Last Name: HEMMING
First Name: CHRISTOPHER
Work Telephone Number: 703-555-1777
Work E-Mail Address: craig.andren.ctr@whs.mil

Organization: OSD (ARMY) - OFFICE OF THE SECDEF (ARMY)
Applicant Type: CIVILIAN
Military Member Type: N/A

Expense Worksheet:

Mode of Transportation	Name of Transportation Company	Frequency of Purchase	Cost of one way leg or weekly/monthly pass	From (Station/Start point)	To (Station/End point)	Total Cost for Mode
RAIL	Metro	DAILY	2.75	Vienna	Pentagon	57.75
RAIL	Metro	DAILY	2.75	Pentagon	Vienna	57.75
COMMUTER RAIL	AMTRAK	MONTHLY	165.00	Fredericksburg	Pentagon	165.00
LOCAL BUS	Dash	DAILY	1.00	Pentagon	Ballston	21.00
Monthly Grand Total Mass Transportation Commuting Costs:						301.50

Applicant provided the following additional information:
 Test application; 2nd add. This is a re-certify app. Changed from Temp to Civilian Test to see if commuting days display a zero for this new application.

The applicant certifies that:

- I am employed by the US Department of Defense and am not named on a Federally subsidized workplace parking permit with DoD or any other Federal Agency. If applicable, I have relinquished my workplace parking permit to the issuing authority.
- My claim for benefits is as a Federal employee or military service member.
- I am eligible for a public transportation fare benefit, will use it only for my daily commute to and from work, will not transfer it to anyone else, and will not allow anyone else to use it.
- The monthly transportation benefit I am claiming does not exceed my monthly commuting costs.
- I will adjust the amount received based upon long term TDY or leave.
- Upon separation from DoD, I will return unused fare media to the MTB Office. If I have converted the fare media to another form of media, I will reimburse the DoD by check or money order payable to the U.S. Treasury.
- I will notify the MTB office of any changes in my status, i.e. home or work address, change in commuting pattern or change in organization even if within the DoD.
- I will NOT calculate parking costs.
- I am not a vanpool owner/driver of my own for profit vanpool. If I am a driver and receive a reduced fee, I will adjust my claim for benefits accordingly. If I am a driver and receive compensation, I may not participate in the program.
- The mode of transportation for which I am claiming the mass transportation benefit is a qualified means of transportation.

Application Certification: I certify that the information contained in this application is true and correct. I further acknowledge that any false statements or misrepresentations made by me for the purposes of my certification for this benefit may subject me to criminal, civil, or administrative penalties.

I agree.

Date Signed: 05/14/2012

< Previous Submit Application Not Accept >

Step 15: Review the information.

Then, click on the check box – “I agree” under the “Application Certification” statement, to indicate your agreement with this statement and the information on this page.

→ Then click on “Submit Application.”

→

Figure 29 - Application Review and Signature – Complete Screenshot

You may also choose to Not Accept your application submission (which will save all of your application entries, but not submit your application to the MTBP). To cancel your application submission, click on the “Not Accept” button.

Submit Application

After submitting your application, you will receive the following screen, which provides links to helpful mass transportation benefit sites.

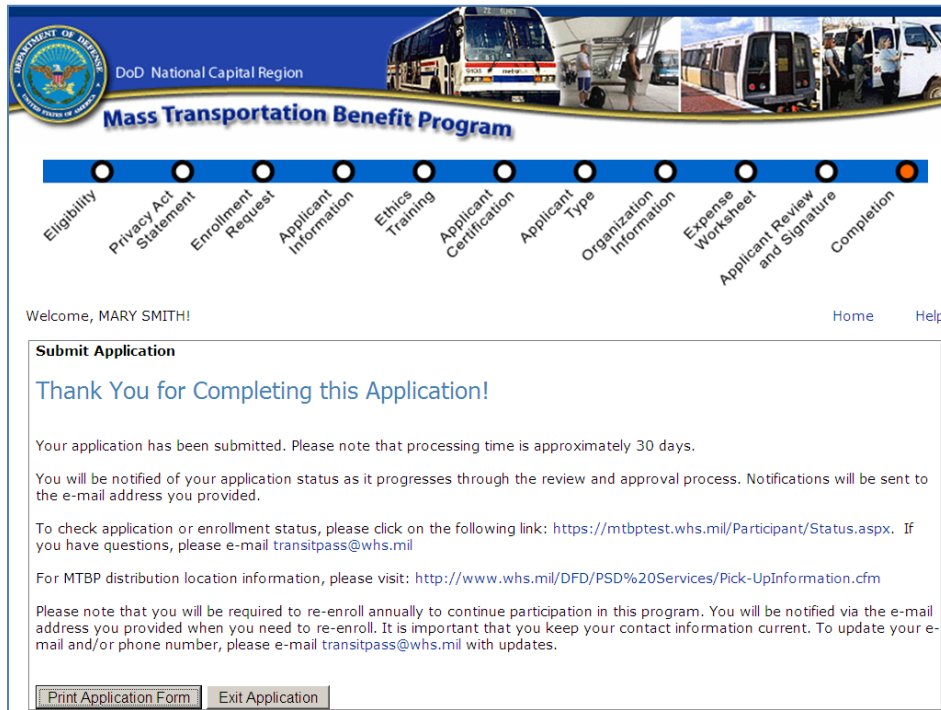


Figure 30 - Thank You for Completing this Application!

You can click on the “**Print Application Form**” button at the bottom left of the page, to generate a PDF of your application to retain for your records.

Click on the “**Exit Application**” button to exit the application and the MTBP system.

You will automatically receive program alerts. Program alerts are sent by the WHS MTBP Office, concerning program notices or updates.

Print Application Form

Step 16 - After clicking on “**Print Application Form,**” the application will display on the screen in pdf format. Then, select “**File**” and “**Print**” and select the name of your printer and select “**Ok.**” See application below.

Application

Applicant:
 Tracking Number: 36420767
 Application Type: CHANGE
 Last Name: SMITH
 First Name: MARY
 Middle Initial: M
 Last 4 Digits of your SSN: 5555
 SmarTrip® Card: 22233332123443214343

Home:
 Residence (City): CLIFTON
 State: VA
 9-Digit Zip Code: 20310-1155
 Days Commuted Monthly: 21
 Total Monthly Commuting Cost: \$301.50
 Time Reporting to Work: 6:00 AM
 Time Leaving from Work: 5:00 PM

Work:
 Duty Station: 1155 PENTAGON
 City: ARLINGTON
 9-Digit Zip Code: 20310-1155
 Work Telephone Number: 703-657-1234
 Work Email Address: mary.m.smith.ctr@whs.mil
 Organization: Office of the SecDef (Army)

Supervisor:
 Last Name: HEMMINGS
 First Name: CHRISTOPHER
 Work Telephone Number: 703-555-1777
 Work Email Address: craig.andren.ctr@whs.mil

Temp Dates:

Mode Of Transportation	Name of Company	Frequency of Purchase	Cost of one way leg or weekly/monthly pass	From (Station/Start point)	To (Station/End point)
RAIL	Metro	DAILY	\$2.75	Vienna	Pentagon
RAIL	Metro	DAILY	\$2.75	Pentagon	Vienna
COMMUTER RAIL	AMTRAK	MONTHLY	\$165.00	Fredericksburg	Pentagon
LOCAL BUS	Dash	DAILY	\$1.00	Pentagon	Ballston

Total Monthly Commuting Cost: \$301.50

Applicant provided the following Additional Information:
 Test application; 2nd add.
 This is a re-certify app.
 Changed from Temp to Civilian
 Test to see if commuting days display a zero for this new application.

The applicant certifies that:

- I am employed by the US Department of Defense and am not named on a Federally subsidized workplace parking permit with DoD or any other Federal Agency. If applicable, I have relinquished my workplace parking permit to the issuing authority.
- My claim for benefits is as a Federal employee or military service member.

DD2845

Figure 31 - Print Application – Page 1

- I am eligible for a public transportation fare benefit, will use it only for my daily commute to and from work, will not transfer it to anyone else, and will not allow anyone else to use it.
- The monthly transportation benefit I am claiming does not exceed my monthly commuting costs.
- I will adjust the amount received based upon long term TDY or leave.
- Upon separation from DoD, I will return unused fare media to the MTB Office. If I have converted the fare media to another form of media, I will reimburse the DoD by check or money order payable to the U.S. Treasury.
- I will notify the MTB office of any changes in my status, i.e. home or work address, change in commuting pattern or change in organization even if within the DoD.
- I will NOT calculate parking costs.
- I am not a vanpool owner/driver of my own for profit vanpool. If I am a driver and receive a reduced fee, I will adjust my claim for benefits accordingly. If I am a driver and receive compensation, I may not participate in the program.
- The mode of transportation for which I am claiming the mass transportation benefit is a qualified means of transportation.

Applicant Certification:

I certify that the information contained in this application is true and correct. I further acknowledge that any false statements or misrepresentations made by me for the purposes of my certification for this benefit may subject me to criminal, civil, or administrative penalties.

I agree.

Date Signed: 05/15/2012

Figure 32 - Print Application - Page 2

After you are done with the PDF form, close the PDF viewer. This will bring you back to the “**Application Completion**” page, where you can click on the “**Exit Application**” button to exit the MTBP system.

Confirmation of Browser Close

After clicking on “**Exit Application**” from either submitting an application or submitting a withdrawal you will receive the following prompt. Click on the “**Yes**” button to close the window.

