

TRANSIT BENEFIT PROGRAM APPLICATION SYSTEM <u>APPLICANT</u> USER GUIDE

Submitted by

TRANServe

A division of the

Office of Financial Management and Transit Benefit Programs

Office of the Secretary of Transportation

U.S. Department of Transportation

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Washington, DC 20590

Version 3.0

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1. **OVERVIEW**

1.1 Background

The Department of Transportation, Transportation Services Division (TRANServe), administers the Transit Benefit Program for DOT and as Service Provider to other federal agencies, nation-wide. The Office currently supports federal agencies and sub-agencies, providing timely and efficient transit benefit program services to customers who will use TRANServe's Transit Benefit Application System. Services include purchasing and distributing mass transit fare media.

TRANServe's Electronic Application System serves as the publicly accessible interface for managing Transit Benefit Program Applications. The current application system is available on-line through the internet and is optimized for desktop and mobile devices. Federal government employees can apply for the transit benefit, request information, withdraw from the program and recertify. Agency Program Offices and Approvers are able to view, update, approve, or disapprove applications using the System.

1.2 Purpose

The Transit Benefit Application System user guide is designed to provide written instruction on how to use the application effectively and efficiently. Screenshots serve as examples. Field labels may not be Agency specific.

1.3 Document Organization

The following typographical conventions are used in this user guide:

- Courier New Bold Indicates a button on a page
 - *Underline Italic in blue* Indicates a link within the system
- Title Case plus page Indicates a name of a page in the application
- Italic text
 Indicates a note on a page in the application

Points of Contact

•

The table below provides a list of contact for additional information regarding the Transit Benefit Application process.

| Role | Name/Phone | Title | Email |
|------------------------------|--------------------------------|-----------------------------|------------------|
| Agency Program Office | Douglas Brown, (301) 504-7846 | Director - EXFS | dbrown@cpsc.gov |
| | Iris Parks, (301) 504-7078 | Chief- EXFS | iparks@cpsc.gov |
| Local Program Coordinator | Kim-Anh Rester, (301) 504-7651 | Program Coordinator-EXFS | krester@cpsc.gov |
| Other Contact | | | |

2. ACCESSING THE TRANSIT BENEFIT APPLICATION

2.1 Login Screen

Use the following steps to access the application:

Enter the URL: <u>https://transitapp.ost.dot.gov</u> . The Transit Benefit Application System home page is displayed.

| U.S. Department of Transportation | | U.S. Department of Transportation | |
|-----------------------------------|---|-----------------------------------|-------------|
| | | | +) Logi |
| * indicates required field. | | | |
| Login | | | |
| "User Name: | Government Email Address | | |
| *Password: | Enter password | | |
| | Log In Forgot Passw | ord? | |
| | Not registered yet? Register | | |
| | **WARNING***WARNING****WARNING** | | |
| | You are accessing a U.S. Government information system, which includes this computer, the computer network on which it is connected, all other computers connected to this network, and all storage media connected to this computer or other computers on this network. This information system is provided for U.S. Government use only. Unauthorized or improper use of this information may result in disciplinary action, as well as civil and criminal penalties. By using this information system you consent to the following: | ^ | |
| | You have no reasonable expectation of privacy regarding any communications or data transiting this network or stored in this information system. | ~ | |
| | **WARNING**WARNING*** | | |
| | | Friday, Janu | iary 15, 20 |

Figure 1: Transit Benefit Application Log In page

First time users must register. Use the following steps:

Click the **Register** button. The Register Account Information page is displayed.

| Register Account Information | | |
|------------------------------|--|--|
| "User Name: | Government Email Address | |
| *First Name: | First Name | |
| Middle Name: | Middle Name | |
| *Last Name: | Last Name | |
| *Agency/Mode: | VA | |
| | Agency options will show once your Government Email Address has been validated | |
| Phone Number: | | |
| | Register Reset Cancel | |

Figure 2: Register Account Information page

Note: * indicates required field.

