



Washington Headquarters Services

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

Applicant User Guide

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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.

With the release of version 1.6 of the Applicant User Guide, a section on the Claim Module has been added as well as the collection of SmarTrip card information for the conversion to the SmartBenefits automated distribution of Transit Benefits.

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>”** key 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 Start Application

Step 1:

Read the Welcome screen.

Click on the
Begin
Application
button.



DoD National Capital Region
Mass Transportation Benefit Program

Welcome, MARY SMITHI [Help](#)

Welcome to the DoD National Capital Region (NCR) Mass Transportation Benefit Program (MTBP) Web-Based Application

All military members and civilian employees who have a Common Access Card (CAC) and access to a DoD CAC-enabled system are required to use this system to apply and participate in the Mass Transportation Benefit Program.

This system allows you to perform one of the following actions:

Applications:
Complete and submit an application for:

- Enrollment** - if you are completely new to the MTBP.
- Re-certification** - if you currently participate in the MTBP, but have not used the online application before, or you are completing your annual recertification. (Please note that you will be required to recertify through this application on an annual basis in order to continue your participation in the MTBP. Failure to recertify will result in withdrawal from the system. An automatic reminder will be sent prior to your year anniversary.)
- Change** - once you have enrolled using the web-based application, you can make changes to your information directly through this option.
- Withdraw** - this feature allows you to withdraw yourself from the MTBP. Please note that you may use this feature even if you have not previously established a record through this system.

To complete an application, please click the "Begin Application" button below. It will take approximately twenty (20) minutes or less to complete the application.

Claims:

- Complete and submit Monthly Claims for Mass Transportation Benefits.

Miscellaneous Actions:

- Check your enrollment status and the status of your last submitted application.
- Check the status of Monthly Claims.
- Subscribe or unsubscribe to Program Alerts

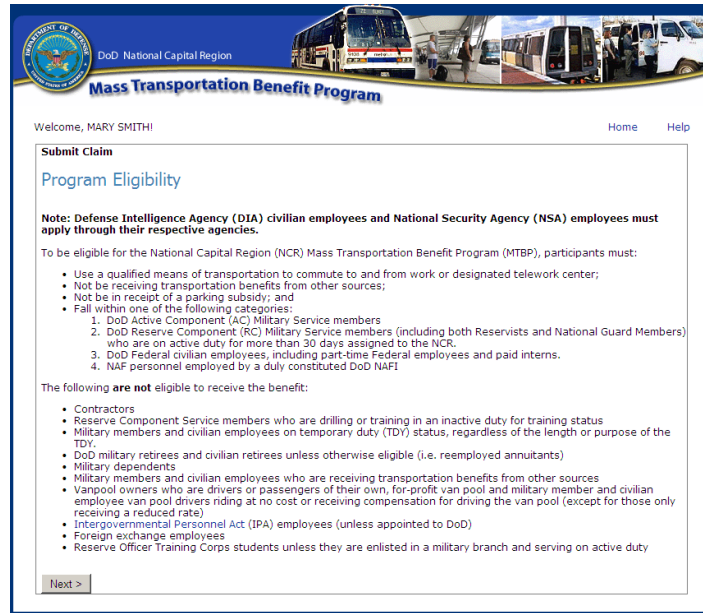
Figure 1 - MTBP Welcome Page

Eligibility Page

The "Eligibility" screen appears after the Welcome Page and the MTBP application begins. At the top of the screen, below the MTBP title banner, the graphic shows the steps in the application process. The orange dot denotes the current step in the process. As each step is completed, the line will turn solid blue.

Step 2:

Read the Eligibility page, then



click on "Next >"
 →

Figure 2 - Eligibility Page

Privacy Act Statement

Step 3:

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



Figure 2 - Privacy Act Statement

Enrollment Request

The applicant sees a list of actions to select from.



Action Request

Are you (choose one):

Enrolling?

Withdrawing?

Recertifying?

Making a change?

Step 4:

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

Then click on “**Next >**”



Figure 3 - Enrollment Request

- If the user selects, “Making a change”, they need to enter a reason for “Making a 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**”
- Choose **Withdrawing**, to withdraw you from the MTBP. Please note that you may use this feature even if you have not previously used this system. With the December 2010 release of the system, version 1.2.5.1, the user has minimal screens to go through to withdraw from the system.

If you are withdrawing, you will receive the following notification.

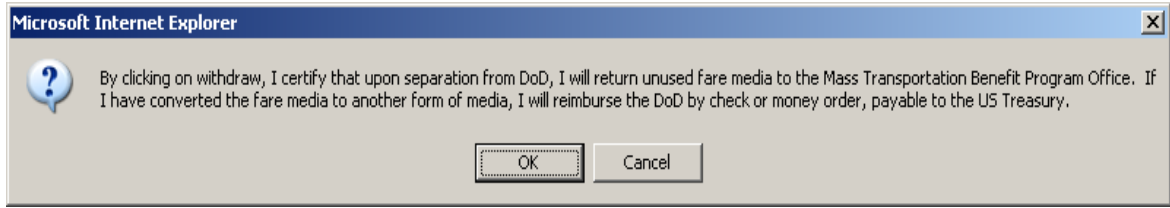


Figure 4 - Separation Certification Pop-up Message

**Note: 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.*

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 5: Enter the last four (4) digits of your social security number and click on the “Next >” button on the bottom left of the screen.

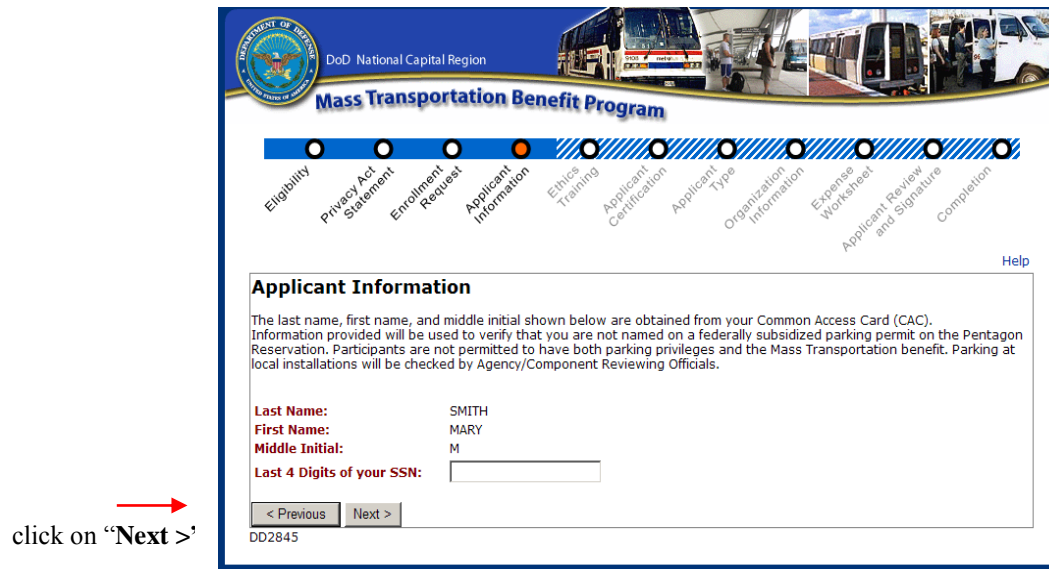


Figure 6 - Applicant Information

Applicant 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 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.