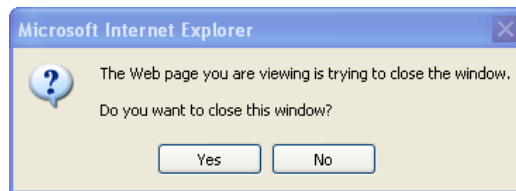


Figure 33 - Close Window Confirmation Pop-up Message

2.2 Application Review and Approval Process:

Application Processing

During the application process a check will be performed with the parking office to ensure the applicant does not have a parking permit. (See “ Parking Eligibility Check” Section for more information.) Once the applicant has submitted their application, the application will go through the “Review and Approval” process. These steps include routing the application to the below queues:

- Program Office Review and Release
- Supervisor Review and Approval
- Agency Mass Transit Reviewing Official Review and Approval
- And Successfully Updating the application information at WMATA

When an application is submitted to one of the above review queues: PO, Supervisor, AMTBRO, the system tracks when the application entered the queue and how long the application has been sitting in the queue.

Applicant Email Notification

When an application has been in a queue for the following number of days, the system will generate an email to the applicant to let them know how many days are left to process the application in a queue before the application will be closed by the system.

The Email Notifications are sent to the applicant on the following number of days: 7, 14, 21, 28, 35, 42 and 45. A sample of the email that is sent to the applicant when their application is in the “Supervisor Queue” is displayed below.

“Subject: MTBP Application still awaiting your supervisor's review
Attention MTBP Applicant,

The [insert type] application you submitted for Mass transportation benefits has been awaiting Supervisory review for [number of days] days. This application will be closed if it sits for more than 45 days in an application review queue.

Please contact your supervisor to review the application. An email was sent with instruction to [supervisor email] on [original notification date] . If your supervisor is unable to view your application, have them contact the Mass Transportation Benefit Program office at 571-256-0962.

This application is scheduled to be deleted on [insert 45th day date] if no action is taken.

MTBP Program Office
703-697-0532
transitpass@whs.mil”

Emails that are sent to the applicant when their application is in the other queues is similar to the above email.

Closed Applications

An application becomes a “Closed” application when it sits in a queue for more than forty-five (45) days or if a new application is submitted and completed, it will supersede any previous applications in the system and the previous applications will be “closed”. When an application is closed, the date that it is closed is captured and stored in the system. Closed applications cannot be edited or updated or resubmitted by the Program Office nor can closed applications be re-routed to the Agency Mass Transit Reviewing Official (AMTBRO).

Closed applications will be maintained in the system for three (3) years and then destroyed.

Denied Applications

For applications that have been reviewed and denied and are in a queue, the application can be resubmitted prior to the forty-five (45) deadline. Otherwise, after the forty-five (45) day deadline, a denied application will be closed. Closed applications cannot be resubmitted.

Started; but, Not Submitted Applications

If the applicant starts an application; but, never submits it within a forty-five (45) day timeframe, the system will delete the application and the applicant will have to resubmit the application.

If the applicant has previously completed application(s) in the system, the most recently completed application will become the current application for the applicant.

Re-certification Applications

It is required that the program participant resubmit an updated application annually to maintain their participation in the MTBP program. If the program participant submits an application (for example, a change application) within the sixty (60) day window prior to their annual recertification date, then the (change) application submitted can count towards their annual recertification. For questions regarding the re-certification process, contact the Program Office transitpass@whs.mil or by phone at 571-256-0962.

2.3 Other Application Related Items of Note:

Application Already In Process

The following screen displays **only if** you have already submitted an application and it is in the review process. The status of your application is provided to you, along with a history of the activity for your application.

If you choose to continue, click on the “**I acknowledgement**” checkbox. When you do so, the “**Next >**” button will appear. Click on “**Next >**”

Note: When you re-submit your application, the review approval process will begin again.

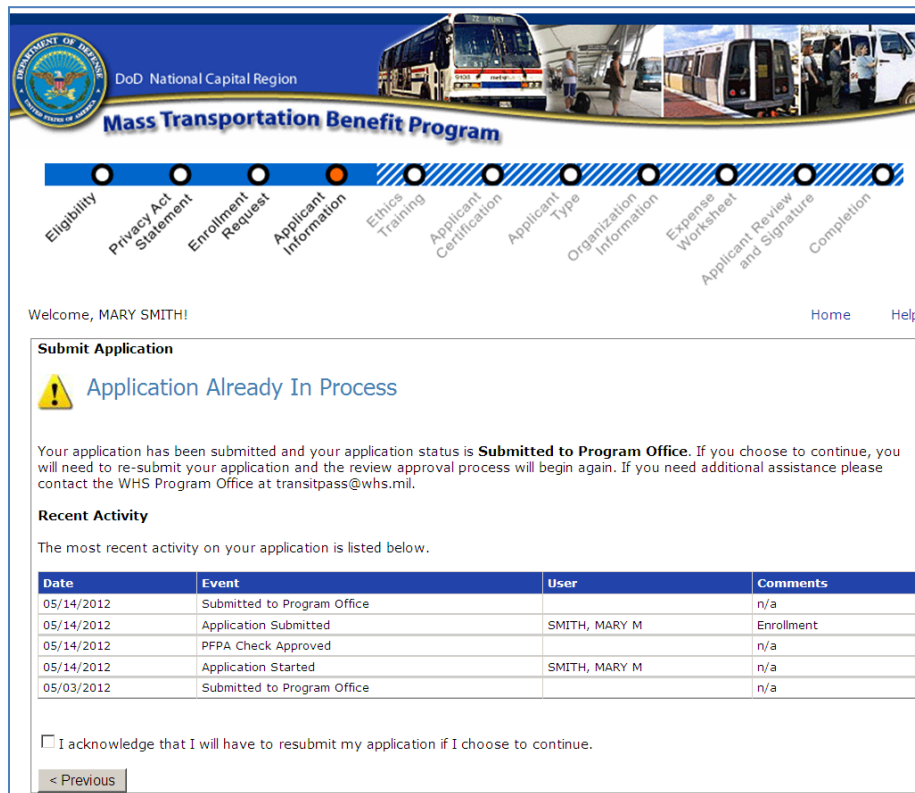
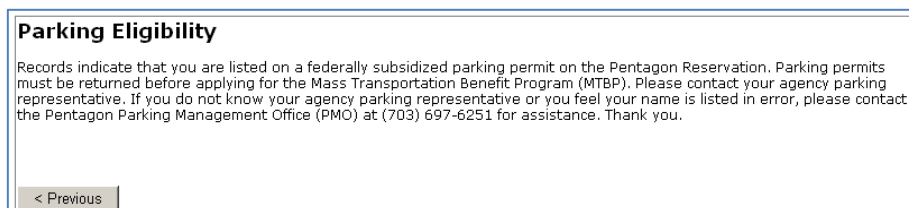


Figure 34 - Application Already in Process

Parking Eligibility Check

After you enter the last four (4) of your Social Security Number on the “**Applicant Information**” screen, the system will perform a parking eligibility check. The following are the possible outcomes of the Parking Eligibility Check:

- 1) **Eligible:** If you are eligible for mass transportation benefits, you will not receive a Parking Eligibility statement; you will be directed to the Application Information (con’t) screen, to enter your MTBP application information.
- 2) **Ineligible:** If you are ineligible, you will receive the following message.



After reading this message, close your browser window, you will not be able to apply for the MTBP. Follow the instructions detailed in this message and contact your agency parking representative or the Pentagon Parking Management Office (PMO), if necessary.

- 3) Exception: If you receive the following message, it means that you may be listed on a parking permit, which may not allow you to receive mass transportation benefits. The PFPA Parking Office will review your application and determine if you are eligible for the MTBP.

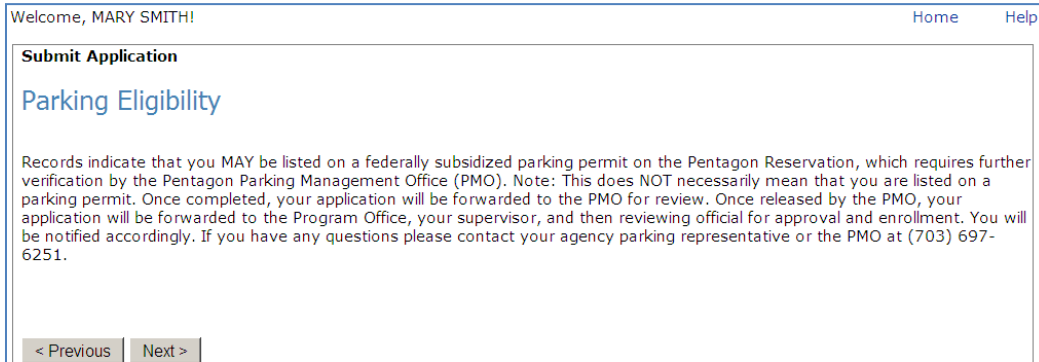


Figure 35 - Parking Eligibility Message

Click on the “**Next >**” button on the bottom left of the page. You will proceed with your MTBP application. After your application is submitted, the PFPA Parking Office will review your application and determine your eligibility for mass transportation benefits. If you are approved, your application will be submitted to your supervisor for review and then to your Agency Mass Transportation Benefit Reviewing Official (AMTBRO).

On the **Applicant Information (cont.)** screen, complete your **Home, Work and Supervisor** information. See the below screenshot. **Please note** that you must provide your supervisor’s correct information, as your completed application will be sent to him/her automatically for review and confirmation and it will be sent to the email address you provide. Be sure to provide information for all fields so your application can be processed in an expedient manner.

After you click on the “**Next >**” button, at the bottom left of the screen, if any required fields are blank or they do not follow the field formatting, they will be marked with a red asterisk (*) and you will see a pop-up window saying which additional fields you must complete to move to the next step. Enter values in all fields. If applicable, the correct format will be detailed to the right of the asterisk.