Enter your official government email address in the User Name textbox. Complete the registration form.

| Register Account Information | | |
|------------------------------|--|--|
| *User Name: | kimberly.j.gravestest@va.gov | |
| *First Name: | Kimberly | |
| Middle Name: | L | |
| *Last Name: | Graves | |
| *Agency/Mode: | VA | |
| | Agency options will show once your Government Email Address has been validated | |
| Phone Number: | (202) 555-4632 | |
| | Register Reset Cancel | |

Figure 3: Completed Registration page

Note: *The agency domain name used in the email for the username will determine the agency choices displayed in the Agency dropdown list.*

Click the **Register** button.

The Login page is displayed with the confirmation message at the top of the page.

| kimberly.j.gravestest@va.gov is now Registered |
|--|
| |
| Thank you. The Login Password has been sent to kimberly.j.gravestest@va.gov. |

Figure 4: Registration Confirmation

After the user has registered, an email is sent containing a temporary password. Use the temporary password to log into the application using the following steps:

Enter your official government email address in the User Name textbox.

Enter the temporary password in the Password textbox.

| Login | | |
|-------------|---|--|
| *User Name: | kimberly j.gravestest@va.gov | |
| *Password: | ••••• | |
| | Log In Forgot Password? | |
| | Not registered yet? Register | |
| | "WARNING" WARNING" | |
| | You are accessing a U.S. Government information system, which includes this computer, the computer network on which it is connected, all other computers connected to this network, and all storage media connected to this computer or other computers on this network. This information system is provided for U.S. Government use only. Unauthorized or improper use of this information may result in disciplinary action, as well as civil and criminal penalties. By using this information system you consent to the following: | |
| | You have no reasonable expectation of privacy regarding any communications or data transiting this network or stored in this information system. | |
| | **WARNING****WARNING*** | |

Figure 5: Log In page

Click the **Log In** button. The Change Password page displays. Registered

2.2 Change Password

After logging into the application for the first time, you are required to change the password to something that you will easily remember.

| Change Password Password Ex | pired | |
|-----------------------------|---|---------------|
| *Current Password: | Current password | |
| *Create New Password: | New password | |
| *Confirm New Password: | Confirm New password | |
| *Create a Hint: | Hint | |
| | A hint is a meaningful personal association to help you remember your password. | |
| | Password must be at least 12 characters long No password character may be repeated more than 1 time(s) in sequence Password must contain characters from at least 4 of the following categories. • Uppercase characters (A through 2) • Lowercase characters (a through 2) • Base 10 digits (0 through 9) • Non-alphabetic characters (for example, I, \$,%) Password Witzprie 60 days after being set Passwords cannot be reused within the last 24 changes. | |
| | You will be redirected to the login page and will need to login with your new password | Submit Cancel |

Enter the temporary password in the Current Password textbox.

Figure 6: Change Password page

Enter your new password in the Create New Password textbox.

Minimum 12 characters

Complexity: minimum of 1 uppercase, 1 lowercase, 1 number, 1 special character Reenter your new password in the Reenter New Password textbox.

Enter a hint to remind you of your password in the Create a Hint textbox.

Click the **Submit** button.

Note: * indicates required field.

The confirmation message is displayed at the top of the Login page.



Figure 7: Change Password Confirmation

Note: Ensure that your password meets the system requirements when changing your login credentials. These requirements are displayed at the bottom of the Change Password page.

Note: The Password Expired label is only displayed when the password needs to be changed.

Note: You can change your password at any time by using the above steps after clicking the **Change Password** button on the Home page. The Change Password page can also be accessed from the Utilities dropdown menu located on the Menu bar at the top of the Home page.

Note: To access the additional Utilities menu options from a mobile device; click the additional menus button at the top of the page. Click the Utilities dropdown arrow to display the sub-menus.

| Home | |
|-------------------------------|--|
| Transit Application | |
| Approval Section - | |
| Utilities - | |
| My Account Change Password | |

Figure 8: Utilities Menu Options

2.3 Password Recovery

Use the following steps to recover your password.