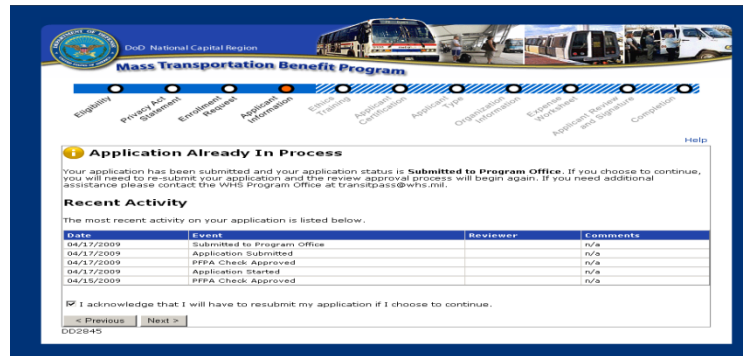
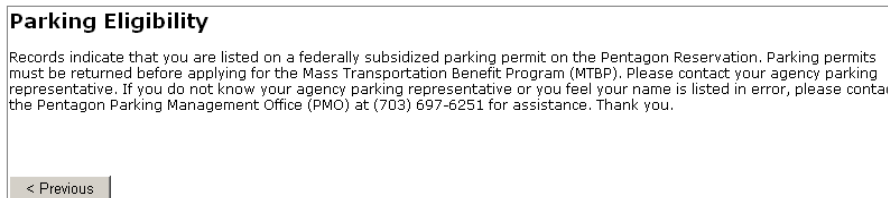


Figure 7 - Application Already in Process

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 PFFA Parking Office will review your application and determine if you are eligible for the MTBP.

Parking Eligibility

Records indicate that you MAY be listed on a federally subsidized parking permit on the Pentagon Reservation, which requires further verification by the Pentagon Parking Management Office (PMO). Note: This does NOT necessarily mean that you are listed on a parking permit. Once completed, your application will be forwarded to the PMO for review. Once released by the PMO, your application will be forwarded to the Program Office, your supervisor, and then reviewing official for approval and enrollment. You will be notified accordingly. If you have any questions please contact your agency parking representative or the PMO at (703) 697-6251.

< Previous Next >

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 (AMTB RO).

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; however, **only** click on the “**<Previous**” button if you wish to return to the previous page.

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 >

Step 6:
Complete all fields and then

Note:
“Unclassified Data Only”

Also, the system now accepts an apostrophe as part of the name for applicants as well as supervisors.

click “Next>” at bottom of screen.

Figure 8 - Applicant Information (cont.) Screen

Ensure all fields are complete including all Email fields and then click on the “Next” button.

Ethics Training

As part of the 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 six (6) 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 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 7:

Read the slide and then



click on “Next >”

Figure 9 - Ethics Training Module Begins

As part of Step 7, read through all of the Ethics screens.

The final ethics training screen requires that you click on the “**Next >**” button on the bottom left, to acknowledge that you have read, understand and agree with the contents of the entire ethics training.

Step 7: (cont.)
 Read the slide
 and then
 click on “**Next >**”

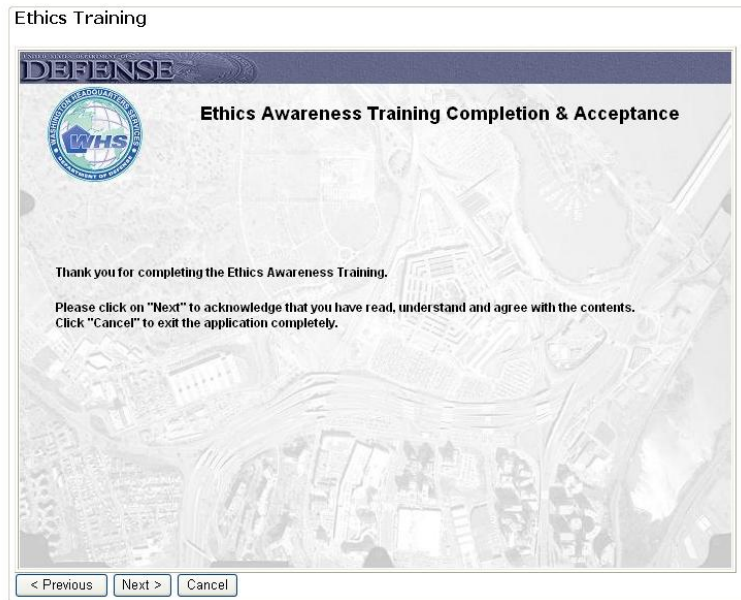


Figure 10 - Final Ethics Awareness Training Completion & Acceptance

If you click on the “<**Previous**>” button, the system will move to the previous page.

Click on “Cancel” if you do not wish to continue with the application process.

Applicant Certification

You are required to certify 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.

Please Read the **Warning** and **Mandatory** statements for Applicant Certification.

Each certification statement will display with a radio button to the left of the statement. When you click on the radio button, the next certification statement will display. Click on each radio button to confirm that you have read and understand the certification statement, and continue until you have confirmed each statement. Then click on the “Next >” button on the bottom left of the screen. See the screen display below.



Step 8: Click on and Read each radio button Certification statement on the slide and then click on “Next >”

Figure 11 – Applicant Certification

Applicant Type

Use the radio button to select the option 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.

The “<Previous” button will return to the previous page.

Step 9: Click on the the appropriate type and then click on “Next >” →

Figure 12 - Applicant Type Screen 1

If anything other than Military is selected, 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. Use the “<Previous” button to move to the previous screen.

Step 9 (cont.): Click on the appropriate option and then click on “Next >” →

Figure 13 - Applicant Type Screen 2

If Military is selected on the Figure 11 screen, the following screen will display:

Step 9 (cont.):

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

Figure 14 - Applicant Type Screen 3

Organization Information

Click on the down arrow button to display the organization list. Select the organization that employs you. The contents of this list is based on your selection 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 10:

Click on the down arrow, select org. and then click on “Next >” →

Figure 15 - 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 11:
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 21. →

Complete all fields including: “Time Reporting to Work” and “Time Leaving from Work.”

After all fields are completed, click on “Next>” at bottom. →

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 DoD 1000.27: <http://www.dtic.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). [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
LOCAL BUS	ART	DAILY	3.00	Ballston	Crystal City	60.00	Edit Delete
LOCAL BUS	ART	DAILY	3.00	Crystal City	Ballston	60.00	Edit Delete
[SELECT]		[SELECT]					Add

Your Monthly Grand Total Mass Transportation Commuting Costs: 120.00

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

#1 Test: This is a test for information in this text box to display.

#2 Test: This is a recertification test.

#3 Test: This is a PO rejection test of the system.

#4 Test: This is a RO rejection test of the system.

< Previous Save Next >

Figure 16 - 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 17 - Worksheet Examples

Bullet/Link #2 for DoDI 1000.27

This link provides you with the DoD Instruction

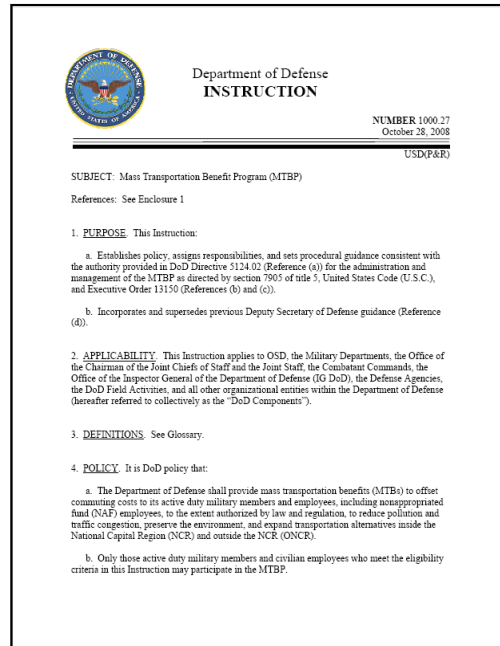


Figure 18 - DoDI 1000.27

Bullet/Link #3

This link provides examples of the number of work days commuted to enter, based on the schedule that you work and commute.