When all fields are completed, then click on the “**Next >**” button. A “**Previous**” button is noted; if you wish to return to the previous page.

SmarTrip Card Already Been Linked

After clicking “**Next>**” at the bottom of the worksheet page, the SmarTrip card number entry page will display.

Note: If you already have an application in the system with a linked card and you enter a new application into the system, the following page will display and ask you if you want to link a new card. If you need to link a new ST Card, click on the “**Yes**” radio button. Otherwise, click on the “**No**” radio button and then click on “**Next>**” button.

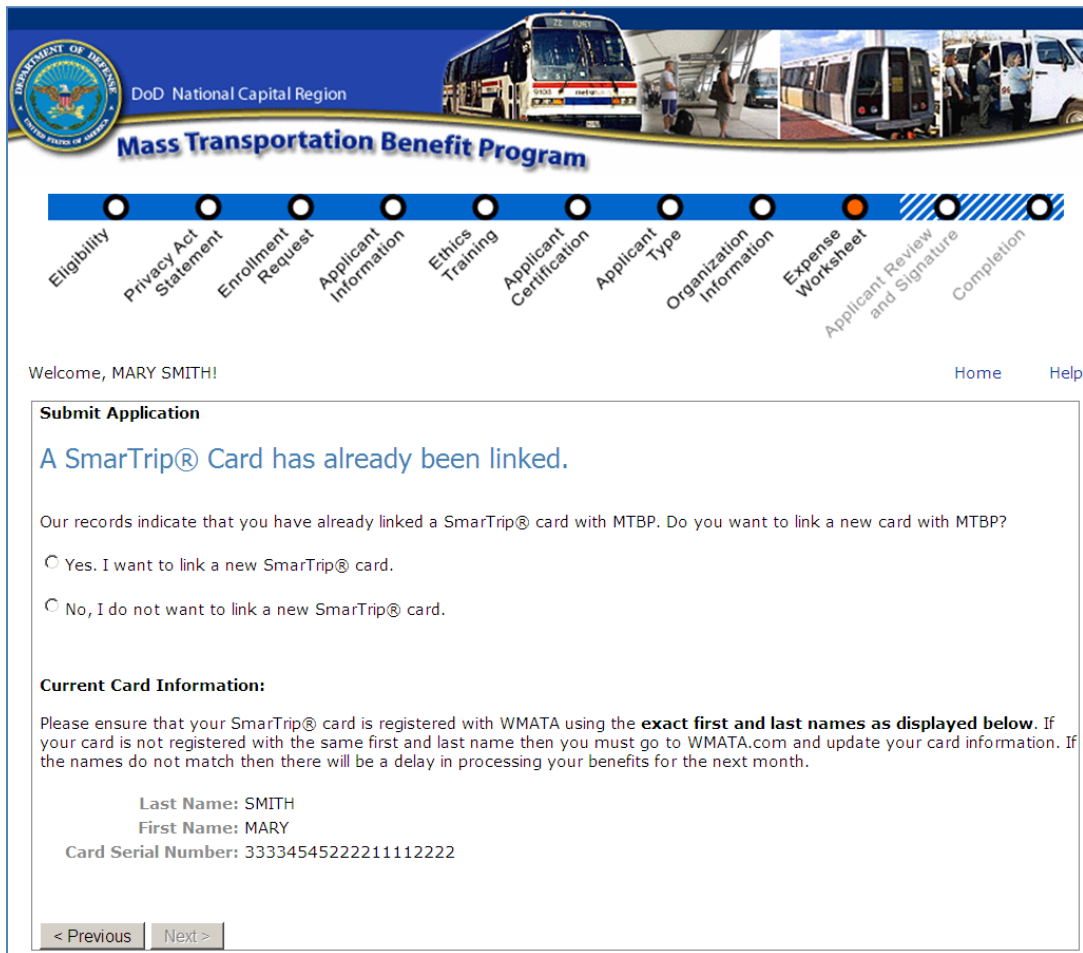


Figure 36 - SmarTrip Card Has Already Been Linked Message

If you selected “Yes” to link a new ST card, click on the appropriate card type based on your card, either 1, 2, 3, or 4. Most new cards fall into the #4 category.

Withdrawing Application

At the MTBP Welcome screen, click on the “**Submit Application**” button and click “**Next>**” button through the “**Eligibility**” screens until you get to the “**Action Request**” screen.

Select “Withdraw” on the “Action Request” screen and click the “Next” button.

Action Request

Are you (choose one):

Enrolling?

Withdrawing?

Recertifying?

Making a change?

Click on the “Next>” button and the following screen will display.

DoD National Capital Region

Mass Transportation Benefit Program

Eligibility
Privacy Act Statement
Enrollment Request
Applicant Information
Ethics Training
Applicant Certification
Applicant Type
Organization Information
Expense Worksheet
Applicant Review and Signature
Completion

Applicant Information Help

The last name, first name, and middle initial shown below are obtained from your Common Access Card (CAC). Information provided will be used to verify that you are not named on a federally subsidized parking permit on the Pentagon Reservation. Participants are not permitted to have both parking privileges and the Mass Transportation benefit. Parking at local installations will be checked by Agency/Component Reviewing Officials.

Last Name:	SMITH
First Name:	MARY
Middle Initial:	M
Last 4 Digits of your SSN:	<input style="width: 100%;" type="text"/>

DD2845

Figure 37 – Withdraw Applicant Information Screen

The participant will type in the last four digits of their social security number (SSN) and click “Next>.”

The “Applicant Information (cont.)” page will display and the participant needs to type their email address into the “Confirm Email Address” field, enter the effective date of their withdrawal in to the “Effective Date” field, enter any additional information into the “Additional Information” (comment) field, and click “Next>.”

DoD National Capital Region
Mass Transportation Benefit Program

Eligibility Privacy Act Statement Enrollment Request **Applicant Information** Ethics Training Applicant Certification Applicant Type Organization Information Expense Worksheet Applicant Review and Signature Completion

Welcome, MARY SMITH! [Home](#) [Help](#)

Submit Application

Applicant Information (cont.)

Please enter a valid telephone number and email address where you can be reached if there are any questions or issues with your Withdrawal application. Also, please specify the date when this withdrawal should be effective.

All fields are required

Contact Information:

Work Telephone Number: (enter as ten digits, xxx-xxx-xxxx, include area code)

Work Telephone Extension: (optional)

Work Email Address: (Unclass only) (email address must be a .gov, .mil, .edu, or .org address. If you do not have an e-mail address with a .gov, .mil, .edu, or .org, please use that of your supervisor. Once you are assigned an e-mail address with a .gov, .mil, .edu, or .org, please e-mail transitpass@whs.mil with the new address)

Confirm Email Address: (address)

Effective Date of Withdrawal:
 Please enter the effective date for this withdrawal. Please type the date using the format 'mm/dd/yyyy'.

Effective Date:

Additional Information:
 Please provide any additional information in the box below.

Figure 38 – Withdraw Applicant Information (cont.) Screen

Ensure the correct “**Applicant Type**” is selected (either “**Civilian, Military, Non-Appropriated Funds (NAF), Active Reservist (30 Consecutive days or more, or Paid Temporary Hire/Intern**” and click “**Next>**.” See following screen.

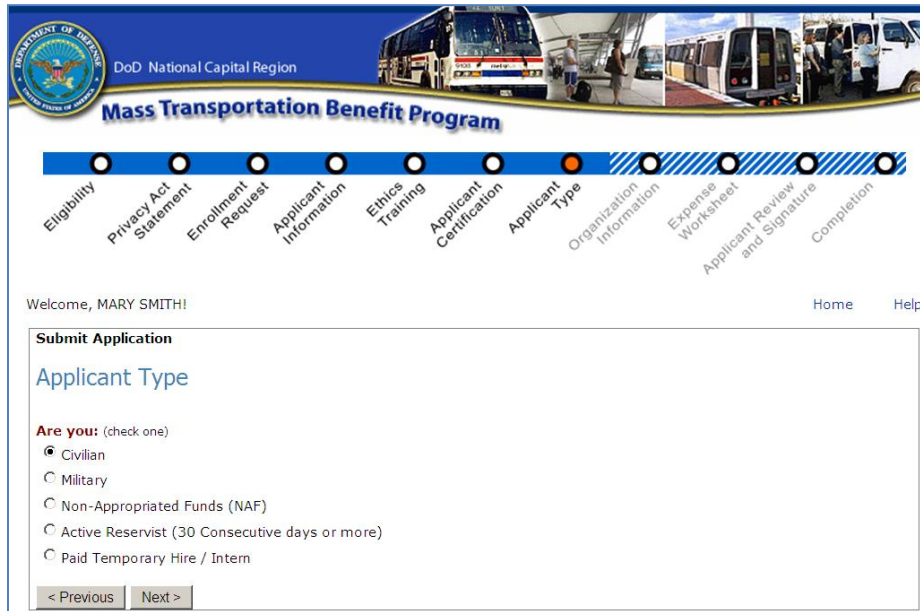


Figure 39 - Withdraw Applicant Type Screen 1

The following “**Applicant Type**” screen will display after the “**Next>**” button is clicked in the above screen. Click on the desired applicant service type. For example, either “**Air Force, Army, Navy, Marine Corps, or Department of Defense.**” Then click on “**Next>**.”