From the Login page; click the *Forgot Password?* link. The Forgot Password page displays.

| Forgot Password | |
|------------------|--|
| Show Hint | |
| *User Name: | Government Email Address |
| | Show Hint |
| Send It by Email | |
| "User Name: | Government Email Address A temporary password will be sent to your E-Mail Account. |
| | Submit |
| | Return to Login Page |

Figure 9: Forgot Password page

The Show Hint section allows the user to view the Hint entered when the password was last changed. Enter the username and click the **Show Hint** button.

• The Forgot Password page is redisplayed with the Hint and allows the user to log in from this page.

| Forgot Password | | | |
|-----------------|------------------------------|--|--|
| Login | | | |
| *User Name: | kimberly.j.gravestest@va.gov | | |
| *Password: | Enter password | | |
| | Hint: Sundayllow49 | | |
| | Log In | | |

Figure 10: Show Hint

Send It By Email allows the user to retrieve a temporary password through email. The password is sent to the email address entered when the account was created. Enter your username and click the **Submit** button.

Note: * *indicates required field.*

• The Login page displays. Enter the username and the retrieved password. Follow the instructions in **Section 2.2 Change Password** to change the password.

2.4 My Account

My Account allows the user to update personal information.

| late My Accour | it Information | | | | |
|----------------|---|-----------------------|---|-------------|--------|
| *User Name: | kimberly.j.gravestest@va.gov | | | | |
| *First Name: | Kimberly | Middle Name: | L | *Last Name: | Graves |
| *Agency/Mode: | VA Agency options will show once y Address has been validated | vour Government Email | | | |
| Phone Number: | (202) 555-4632 | | | | |
| Role: | Applicant | | | | |

From the Home page; click the **My Account** button. The Update My Account Information page displays.

Figure 11: Update My Account page

The information entered when the account was registered is pre-populated in the fields. Update the information as needed.

Click the **Update** button to save the changes. The account information is updated and the Home page is displayed with a confirmation message at the top of the page.

User kimberly.j.gravestest@va.gov has been Updated

Figure 12: Update My Account Confirmation

Note: You can update your account information at any time by using the above steps after clicking the **My Account** button on the Home page. The My Account page can also be accessed from the Utilities dropdown menu located on the Menu bar at the top of the Home page.

Note: To access the additional Utilities menu options from a mobile device; click the additional menus button at the top of the page. Click the Utilities dropdown arrow to display the sub-menus.

| Home | |
|---------------------|--|
| Transit Application | |
| Approval Section - | |
| Utilities - | |
| My Account | |
| Change Password | |

Figure 13: Utilities Menu Options

2.5 Session Time Out

If your session is inactive (i.e., you have not typed data into an existing page, requested a new page, submitted data, etc.) for 45 minutes, you will be automatically logged out.

2.6 Exit

- To exit the system from a desktop, click the **Logout** button on the home page.
- To exit the system from a mobile device, click the additional menu button = at the top of page. Click the Logout button. The Login page is displayed.

3. OVERVIEW OF THE HOME PAGE

The tabs and links available to you on the home page are determined by your assigned user role. User roles are assigned by TRANServe and the Agency Program Office.

The home page is divided into two sections:

- The menu bar displays at the top of the page and displays the following:
 - Home Click this tab to display the home page.
 - Transit Benefit Application Click this tab to display the Select An Action To Continue page.
 - Utilities Click this tab to display My Account and Change Password sub-menu options.
 - Admin This functionality is only available for administrators. Click this tab to display User Admin and/or Role Admin sub-menu options.
 - Logout Click this tab to logout of the application.
- The main section of the home page displays buttons representing functions you can execute within the application.
 - Transit Benefit Application Click this button to display the Select An Action To Continue page.
 - My Account Click this button to display the My Account page.
 - Change Password Click this button to display the Change Password page.
 - Log Out Click this link to log out of the application system.