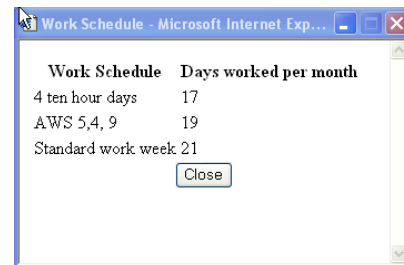


Figure 19 - Number of Work Days Example

Bullet/Link #4 Transit Links

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

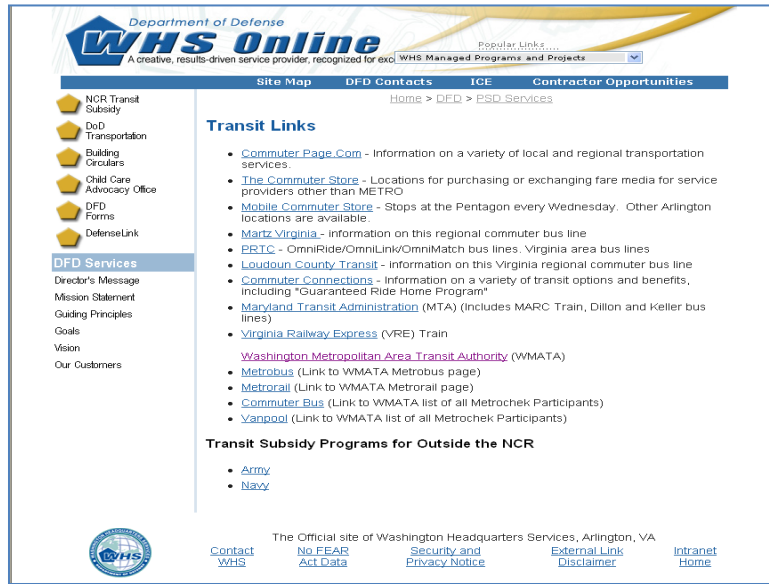


Figure 20 - Transit Links

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.

Example 3: Metrorail Riders

- 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 City** (station from which you depart in the morning)
- To: **Gallery Place** (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: **Gallery Place** (duty station/evening commute end point)
- To: **Pentagon City** (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		
Rail	WMATA	Daily	1.80	Pentagon City	Gallery Place	37.80	Edit	Delete	
Rail	WMATA	Daily	1.80	Gallery Place	Pentagon City	37.80	Edit	Delete	
[SELECT] ▼		[SELECT] ▼					Add		
						Your Monthly Grand Total	75.60		
						Mass Transportation			
						Commuting Cost			

Close

Figure 21 - Help for Expense Worksheet

Bullet/Link #6 for Help

This link 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.

Additional Expense Information #7

This text 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 provided additional details or notes on your commuting expenses, particularly if there is an unusual circumstance which requires additional explanation.

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	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
LOCAL BUS	Georges	DAILY	0.25	Falls Church	West Falls Church	5.25	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
VANPOOL	VansRus	MONTHLY	30.00	Crystal City	Falls Church	30.00	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
[SELECT] ▾	<input type="text"/>	[SELECT] ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="button" value="Add"/>

Your Monthly Grand Total 108.75
Mass Transportation
Commuting Costs:

Figure 22 - 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 completions of the application worksheet, click on **Save** and then **Next>**

SmarTrip Card Number Entry

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

DEPARTMENT OF DEFENSE
UNITED STATES OF AMERICA

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.

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
SmarTrip® and SmartBenefits® logos are trade/service marks of WMATA. 012345678 C3DW803
serial number

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

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

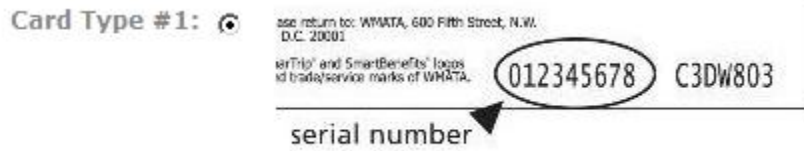
< Previous Next >

Figure 23 - Link SmarTrip Card Page

The participant will make their SmarTrip “Card Type #” selection based on the type of SmarTrip card they have purchased. When 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

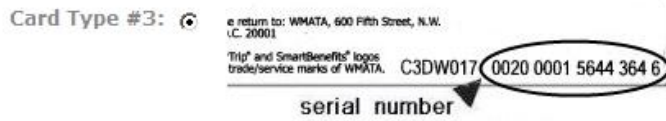
If the SmarTrip® card serial number is less than 9 digits, please add zeros to the front to make it 9 digits. For example, if the card number is "123456", then enter the serial number as "000123456". Likewise, if the card serial number is "12345678" then enter the serial number as "012345678".

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:

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.

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.

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 SMITHI [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: 47671140
 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: Account not established
 SmartTrip® Serial Number: 456789012

Home:
 Residence (City): ARLINGTON
 State: VA
 9-Digit Zip Code: 22207-2345
 Days Commuted Monthly: 20
 Total Monthly Commuting Cost: 148.00
 Time Reporting to Work: 08:30 AM
 Time Leaving from Work: 05:00 PM

Work:
 Duty Station: CRYSTAL CITY
 City: ARLINGTON
 9-Digit Zip Code: 22201-2345
 Work Telephone Number: 703-692-1922 ext 2345
 Work E-Mail Address: mary.m.smith.ctr@whs.mil

Supervisor:
 Last Name: HEMMINGS
 First Name: CHRISTOPHER
 Work Telephone Number: 703-692-1866 ext 2345
 Work E-Mail Address: christopher.hemmings.ctr@whs.mil

Organization: WHS - WASHINGTON HEADQUARTERS SERVICES
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
LOCAL BUS	ART	DAILY	3.20	Ballston	Crystal City	64.00
LOCAL BUS	ART	DAILY	4.20	Crystal City	West Falls Church	84.00
Monthly Grand Total Mass Transportation Commuting Costs:						148.00

Applicant provided the following additional information:
 #1 Test: This is a test for information in this text box to display. _____ #2 Test: This is a recertification test.
 #3 Test: This is a PO rejection test of the system. _____ #4 Test: This is a RO rejection test of the system.
 #5 Test: This is a Supervisor rejection test of the system.

The applicant certifies that:

- My claim for benefits is as a Federal employee or military service member.
- I will adjust the amount received based upon long term temporary duty (TDY) or leave.
- 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.
- 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.
- I only requested benefits for the days that I actually commute; not, the total # of days I worked. I understand I am not suppose to receive benefits for the days that I telecommute.

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: 06/20/2011

< Previous Submit Application Not Accept

Step 12: 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 24 - Application Review and Signature

Submit Application

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

It is recommended that you click on the “**Print Application Form**” button, on 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 leave the MTBP system.

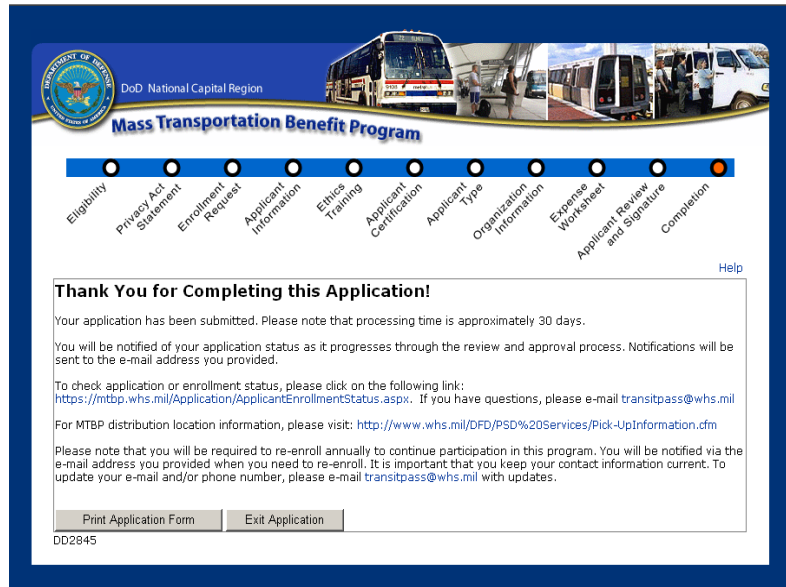


Figure 25 - Thank You for Completing this Application

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

Print Application Form

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:		Home:	
Tracking Number:	47671140	Residence (City):	ARLINGTON
Application Type:	ENROLLMENT	State:	VA
Last Name:	SMITH	9-Digit Zip Code:	22207-2345
First Name:	MARY	Days Commuted Monthly:	20
Middle Initial:	M	Total Monthly Commuting Cost:	\$148.00
Last 4 Digits of your SSN:	5555	Time Reporting to Work	8:30 AM
SmarTrip® Card:	987654321	Time Leaving from Work	5:00 PM
Work:		Supervisor:	
Duty Station:	CRYSTAL CITY	Last Name:	HEMMINGS
City:	ARLINGTON	First Name:	CHRISTOPHER
9-Digit Zip Code:	22201-2345	Work Telephone Number:	703-692-1866 ext 2345
Work Telephone Number:	703-692-1922 ext 2345	Work Email Address:	mary.m.smith.ctr@whs.mil
Work Email Address:	mary.m.smith.ctr@whs.mil		
Organization:	Washington Headquarters Services		
Temp Dates:			

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)
LOCAL BUS	ART	DAILY	\$3.20	Ballston	Crystal City
LOCAL BUS	ART	DAILY	\$4.20	Crystal City	West Falls Church

Total Monthly Commuting Cost: \$148.00

Applicant provided the following Additional Information:

#1 Test: This is a test for information in this text box to display.