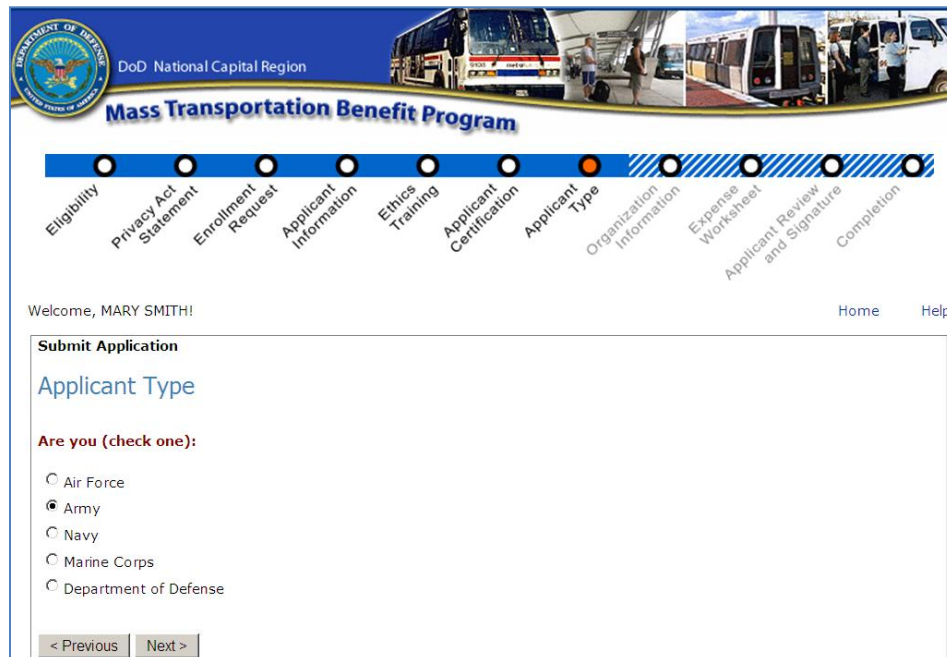


Figure 40 - Withdraw Applicant Type Screen 2

The “**Organization Information**” page will display. Ensure the correct “**Organization Code**” is selected and click on “**Next>**.”

The screenshot displays the 'Mass Transportation Benefit Program' application interface for the DoD National Capital Region. At the top, there is a navigation bar with the Department of Defense logo and the text 'DoD National Capital Region'. Below this is a banner image showing a bus and a van. The main title 'Mass Transportation Benefit Program' is prominently displayed. A progress bar below the title consists of 12 steps: Eligibility, Privacy Act Statement, Enrollment Request, Applicant Information, Ethics Training, Applicant Certification, Applicant Type, Organization Information, Expense Worksheet, Applicant Review and Signature, and Completion. The 'Organization Information' step is currently active, indicated by a blue highlight and a blue hatched background. Below the progress bar, the 'Organization Information' section is visible, featuring a dropdown menu for 'Organization Code' with the selected value 'HQ 27 - Headquarters, Marine Corps'. There are also '< Previous' and 'Next >' navigation buttons. A 'Help' link is located in the top right corner of the form area.

Figure 41 - Withdraw Organization Information

The “Applicant Review and Signature” page will display. See the following screenshot.

DoD National Capital Region
Mass Transportation Benefit Program

Eligibility Privacy Act Statement Enrollment Request Applicant Information Ethics Training Applicant Certification Applicant Type Organization Information Expense Worksheet Applicant Review and Signature Completion

Welcome, MARY SMITH! [Home](#) [Help](#)

Submit Application

Applicant Review and Signature

! Please note, your application has not been submitted.

Please review your information, and click the **Submit Application** button at the bottom of the page to submit your application for processing. You will be able to print a copy for your records after submission.

Applicant:
Tracking Number: 36420767
Application Type: WITHDRAWAL
Entry Type: ENTERED BY APPLICANT
Last Name: SMITH
First Name: MARY
Middle Initial: M
Last 4 Digits of SSN: 5555
SmarTrip Serial Number: 22233332123443214343
User-Defined Key: 75676-DB698004231B

Work and Contact:
Work Telephone Number: 703-657-1234
Work E-Mail Address: mary.m.smith.ctr@whs.mil
Organization: OSD (ARMY) - OSD (ARMY) - OFFICE OF THE SECDEF (ARMY)
Applicant Type: CIVILIAN
Military Member Type: N/A

Additional Information:
Effective Date of Withdrawal: 05/15/2012

Comments:
 Test application; 2nd add. This is a re-certify app. Changed from Temp to Civilian Test to see if commuting days display a zero for this new application.

Application Certification: I certify that the information contained in this application is true and correct. I further acknowledge that any false statements or misrepresentations made by me for the purposes of my certification for this benefit may subject me to criminal, civil, or administrative penalties.

I agree.

Date Signed: 05/15/2012

< Previous Submit Application Not Accept

Figure 42 - Withdraw Applicant Review and Signature

Check the withdrawal information for accuracy and ensure the “**Effective Data of Withdrawal**” is correct, and click on the “**I Agree**” box and click on “**Submit Application**” at the bottom of the screen.

If you submit your application for withdrawal, you will receive the following page, which provides information on returning unused fare media.

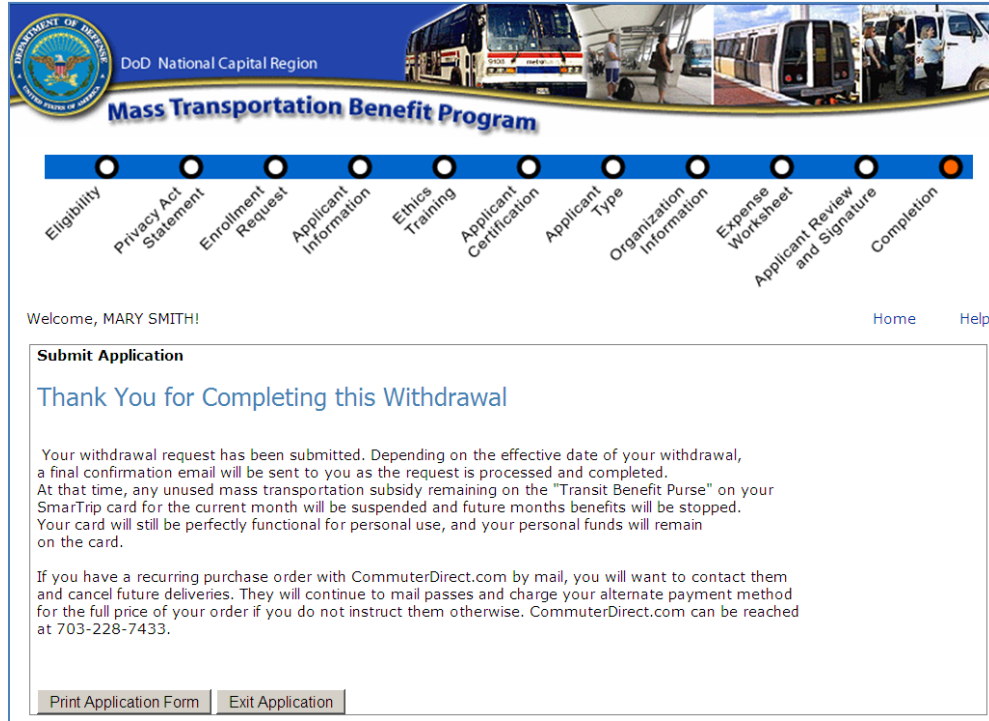


Figure 43 - Thank You for Completing this Withdrawal

To exit, click on “**Exit Application**” and you will receive the following prompt.

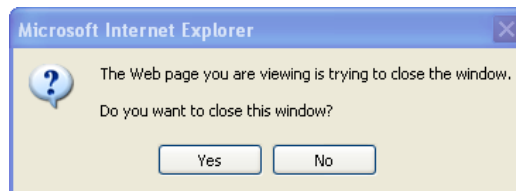


Figure 44 - Close Window Confirmation Pop-up Message

Click on the “**Yes**” button to close the window.

Note: When a withdrawal is submitted by the applicant, the withdrawal is routed to the Program Office Review Queue for review and approval. If the withdrawal is approved by the Program Office, then the withdrawal application is “closed” and the date/time of closure is captured in the system. If the PO disapproves a withdrawal, the applicant stays “active” in the system until the withdrawal is approved.

3. Check Enrollment Status

3.1 Welcome Screen

The MTBP Welcome screen has an option for checking your enrollment status as it moves through the MTBP system and is processed. To check on your enrollment, click on the “**Sign-in to MTBP**” button at the bottom of the Welcome screen.



Sign-in to MTBP Button →

Figure 45 – Sign-in to MTBP Button

After you click on the “**Sign-in to MTBP**” button, if the system finds your record via your CAC information, then the “**Enrollment Status**” page is displayed.

Please note that the **Recertify Date** is displayed on the screen.

→ You will need to recertify your benefit application in the MTBP system prior to this date in the following year. If you have questions regarding this.

DoD National Capital Region
Mass Transportation Benefit Program

Welcome, MARY SMITH! [Help](#)

Enrollment Status

Name: SMITH, MARY M
 Enrollment Status: Enrolled
 Last Action: NA
 Recertify Date: 04/10/2013

Program Alert Notification

You are currently subscribed to MTBP Program Alerts.

[Unsubscribe](#)

SmarTrip® Information

SmartBenefits® Status: Enrolled
 SmarTrip® Serial Number: 22233332123443214343

[Link SmarTrip® Card](#)

Current Application

Submit Date	Application Type	Status Date	Status	Org. Code	Actions
05/15/2012	WITHDRAWAL	05/15/2012	Submitted to Program Office	OSD (Army)	View PDF

Submit an Application

You can submit an application to re-enroll, recertify, change your information, or withdraw from the Program. It will take approximately 20-30 minutes to complete the application.