| Q U.S. Depart | Iment of Transportation | | | U.S. Department of Transportat | |
|------------------|-------------------------|-------------|--|--------------------------------|-----------------|
| Home | Transit Application | Utilities - | | L Kimberly Graves | C Logout |
| | | F | Parking and Transit Benefit Public Website Version v 3.0 | | |
| | | | Transit Benefit Application | | |
| | | | 🌣 My Account | | |
| | | | | | |
| | | | | | |
| | | | | Friday, Ja | inuary 15, 2016 |

Figure 14: Website Home page

Note: To access the additional menu options from a mobile device; click the additional menus button at the top of the page. The additional menu options are displayed. Applicants do not see all sections

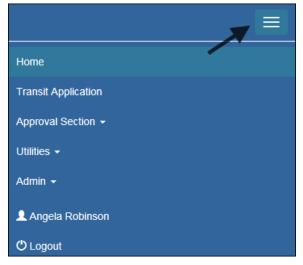


Figure 15: Additional Menu Options

3.1 Transit Benefit Application

The Transit Benefit Application option allows the applicant to request information, withdraw from the program, make address and SmarTrip_® changes, and to certify/enroll in the transit benefit program.

From the Home page; click the **Transit Benefit Application** button. The Select An Action To Continue page displays.

| Select an Action to Continue | | | |
|------------------------------|--|--|--|
| | Employer: Department of Transportation | | |
| | Request Information | | |
| | ○ Withdraw from the Program | | |
| | ○ Address/Smartrip Change 🕄 | | |
| | ○ Certify/Enroll 🕄 | | |
| | | | |
| | Continue | | |

Figure 16: Select An Action To Continue page

3.1.1 Request Information

The applicant can request information from the Office of Facilities Services, Consumer Product Safety Commission (CPSC), 4330 East West Highway, Room 519, Bethesda, MD 20814, by submitting questions regarding the transit benefit program or a submitted application through Kim-Anh Rester, Program Coordinator/Transit Subsidy Benefit Program, (301) 504-7651, 4330East West Highway (Room 519-08), Bethesda, MD 20814 – CPSC-Point of Contact (POC).

The Request Information radio button is selected by default when the page is displayed. Click the **Continue** button to display the Request Information page.

| Request Information | | | | |
|-----------------------|---|----------|---------------------|--|
| Name: | Graves | Kimberly | Jessica | |
| | (Last) | (First) | (Middle) | |
| Email Address: | kimberly j.gravestest@dot.gov | | | |
| Agency: | Department of Transportation | | | |
| *Point of Contact: () | | Select | | |
| | Click the Select button to select Point of Co | ntact | | |
| *Question: | | | | |
| quotioni | | | | |
| | | | Send Request Cancel | |
| | | | Cancer | |
| | | | | |

Figure 17: Request Information page

If a POC has been selected it will pre-populate in the Point of Contact textbox. To select a POC, click the **Select** button to display the available POCs in a separate window.

Select a POC from the list.

Enter the question or concern in the Question textbox and click the **Send Request** button.

An email is sent to the selected POC. The Home page is displayed with a confirmation message at the top of the page.

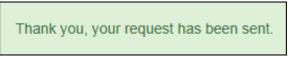


Figure 18: Request Information Confirmation

3.1.2 Withdraw from the Program

The applicant can submit a request to withdraw from the program at any time.

Select the Withdraw from the Program radio button.