#2 Test: This is a recertification test.

#3 Test: This is a PO rejection test of the system.

The applicant certifies that:

- My claim for benefits is as a Federal employee or military service member.
- I will adjust the amount received based upon long term temporary duty (TDY) or leave.
- 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.

DD2845

Screen display continued below.

Screen display continued from previous page.

- The monthly transportation benefit I am claiming does not exceed my monthly commuting costs.
- 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.
- I only requested benefits for the days that I actually commute; not, the total # of days I worked. I understand I am not suppose to receive benefits for the days that I telecommute.

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: 06/21/2011

Figure 26 - Print Application Form Page

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.

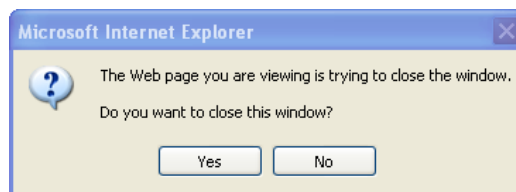


Figure 27 - Close Window Confirmation Pop-up Message

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.

Withdrawing Application

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



Action Request

Are you (choose one):

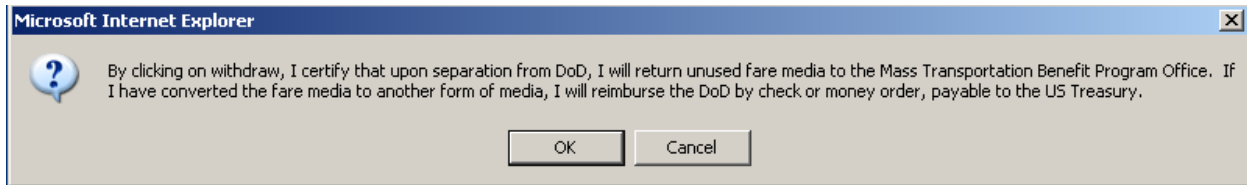
Enrolling?

Withdrawing?

Recertifying?

Making a change?

The following pop-up message will display to remind the participant to reimburse DoD of unused fare media.



Click on the Ok button and the following screen will display.

DoD National Capital Region

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:

DD2845

Figure 28 – 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 and click **Next**.

Figure 29 – Withdraw Applicant Information (cont.) Screen

Ensure the correct Applicant Type is selected and click Next.

Figure 30 - Withdraw Applicant Type Screen

Ensure the correct Applicant Type is selected and click on Next.

The screenshot shows the 'Applicant Type' screen of the Mass Transportation Benefit Program. At the top, there is a header with the Department of Defense logo and 'DoD National Capital Region'. Below the header is a progress bar with 12 steps: Eligibility, Privacy Act Statement, Enrollment Request, Applicant Information, Ethics Training, Applicant Certification, Applicant Type (highlighted with an orange dot), Organization Information, Expense Worksheet, Applicant Review and Signature, and Completion. The main content area is titled 'Applicant Type' and contains a section 'Are you: (check one)' with radio buttons for Air Force, Army, Navy, Marine Corps (selected), and Department of Defense. Navigation buttons '< Previous' and 'Next >' are at the bottom left, and a 'Help' link is at the bottom right.

Figure 31 - Withdraw Applicant Type Screen 2

Ensure the correct **Organization Code** is selected and click on **Next**.

The screenshot shows the 'Organization Information' screen. The progress bar at the top is the same as in Figure 31, but now 'Organization Information' is highlighted with an orange dot. The main content area is titled 'Organization Information' and contains a section 'Organization Code:' with the instruction 'Indicate the organization that pays your salary:'. Below this is a dropdown menu showing 'HQ 27 - Headquarters, Marine Corps'. Navigation buttons '< Previous' and 'Next >' are at the bottom left, and a 'Help' link is at the bottom right.

Figure 32 - Withdraw Organization Information

Check the withdrawal information for accuracy and click on the **I agree** box and click on **Submit Application**.

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

Applicant Review and Signature [Help](#)

! 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: 23872461
Application Type: ENROLLMENT
Entry Type: ENTERED BY APPLICANT
Last Name: SMITH
First Name: MARY
Middle Initial: M
Last 4 Digits of SSN: 1234

Work and Contact:
Work Telephone Number: 703-692-1922 ext 2345
Work E-Mail Address: mary.m.smith.ctr@whs.mil
Organization: HQ 27 - HQ 27 - HEADQUARTERS, MARINE CORPS
Applicant Type: CIVILIAN
Military Member Type: N/A

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: 12/20/2010

< Previous Submit Application Not Accept

DD2845

Figure 33 - Withdraw Applicant Review and Signature

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

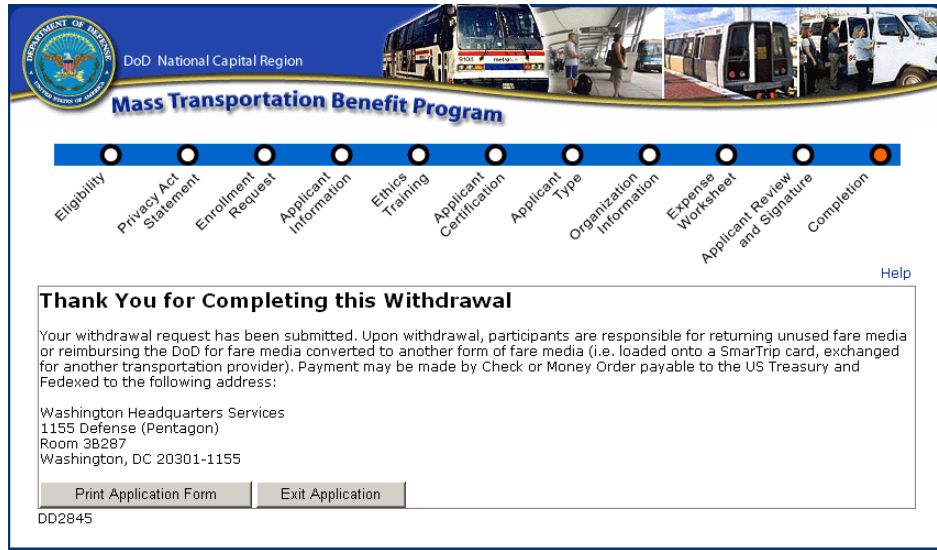


Figure 34 - Thank You for Completing this Withdrawal

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.