[Begin Application](#)

Current Claims

Month	Commuting Days	Amount	Status Date	Status	Actions
June 2012	22	125.00	05/03/2012	Submitted	View PDF

[Submit a Claim](#)

Figure 46 - Enrollment Status Page

3.2 Enrollment Not Found

If your enrollment status cannot be determined using your CAC, you will be prompted to enter the last four (4) of your social security number (SSN) for the system to locate your application. See the following screenshot for the prompt that will be displayed. After entering your last four (4) SSN#, click on the “Check Status” button.

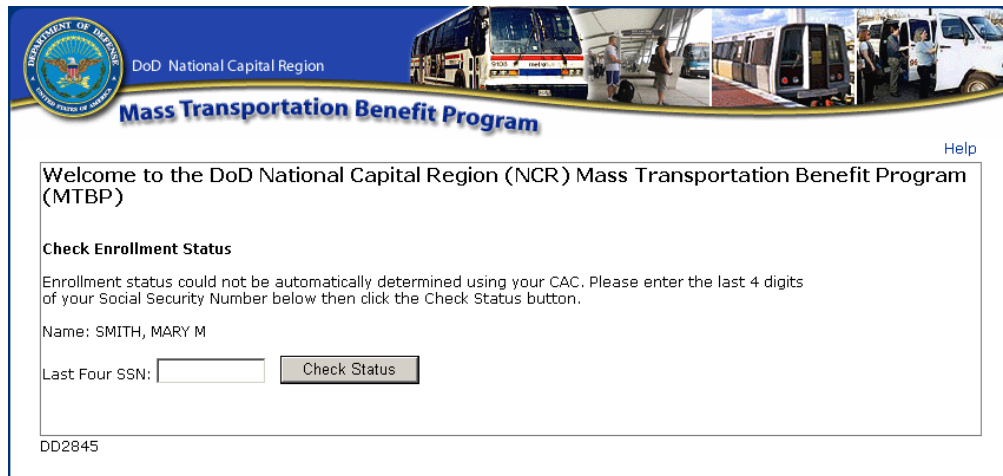


Figure 47 - Enrollment Status SSN# Prompt

Please make sure that you have typed in the correct last four (4) of your SSN# into the “**Last Four SSN**” field. If the system still can’t find your record after entering the last four (4) of your SSN#, the participant will see the below screen.



Figure 48 - No SSN# or CAC Found Screen

If the last four (4) of your SSN# is correct, please contact the MTBP Program Office for assistance.

3.3 Enrollment Found

If you have enrolled in the Mass Transportation Benefit Program, your status will show that you are enrolled.

If you have started your application but, have not completed your enrollment, you will see the below screen which will include a “Begin Application” button so, you can go through the application process and complete your enrollment.

The screenshot shows the 'Mass Transportation Benefit Program' interface for the DoD National Capital Region. It includes a header with the program name and a 'Help' link. The main content area is titled 'Welcome to the DoD National Capital Region (NCR) Mass Transportation Benefit Program (MTBP)'. Below this, there are sections for 'Enrollment Status', 'Program Alert Notification', 'Last Submitted Application', and 'Submit an Application'. A red arrow points to the 'Enrollment Status' section, which displays the following information:

Enrollment Status

Name: SMITH, MARY M
 Enrollment Status: Enrolled
 Last Action: Changed
 Recertify Date: 12/13/2011

Program Alert Notification

You are **not subscribed** to MTBP Program Alerts.

Last Submitted Application

Click on the Help link located on the top right hand section of this screen, for explanation of your application status.

Application Type	Submit Date	Status Date	Status	Org. Code	Actions
CHANGE	12/15/2010	12/15/2010	Submitted to Program Office	HQ 27	View PDF

Submit an Application

You can submit an application to re-enroll, recertify, change your information, or withdraw from the Program. It will take approximately 20-30 minutes to complete the application.

Figure 49 - Enrollment Status Screen

If you believe the status shown is in error, please contact the Mass Transportation Benefit Program Office at transitpass@whs.mil or at 571-256-0962.

4. Claim Module

Since October 1, 2011, Mass Transportation Benefit Program recipients have the requirement to submit a monthly claim in order to receive benefits for the next month. To submit a claim, the participant will click on the “Submit a Claim” button on the **MTBP Welcome** page.



Figure 50 - MTBP Homepage - Submit a Claim

The following Program Eligibility page will display when the “Submit a Claim” button is depressed.

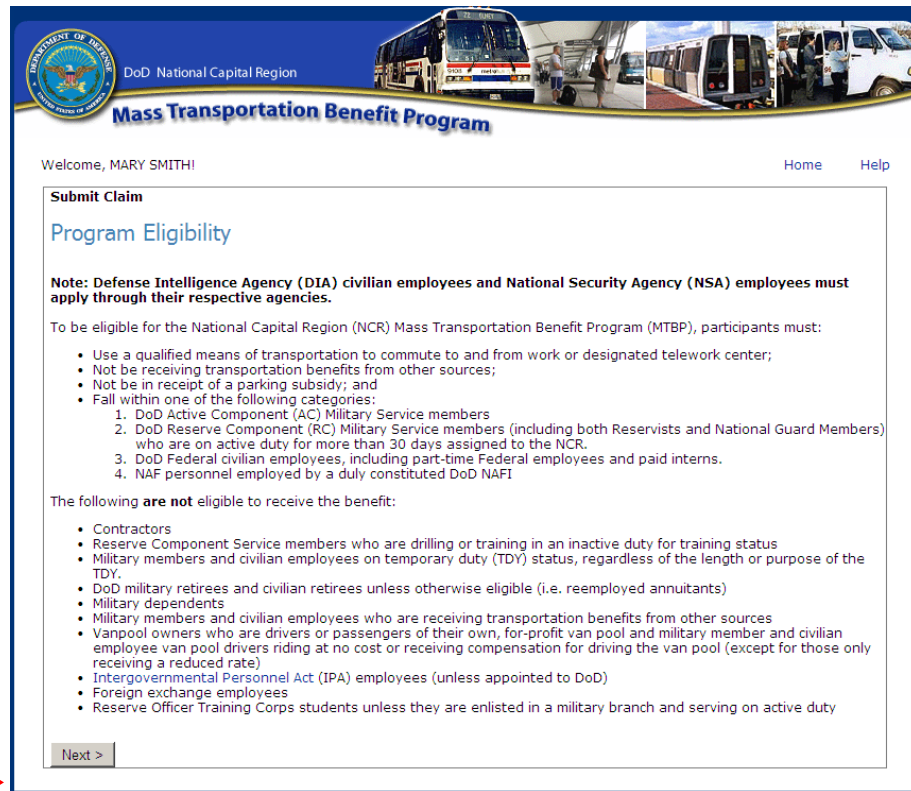


Figure 51 - Submit Claim Program Eligibility Page

The participant should review the **Program Eligibility** page and then click on the “Next>” button. The **Privacy Act Statement** page will display. The participant should review this page and then click the “Next>” button.



Figure 52 - Submit Claim Privacy Act Statement

The participant should read the “**Claim Eligibility Requirements**” page and then click on the “**Next>**” page button. The text highlighted in blue is a link to the document referenced. The participant can click on the link, view the reference document and then exit out of the pop-up page back to the “**Claim Eligibility Requirements**” page.



Figure 53 - Submit Claim - Claim Eligibility Requirements

After reading the “**Claim Eligibility Requirements**” page, the participant should click on the “**Next>**” button. The following “**Checking eligibility...**” page will display while the system performs an eligibility check.

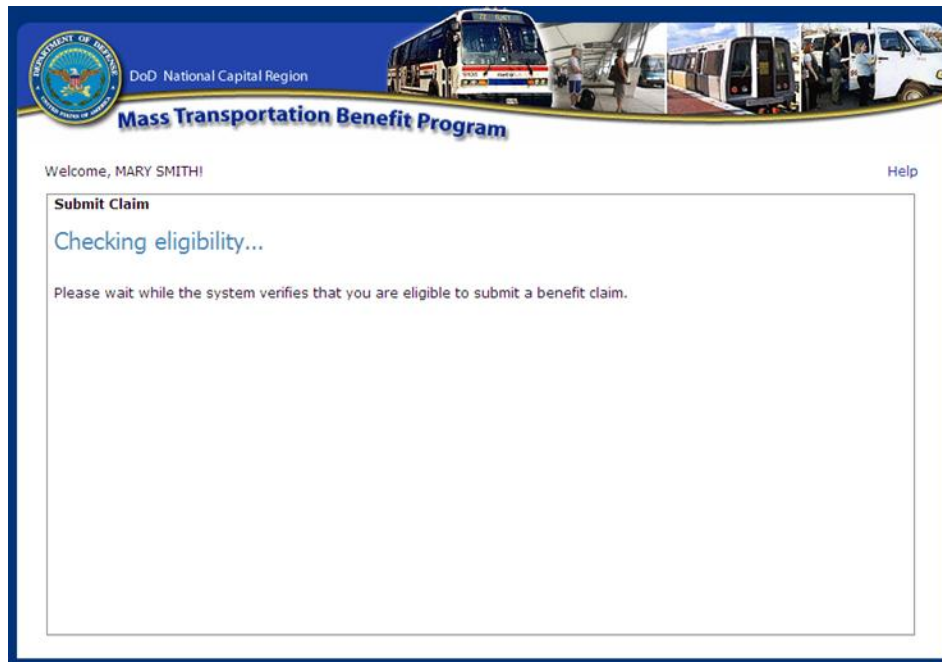


Figure 54 - Submit Claim - Checking eligibility page

If the system determines that the participant is eligible to submit a claim, the following page will display and the participant can select for which month they want to submit a claim. Claims have to be submitted in a month prior to the benefit period. The claim time period is from the 1st day of the month through the 15th day of the month. For example, if the participant goes into the system between June 1 and June 15, this claim applies to the benefit distributed during the month of July. Otherwise, the participant can submit a claim for the second month from the current month if they will not have access to the system during the second claim period. In the example below, the claim would be submitted in July 2012 for the second benefit month which would be the month of August 2012.

DEPARTMENT OF DEFENSE
UNITED STATES OF AMERICA

DoD National Capital Region

Mass Transportation Benefit Program

Welcome, MARY SMITH! [Home](#) [Help](#)

Submit Claim

Select the month you are claiming for

Claims for the month of **June 2012** are currently being accepted. If you will not have access to a DoD CAC-enabled system during the next claim period in order to submit a claim for **July 2012**, you may submit a claim for July 2012 now.

Please select the month for which you wish to submit a claim:

June 2012 - Claims not accepted after May 15 2012

July 2012 - Claims not accepted after June 15 2012

[< Previous](#)

Figure 55 - Submit Claim - Select the month you are claiming for page

When the participant makes a month selection by clicking on the radio button for the month desired, the “Next>” button will display at the bottom of the screen.

When the participant selects the “Next>” button, the following “Claim Certification” page with the first claim certification statement will display. The certifications will display one certification statement at a time so the participant can read the statement and then click on the radio button to the left so, the next certification statement displays. When all certifications have displayed, been read and the radio button clicked, the “Next>” button will display at the bottom of the screen for the participant to click on it to display the next screen.

DoD National Capital Region
Mass Transportation Benefit Program

Welcome, MARY SMITH! [Home](#) [Help](#)

Submit Claim

Claim Certifications

WARNING: This Certification concerns a matter within the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to a criminal prosecution under Title 18, United States Code, Section 1001, Civil Penalty Action, providing for administrative recoveries of up to \$10,000 per violation, agency disciplinary actions up to and including dismissal, and/or administrative or punitive disciplinary action under the Uniform Code of Military Justice (where applicable). Substantiated violations of any of these certifications may impact an employee's security clearance status. Information provided on this form may be audited.

MANDATORY: Read each statement and check the accompanying box to certify.

I certify that I understand that:

- I am employed by the US Department of Defense and am not named on a Federally subsidized workplace parking permit with DoD or any other Federal Agency. If applicable, I have relinquished my workplace parking permit to the issuing authority.
- My claim for benefits is as a Federal employee or military service member.
- I am eligible for a public transportation fare benefit, will use it only for my daily commute to and from work, will not transfer it to anyone else, and will not allow anyone else to use it.
- The monthly transportation benefit I am claiming does not exceed my monthly commuting costs.
- I will adjust the amount received based upon long term TDY or leave.
- Upon separation from DoD, I will return unused fare media to the MTB Office. If I have converted the fare media to another form of media, I will reimburse the DoD by check or money order payable to the U.S. Treasury.
- I will notify the MTB office of any changes in my status, i.e. home or work address, change in commuting pattern or change in organization even if within the DoD.
- I will NOT calculate parking costs.
- I am not a vanpool owner/driver of my own for profit vanpool. If I am a driver and receive a reduced fee, I will adjust my claim for benefits accordingly. If I am a driver and receive compensation, I may not participate in the program.
- The mode of transportation for which I am claiming the mass transportation benefit is a qualified means of transportation.

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Figure 56 - Submit Claim - Claim Certifications

The **Enter claim amount for July 2012** or appropriate month's name will display. The upper part of the screen will display the application information that the user has been approved for and is captured in their most recently approved application. The second section of the screen prompts the participant to enter the number of days and benefit amount that they are claiming for the next month. The participant should complete this part following the prompts on the screen. If the participant needs to reference their worksheet or their application, they can click on the **blue** links and access the noted reference information.

Once the participant has entered in their **planned number of days to commute** and the **benefit amount**, they will need to **read the certification statement** at the bottom of the screen, click on the **“I agree”** box and then click on **“Submit Claim”** button.

Sample data has been provided in the following screenshot.

DoD National Capital Region
Mass Transportation Benefit Program

Welcome, MARY SMITH! Help

Submit Claim

Enter claim amount for June 2012

Please enter the number of days you plan to commute and the benefit amount you are claiming for.

Your Information:

- You are currently enrolled for the following number of estimated commuting days per month: **23 days**
Note: The above benefit amount is based on your current completely processed application. If you have submitted a change application, it will not reflect in the above benefit amount until that application is fully processed.
- You are currently approved for a **maximum** benefit amount of: **\$125**
Reminder: Please do not include AWS/Telecommuting/Teleworking days in the actual commuting days per month calculation. Please also do not include days for which you are on leave/TDY/TAD.

Submitting Your Claim:

- Please enter the number of days that you plan to commute in June 2012:
- Please enter your benefit claim amount for the month of June 2012: \$
- Please click [here](#) to view your MTBP application and expense worksheet.

Applicant Certification:

I certify that the information contained in this claim is true and correct. I further acknowledge that any false statements or misrepresentations made by me for the purposes of my certification for this benefit may subject me to criminal, civil, or administrative penalties.

I agree.

Date Signed: 05/15/2012

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Figure 57 - Submit Claim - Enter claim amount for July 2011

Once the participant has selected the “Submit Claim” button, the following page will display.

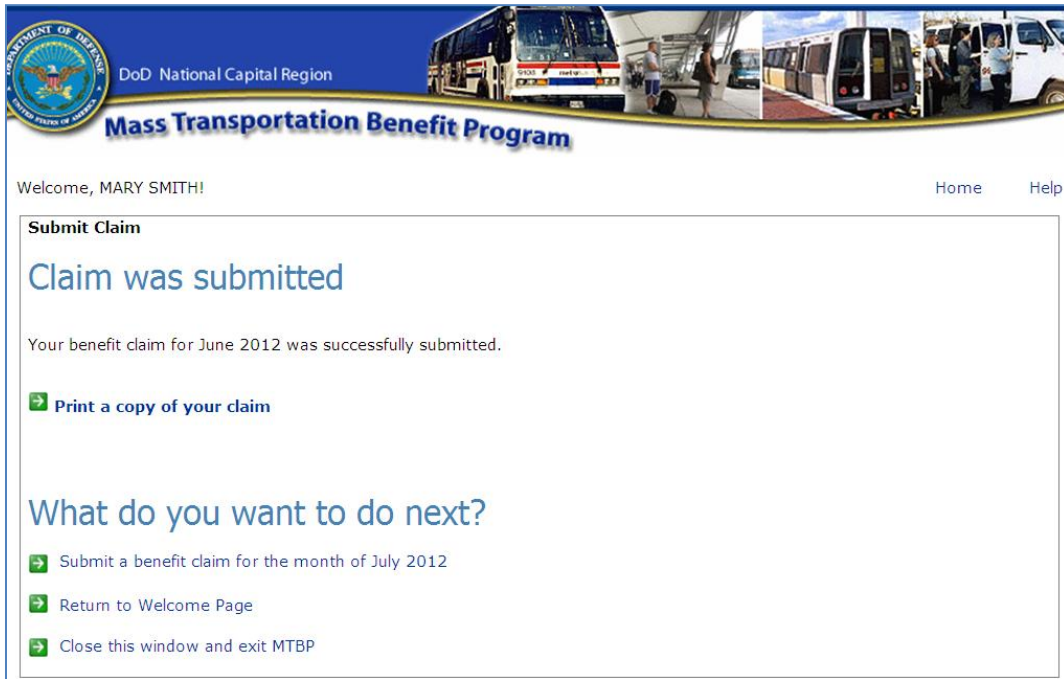


Figure 58 - Submit Claim - Claim was submitted page

The participant can print a copy of their claim or perform the other actions noted on the page. For example, submit a claim for the following month or return to the welcome page or close the window and exit MTBP.

If the participant selects **Print a copy of your claim**, the following page will display.

DoD National Capital Region
Mass Transportation Benefit Program

Monthly Benefit Claim

Claim Month:	June 2012
Name:	SMITH, MARY M
Days Planned to Commute:	21
Amount:	\$ 120.50
Submit Date:	05/15/2012
Status:	Submitted

The participant certifies that:

- I am employed by the US Department of Defense and am not named on a Federally subsidized workplace parking permit with DoD or any other Federal Agency. If applicable, I have relinquished my workplace parking permit to the issuing authority.
- My claim for benefits is as a Federal employee or military service member.
- I am eligible for a public transportation fare benefit, will use it only for my daily commute to and from work, will not transfer it to anyone else, and will not allow anyone else to use it.
- The monthly transportation benefit I am claiming does not exceed my monthly commuting costs.
- I will adjust the amount received based upon long term TDY or leave.
- Upon separation from DoD, I will return unused fare media to the MTB Office. If I have converted the fare media to another form of media, I will reimburse the DoD by check or money order payable to the U.S. Treasury.
- I will notify the MTB office of any changes in my status, i.e. home or work address, change in commuting pattern or change in organization even if within the DoD.
- I will NOT calculate parking costs.
- I am not a vanpool owner/driver of my own for profit vanpool. If I am a driver and receive a reduced fee, I will adjust my claim for benefits accordingly. If I am a driver and receive compensation, I may not participate in the program.
- The mode of transportation for which I am claiming the mass transportation benefit is a qualified means of transportation.