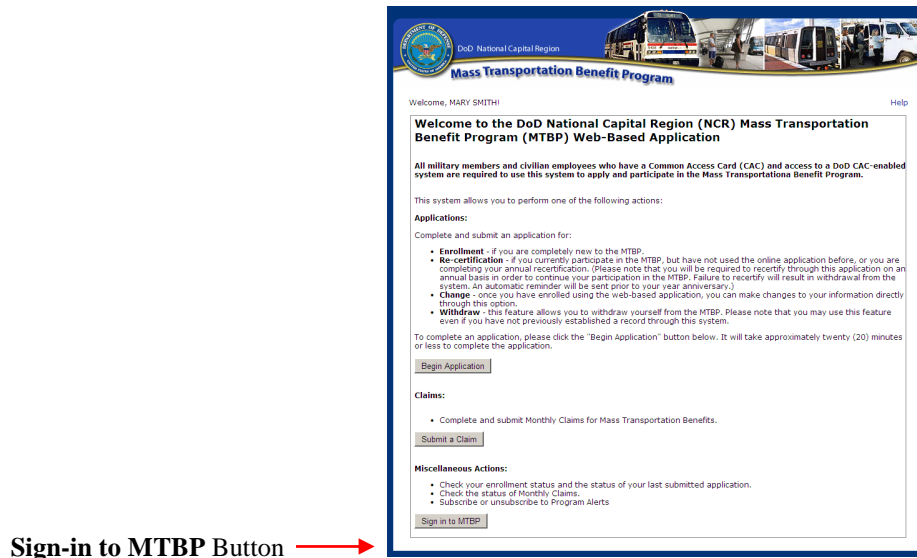

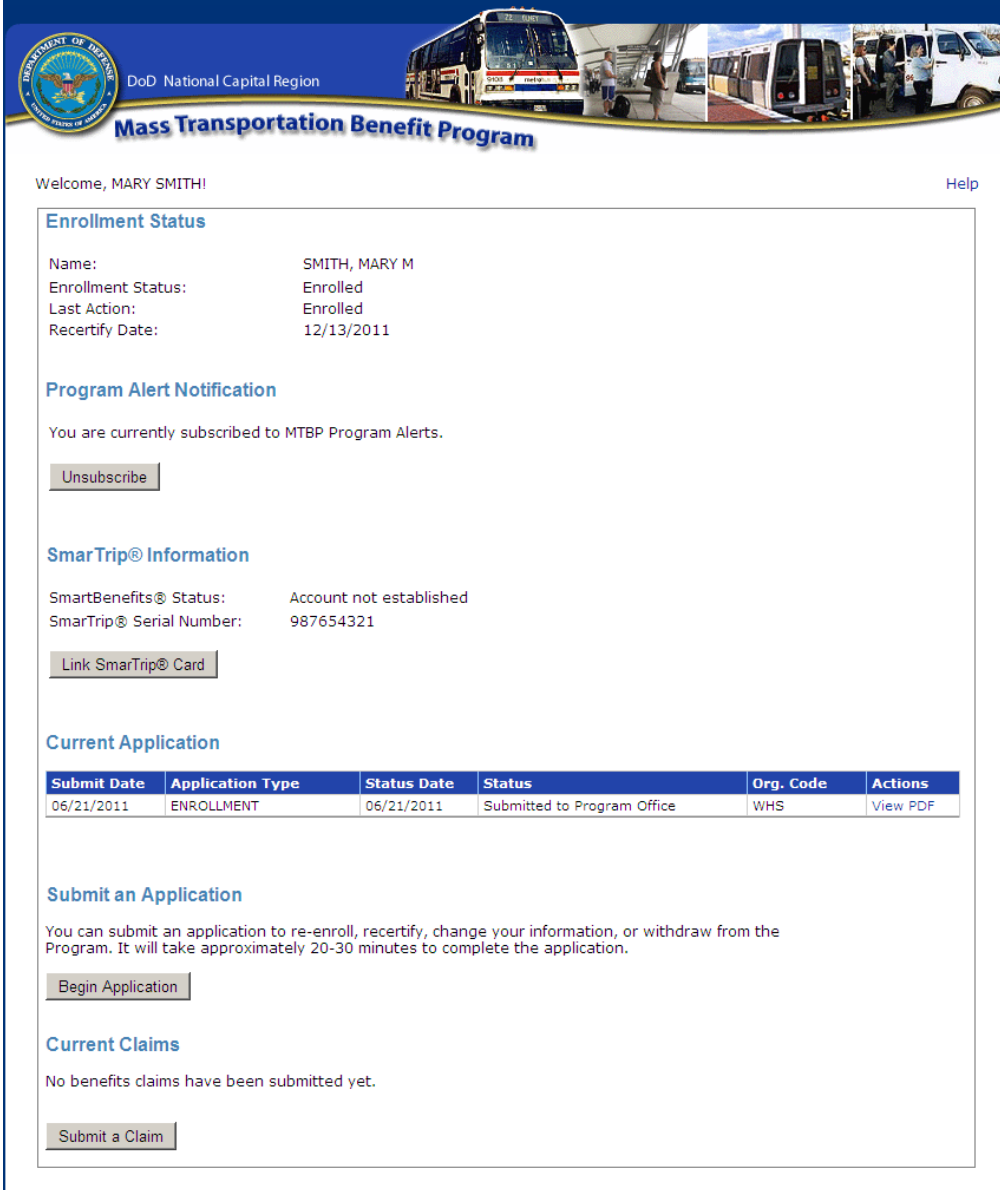


Figure 35 – Sign-in to MTBP Button

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 (Figure xx).

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, please contact the MTBP Program Office.



DoD National Capital Region
Mass Transportation Benefit Program

Welcome, MARY SMITH! [Help](#)

Enrollment Status

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

Program Alert Notification

You are currently subscribed to MTBP Program Alerts.

[Unsubscribe](#)

SmarTrip® Information

SmartBenefits® Status: Account not established
 SmarTrip® Serial Number: 987654321

[Link SmarTrip® Card](#)

Current Application

Submit Date	Application Type	Status Date	Status	Org. Code	Actions
06/21/2011	ENROLLMENT	06/21/2011	Submitted to Program Office	WHS	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

No benefits claims have been submitted yet.

[Submit a Claim](#)

Figure 36 - 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.

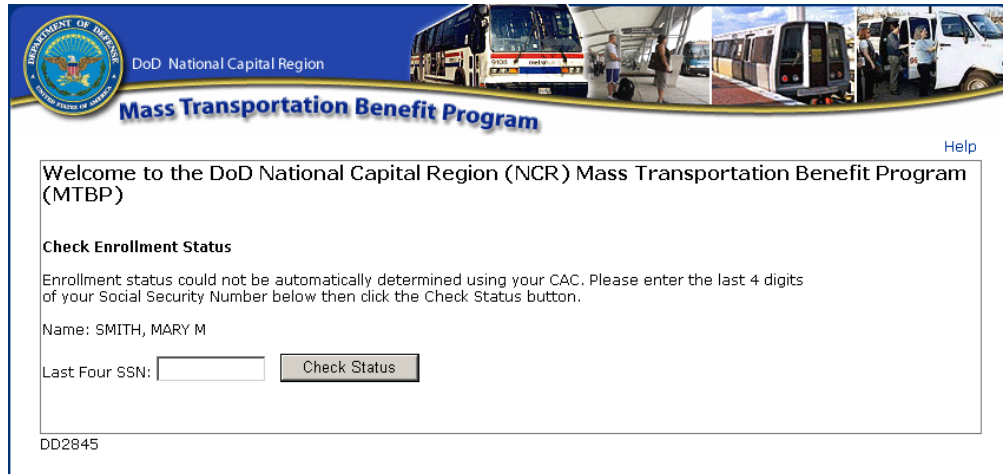


Figure 37 - Enrollment Status SSN# Prompt

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 38 - 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.

DoD National Capital Region
Mass Transportation Benefit Program

Welcome to the DoD National Capital Region (NCR) Mass Transportation Benefit Program (MTBP) [Help](#)

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 39 - 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

Beginning 1 October 2011, a new participant Mass Transportation requirement will be implemented and the program participant will be required 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.

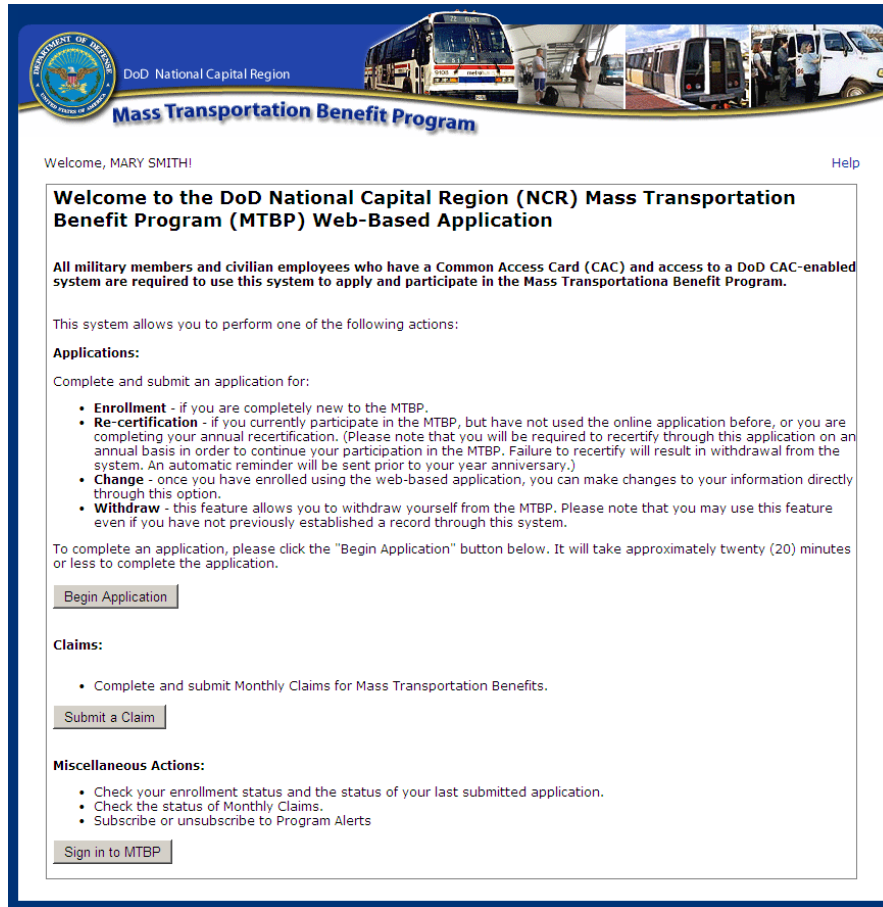


Figure 40 - MTBP Homepage - Submit a Claim

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

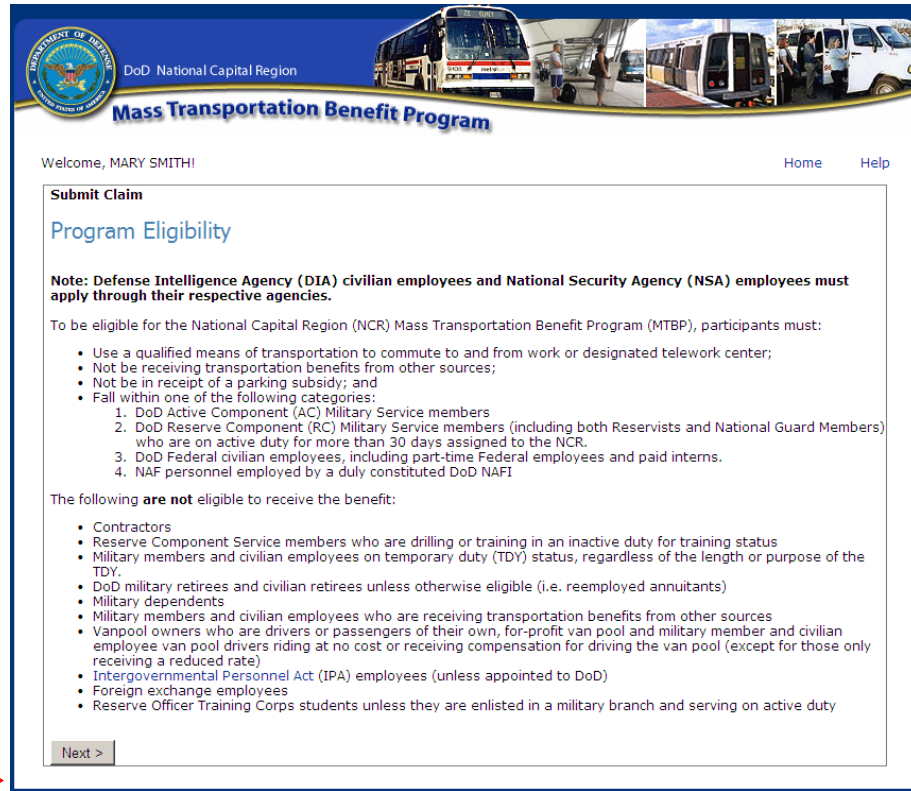


Figure 41 - Submit Claim Program Eligibility Page

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 42 - 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.

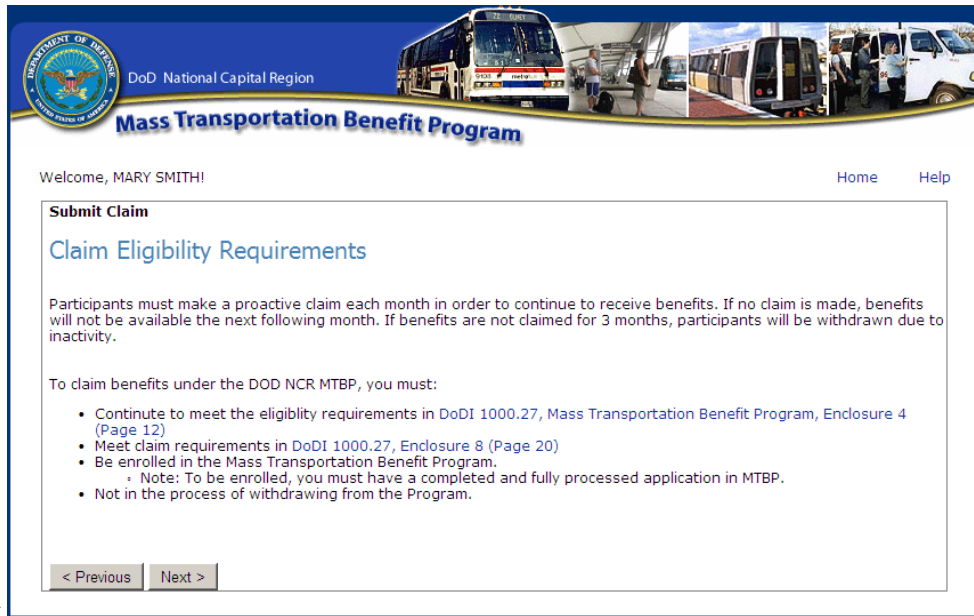


Figure 43 - Submit Claim - Claim Eligibility Requirements

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.

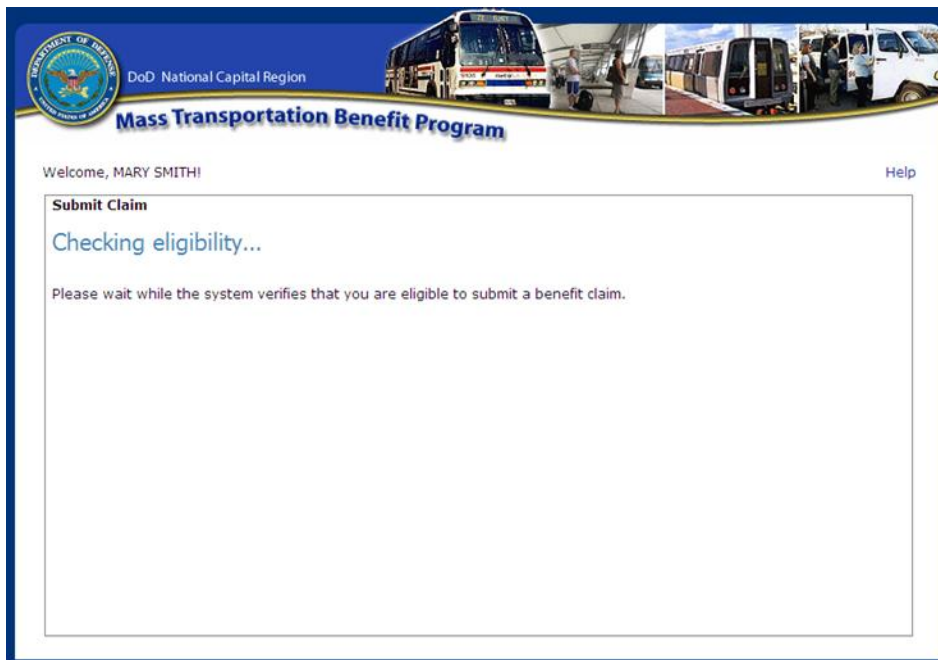


Figure 44 - Submit Claim - Checking eligibility page

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 during the following time period for benefits for the next month. The claim must be submitted 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. In the example below, this would be for the month of August 2011.