Applicant Certification:
 I certify that the information contained in this application is true and correct. I further acknowledge that any false statements or misrepresentations made by me for the purposes of my certification for this benefit may subject me to criminal, civil, or administrative penalties.

I agree.

Date Signed: 05/15/2012

Figure 59 - Monthly Benefit Claim

If the participant selects:

 [Submit a benefit claim for the month of July 2012](#)

The system will return the participant to the below page and they can submit a claim for a second consecutive month moving through the claim's process to submission. However, they have to certify that they will not have access to a DoD CAC-enabled system during the next claim period

DEPARTMENT OF DEFENSE
UNITED STATES OF AMERICA

DoD National Capital Region

Mass Transportation Benefit Program

Welcome, MARY SMITH! [Home](#) [Help](#)

Submit Claim

Select the month you are claiming for

Claims for the month of **June 2012** are currently being accepted. If you will not have access to a DoD CAC-enabled system during the next claim period in order to submit a claim for **July 2012**, you may submit a claim for July 2012 now.

Please select the month for which you wish to submit a claim:

June 2012 - Claims not accepted after May 15 2012

July 2012 - Claims not accepted after June 15 2012

I certify that I will not have access to a DoD CAC-enabled system during the next claim period. For this reason, I need to submit my claim for July 2012 now.

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Figure 60 - Submit Claim - Select the month you are claiming for

After a claim has been successfully submitted and processed, the program participant will receive an email to confirm this. See the following email example.

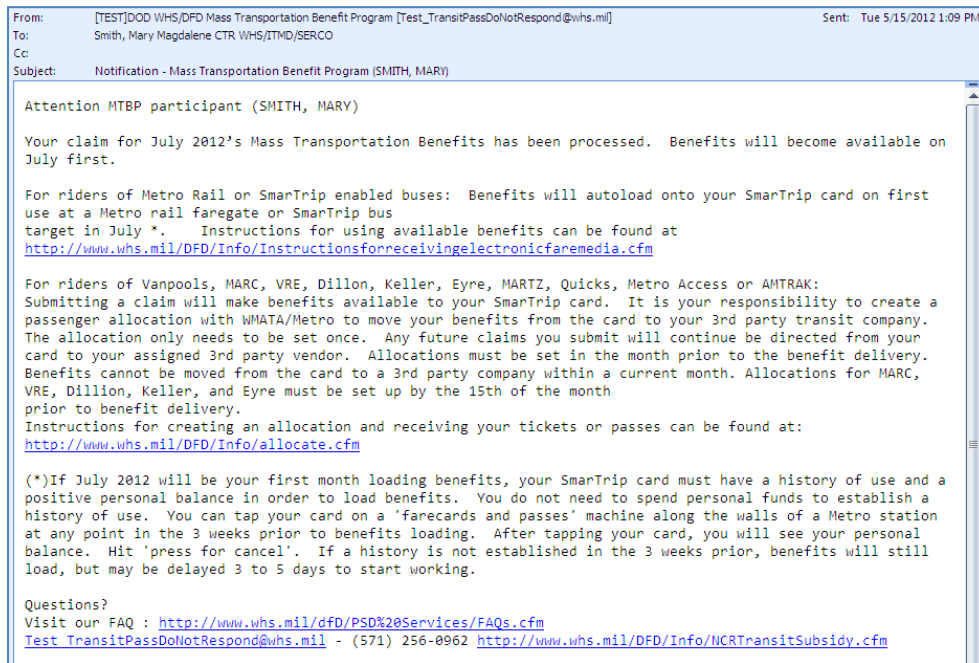


Figure 61 - Claim Confirmation Email to Recipient

5. Unsubscribe from Program Alerts

Program Alerts are sent to inform program participants of changes that relate to the program. By default when you become a program participant, you are “**Subscribed**” to Program Alerts. To unsubscribe from program alerts, the user can use the “**Unsubscribe**” button on the “**Check Enrollment Status**” page. This page is accessible by clicking on the “**Check Enrollment Status**” button on the “**MTBP Welcome Page**”.

Applicants can go to the “**MTBP Welcome Page**,” click on the “**Check Enrollment Status**” button and the “**Subscribe/Unsubscribe**” button will appear on the screen. If you are currently unsubscribed, a “**Subscribe**” button will display. If you are currently “**Subscribed**,” then an “**Unsubscribe**” button will display. The button toggles back and forth.

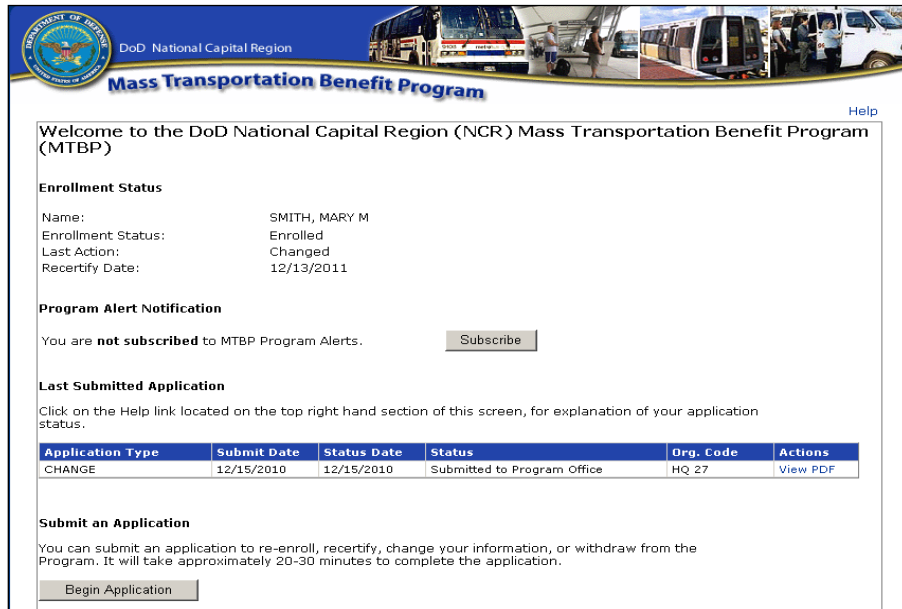


Figure 62 - Check Enrollment Status Screen - Subscribe/Unsubscribe Button

5.1 Unsubscribe Via Program Alert Email Link

Program enrollees can unsubscribe from MTPB **Program Alerts** by clicking on the unsubscribe link located at the bottom of any program alert email. See screen display below:

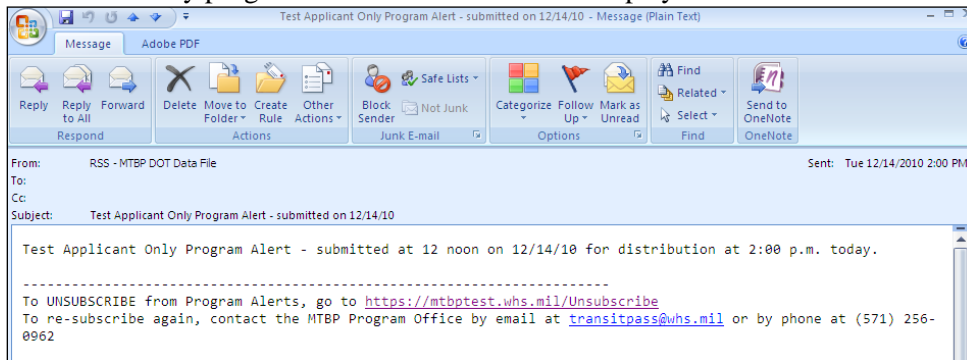


Figure 63 - Unsubscribe Using the Program Alert Unsubscribe Email Link

When the user clicks on the <https://mtbp.whs.mil/Unsubscribe> link, the following **Unsubscribe from Program Alerts** screen will display:

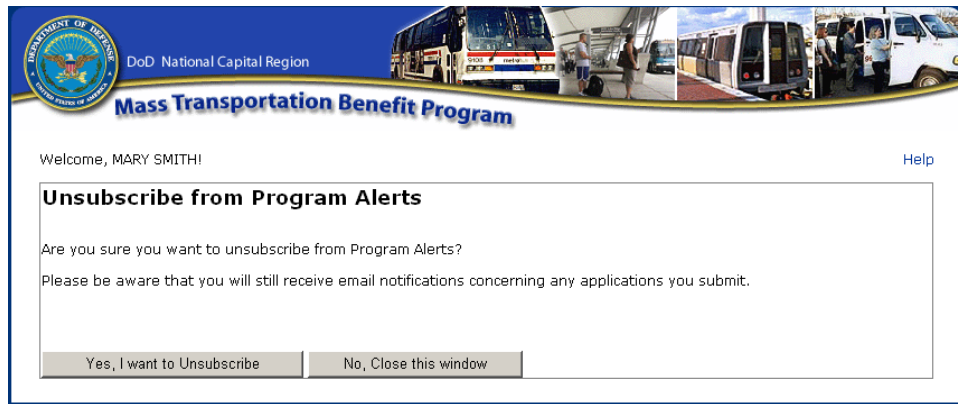


Figure 64 - Unsubscribe from Program Alert Email Link

The participant clicks on the “**Yes, I want to Unsubscribe**” button and the following message displays.