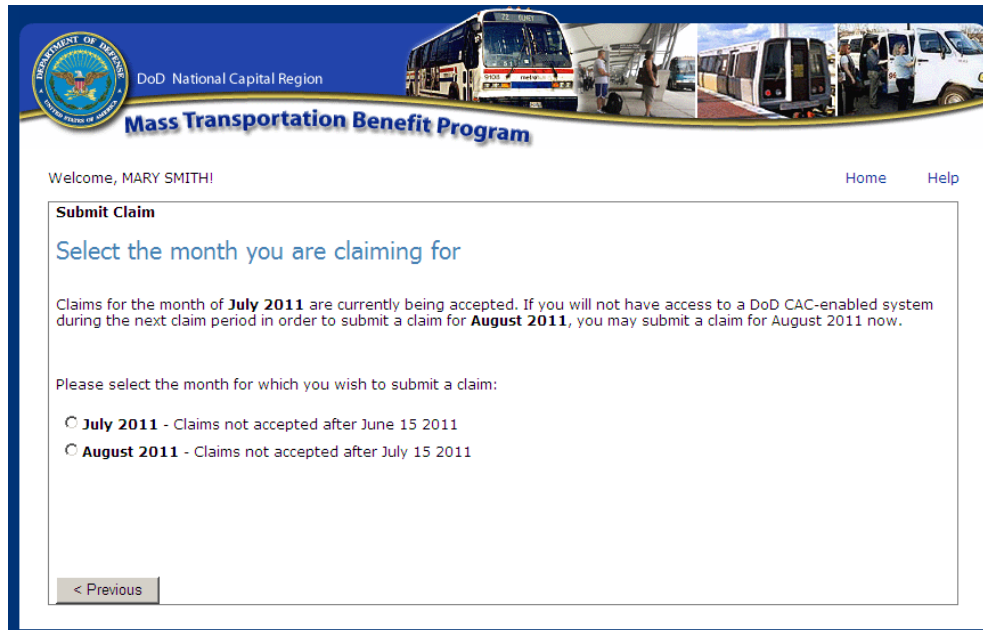


Figure 45 - Submit Claim - Select the month you are claiming for page

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.

DEPARTMENT OF DEFENSE
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:

- My claim for benefits is as a Federal employee or military service member.
- I will adjust the amount received based upon long term temporary duty (TDY) or leave.
- 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.
- 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.
- I only requested benefits for the days that I actually commute; not, the total # of days I worked. I understand I am not suppose to receive benefits for the days that I telecommute.

Figure 46 - Submit Claim - Claim Certifications

The **Enter claim amount for July 2011** 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.

DEPARTMENT OF DEFENSE
UNITED STATES OF AMERICA

DoD National Capital Region

Mass Transportation Benefit Program

Welcome, MARY SMITH! [Help](#)

Submit Claim

Enter claim amount for July 2011

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 actual commuting days per month: **20 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: **\$126.00**
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. The number of days planned to commute must be 21 or less.

Submitting Your Claim:

- Please enter the number of days that you plan to commute in July 2011:
- Please enter your benefit claim amount for the month of July 2011:
- Please click [here](#) to view your MTBP application and expense worksheet.
- Please click [here](#) to update your MTBP application if the benefit amount listed above is not accurate or if other changes are required.

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: 06/01/2011

Figure 47 - Submit Claim - Enter claim amount for July 2011

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

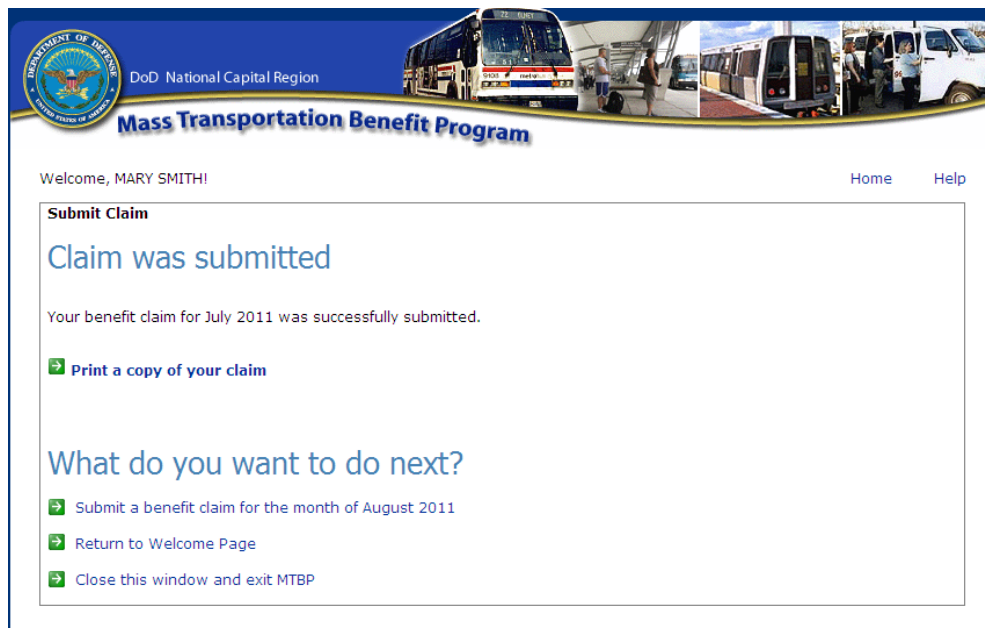


Figure 48 - Submit Claim - Claim was submitted page

The participant can print a copy of their claim or perform the other actions noted on the page.

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: July 2011
 Name: SMITH, MARY M
 Days Planned to Commute: 20
 Amount: \$ 110.00
 Submit Date: 06/01/2011
 Status: Submitted

The participant certifies that:

- My claim for benefits is as a Federal employee or military service member.
- I will adjust the amount received based upon long term temporary duty (TDY) or leave.
- 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.
- 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.
- I only requested benefits for the days that I actually commute; not, the total # of days I worked. I understand I am not suppose to receive benefits for the days that I telecommute.

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: 06/01/2011

Figure 49 - Monthly Benefit Claim

If the participant selects:

 [Submit a benefit claim for the month of August 2011](#)

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.

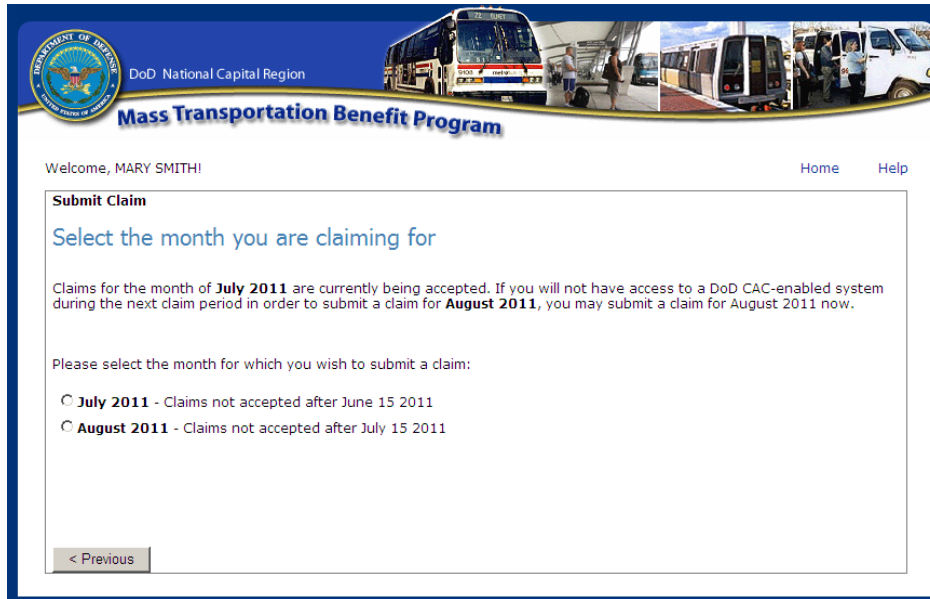


Figure 50 - Submit Claim - Select the month you are claiming for

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 **Application 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 51 - 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:

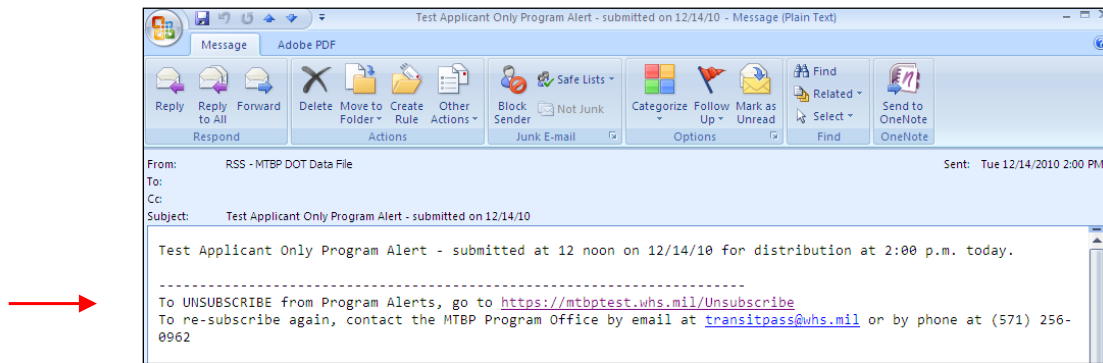


Figure 52 - Unsubscribe Using the Program Alert Unsubscribe Email Link

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

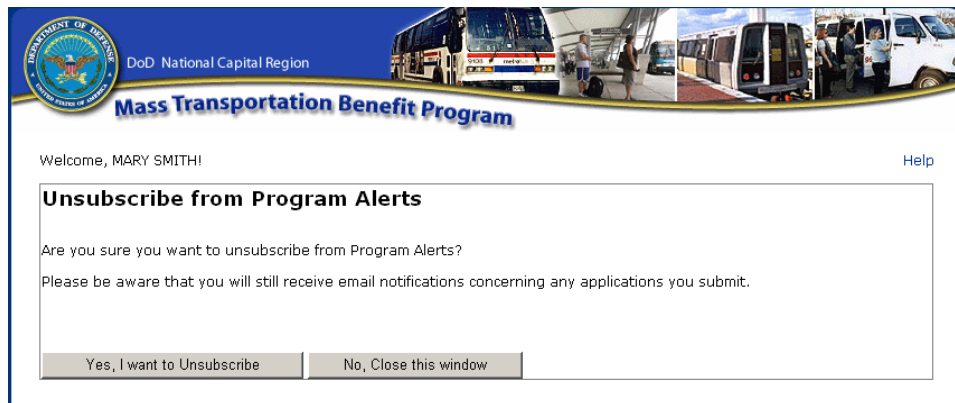


Figure 53 - Unsubscribe from Program Alert Email Link

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

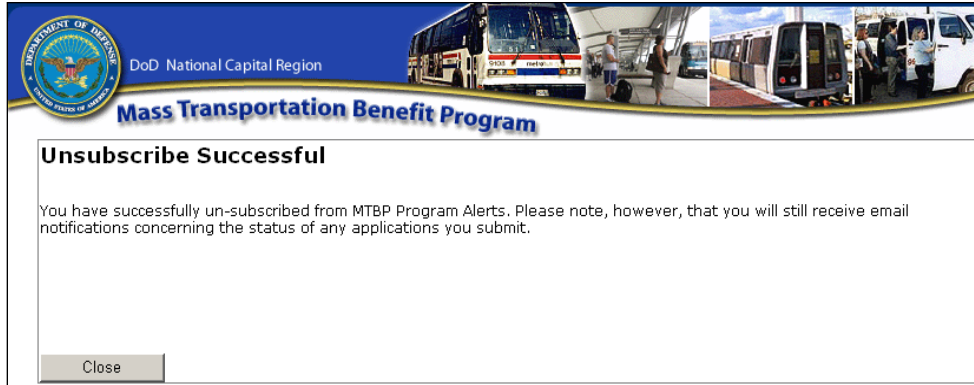


Figure 54 - Unsubscribe Successful Message

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.

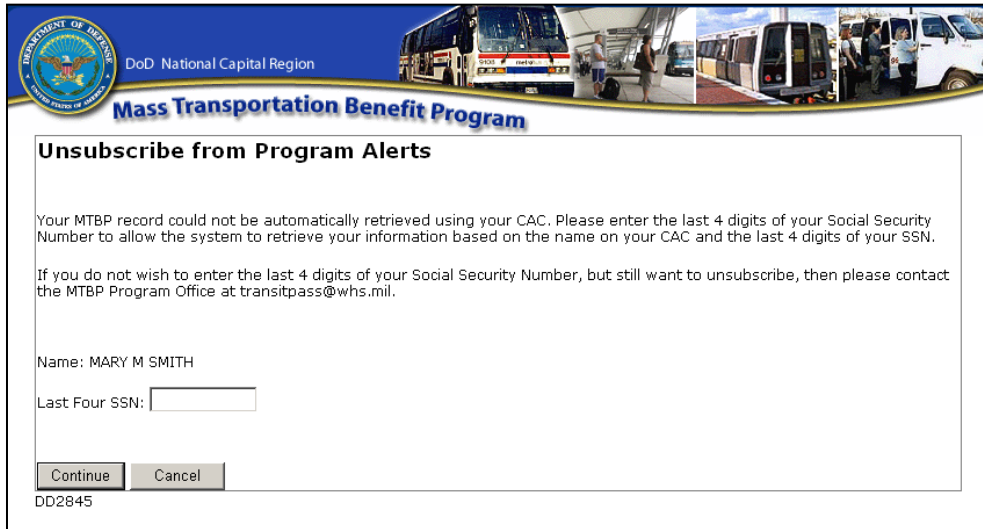


Figure 55 - Unsubscribe - System Can't Find Record

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.

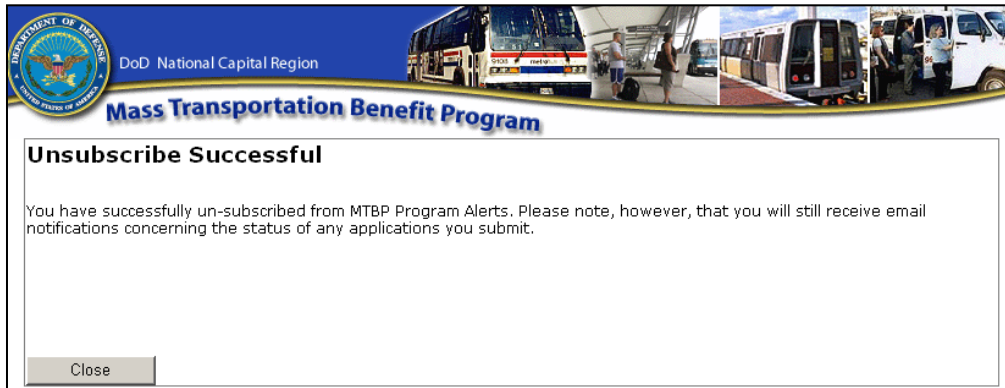


Figure 56 - Unsubscribe Successful

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.

I get an error when I try to access the MTBP Application URL (https://mtbp.whs.mil)

Error: You click on the link from the MTBP system email notification.

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

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.

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.

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

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

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

Solution: Contact your IT Help Desk.

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

DOT Has Not Processed the Application

Error: You haven’t received an email in the allotted time stating that your application has not been processed by the Department of Transportation (DOT).

Solution: Contact the WHS PO so they can contact the DOT to investigate the reason for the delay in the application being processed.

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 SmartTrip 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