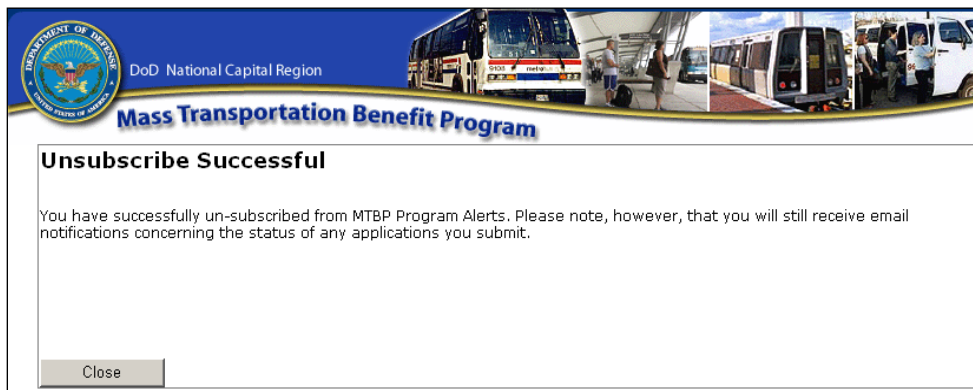


Figure 65 - Unsubscribe Successful Message

Otherwise, the participant can click on, “**No, Close this window**” and end the unsubscribe action.

If the participant tries to **Unsubscribe** using the **Yes, I want to Unsubscribe** button and the system cannot find their record, the following screen will display.

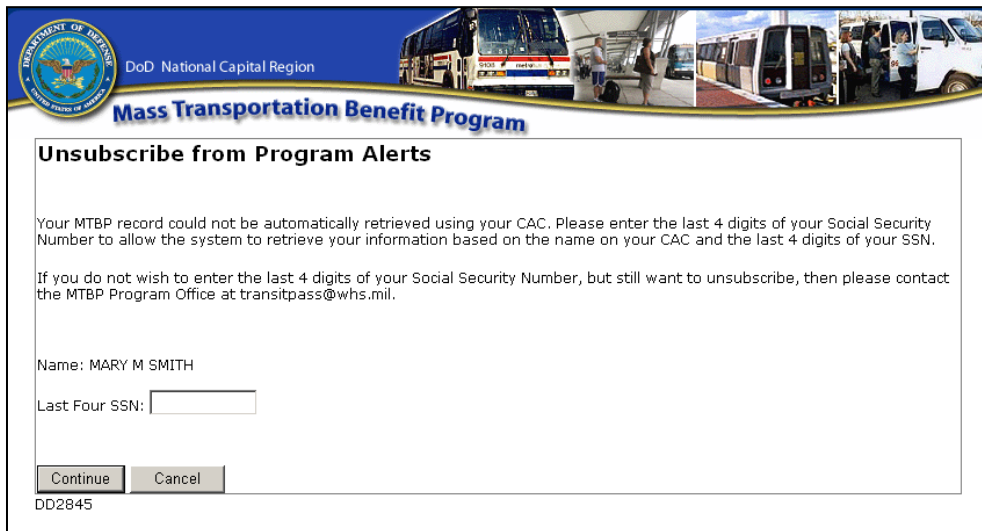


Figure 66 - Unsubscribe - System Can't Find Record

The participant should type in their last four (4) of their SSN# and click on the Continue button. The following screen will appear if the system performed an Unsubscribe for them.

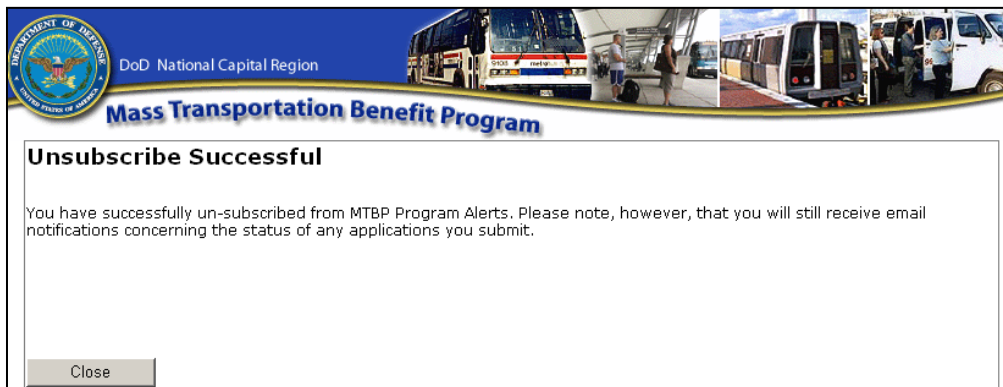


Figure 67 - Unsubscribe Successful

If the user is still having an issue when they try to Unsubscribe, they should contact the MTBP Program Office via the contact information noted in the Introduction section of this document.

6. Miscellaneous Items

6.1 Website URLs

MTBP Application URL: <https://mtbp.whs.mil/>

MTBP Registration URL: <https://mtbp.whs.mil/Registration>

MTBP WHS Program URL: <http://www.whs.mil/DFD/Info/NCRTransitSubsidy.cfm>

6.2 Technical Issues

If you are experiencing technical issues with the MTBP Application, please contact your Information Technology (IT) Help Desk. The following are some common technical issues and their resolutions.

1. **I get an error when I try to access the MTBP Application URL (https://mtbp.whs.mil)**
2. **Error:** You click on the link for the MTBP system within an email notification.

Solution: Copy and paste the link from the email into the Internet Explorer (IE) web browser.

3. **Error:** If you receive a page not found or a digital certificate error or other error message that prevents you from accessing the MTBP application.

Solution: Contact your IT Help Desk.

4. **I get a “Client Certificate Required” error**

Error: If you receive an error "Client certificate required". This is a client digital certificate problem that would occur if:

- (a) You cancelled the "Choose a digital certificate" window when you went to the site
- (b) You cancelled the "Choose a digital certificate" window when you went to the site and then tried to click on the link from Outlook

Solution: Close all Internet Explorer windows or, at minimum, close the last 1 or 2 Internet Explorer windows opened. Open a new Internet Explorer session. By doing this, you force Outlook to use a brand new window and, thus, prompt again for a certificate. If this does not resolve the issue, please contact your Information Technology (IT) Help Desk.

5. **The MTBP Application does not work correctly on my Firefox browser**

Error: If you are using Firefox and having problems with the application display or functionality

Solution: Use Internet Explorer (IE) 6.0 or higher. Firefox is not supported by MTBP

6. **I get “Couldn’t process request, contact your Help Desk” error**

Error: “Couldn’t process request”, error message

Solution: Contact your IT Help Desk.

7. **I get a Session Time-Out Error**

Error: Get “Session Time-out” error.

Solution: Close the browser window, open a new window and go to <https://mtbp.whs.mil>.

Mass Transportation Benefit Program

If you have a business process question or question about the mass transportation benefit program, the WHS Program Office (PO) should be able to assist them.

Session Time-Out Error

Error: You receive a system session time-out error.

Solution: Close the browser window, open a new window and go to <https://mtbp.whs.mil>.

Back Page Error

Error: You receive a back page error, “Application Process Completed”, and want to make a change to the already submitted application.

Solution: Close the browser window, open a new window and go to <https://mtbp.whs.mil>.

Application Email Notification

Error: You do not receive an email notification

Solution: Contact you IT Help Desk

6.3 Recertification FAQ's

Following are frequently asked questions regarding Recertification:

1. **Why do I need to recertify?** DODI 1000.27 “Mass Transportation Benefit Program” states that where enrollment is automated, 100% of participants must recertify annually. Please see <http://www.dtic.mil/whs/directives/corres/pdf/100027p.pdf>, enclosure 2, section 7.
2. **How do I know if I need to recertify?** If you’ve not used the DoD NCR web-based application, you will be required to recertify within the prescribed timeframe.
3. **How will I know if I've already used the web-based application?** You can check whether or not you’ve used the web-based application at this link. <https://mtbp.whs.mil/Application/ApplicantEnrollmentStatus.aspx>
4. **When do I need to recertify?** The MTBP program office has designated specific months according to the last four of your SSN. If you have not yet previously use the web based application, you will need to check the website section on [recertification](#) to see in which month you should recertify.
 - a. <http://www.whs.mil/DFD/Info/Recertification.cfm>
5. **How do I recertify?** Those who complete and submit the web-based application will satisfy the recertification requirement. The link to apply is: <http://www.whs.mil/DFD/PSD%20Services/Web-basedapplication.cfm>
6. **Which ‘enrollment request’ should I choose when completing my application?** Please choose the ‘recertifying’ option when completing the application. If the application is returned to you for correction at any point during the processing time period, please make sure to retain ‘recertifying’ as the intended action.
7. **After I've already used the web-based application, how will I know when to recertify in the future?** The system will automatically remind participants to recertify based on the recertification date. Reminders are sent to the email specified in the application, so it is important that you maintain a current email address in the system.
8. **What if I don't have a CAC or access to a CAC enabled system?** If you do not, nor will, have a CAC or access to CAC enabled system, you may submit a paper application.
9. **What happens if I don't recertify?** Those who do not recertify within the timeframe prescribed will be withdrawn from the MTBP program.
10. **What if I no longer wish to be enrolled?** If you no longer wish to participate in the MTBP, please withdraw using the web-based application. If you do not have a CAC/access to a CAC enabled system, you

may submit a paper application indicating your intention to withdraw. Further information on withdrawing from the program can be found on the MTBP website. Please note that if you plan to withdraw in the middle of a quarter for which you have already received benefits, you will be required to return unused benefits.

11. **If I am a Smart Benefit participant, am I required to take any additional steps?** If you are currently working for an organization that is test piloting the Smart Benefit program, no further action is required, unless you are making a change to your SmarTrip card number.
12. For additional information, please visit the DoD NCR MTBP website:
<http://www.whs.mil/DFD/Info/NCRTransitSubsidy.cfm>. Questions? Please contact transitpass@whs.mil