Click the **Continue** button. The Withdraw From The Program page is displayed.

| Withdraw from the Program | | | | | | |
|---------------------------------|---|---------------|-----|--|----------|--------|
| ldentifier: | **** | | | | | |
| Name: | MILLS | SHARONDA | | | | |
| | (Last) | (First) | | | | |
| Email Address: | Sharonda.Mills@va.gov | | | | | |
| Agency/Mode: | Department of V.A. (VA) | | | | | |
| *12345: 🕄 | (202) 555-4441 | | | | | |
| "Withdrawal Date: | | | Ħ | | | |
| | Click the Calendar to select a Withdrawal E | Date | | | | |
| *Approving Official: 🚱 | | Sel | ect | | | |
| | Click the Select button to select Approving | Official | | | | |
| "Manager/Fund Certifier: 🕢 | | Sel | ect | | | |
| | Click the Select button to select Manager/F | und Certifier | | | | |
| Comment for Agency Approvers: 3 | | | | | | |
| | You have 1995 characters remaining | | | | | |
| | | | | | Withdraw | Cancel |
| | | | | | | |

Figure 19: Withdraw From The Program page

Click the pop up calendar to select a withdrawal date.

Click the **Select** button to display the list for Supervisor-Approval Official.

| Approving Official | | | × |
|--------------------|----------|----------------------|-------|
| Name | | Email | |
| Type to filter | | | |
| KIM LYONS | | kim.lyonstest@va.gov | |
| | << < 1 > | >> | |
| | | | Close |

Figure 20: Approving Official (1st Approver)

Click the **Select** button to display the list for your agency Select your Fund Certifier: Kim-Anh Rester or Iris Parks

| Manager/Fund Certifier | × |
|------------------------|------------------------|
| Name | Email |
| Type to filter | |
| GLEN HARPERTEST | glen.harpertest@va.gov |
| JESSICA MARTIN | jessica.martins@va.gov |
| | |
| | << < 1 > >> |
| | |
| | Close |

Figure 21: Manager Fund/Certifier (2nd Approver)

Select your 2nd Approver.

Enter any information that will assist your Agency Approver with processing your application in the Comment for Agency Approvers textbox.

Click the **Withdraw** button. The request is sent to TRANServe and a confirmation message is displayed at the top of the page.

Thank you, your application to Withdraw from the Program has been submitted.

Figure 22: Withdraw Confirmation

Note: *The applicant must be enrolled in the Transit Benefit Program to withdraw. Registering a username does not mean that the applicant has enrolled in the program.*

3.1.3 Address/SmarTrip® Change

The applicant can submit a request to update an address or SmarTrip® number.

Select the Address/ SmarTrip® radio button.

Click the **Continue** button. The Change Address/ SmarTrip® page is displayed.

| Address/Smartrip Change | | | |
|-------------------------|---------------------------------|-------------|---------------|
| General Information | | | |
| *Identifier: | ***** | | |
| Name: | MARTINS | JESSICA | |
| | (Last) | (First) | |
| Email Address: | Jessica.martins@treas.gov | | |
| Agency: | Department of Treasury (TRE-HQ) | | |
| Work Phone: | | | |
| Work Information | | | |
| Work Address: | Work Address | | |
| Work City: | Work City | Work State: | Work Zip: |
| Residence Information | | | |
| Address: | Address | | |
| | Address 2 | | |
| City: | City | State: | Zip: |
| SmartTrip Information | | | |
| SmartTrip Card Number: | | | |
| | | | Submit Cancel |

Figure 23: Change Address/ SmarTrip® page

Update the applicable information. Only update the section that needs to be changed. You are not required to complete an entirely new application.

Click the **Submit** button. The request is sent to TRANServe and a confirmation message is displayed at the top of the page.



Figure 24: Address/ SmarTrip® Confirmation

Note: The applicant must be enrolled in the Transit Benefit Program to change address/ SmarTrip® information. Registering a username does not mean that the applicant has enrolled in the program.

3.1.4 Certify/Enroll

The Certify/Enroll allows the applicant to enroll in the transit benefit program by submitting an application.

Select the Certify/Enroll radio button.

Click the **Continue** button. The Warning page is displayed.

| WARNING ! |
|--|
| This certification concerns a matter within the jurisdiction of an agency of the United States. Making a failse, fictilious, or fraudulent certification may constitute criminal violations punishable under Title 18, United States Code, Section 1001, by imprisonment up to five years and fines up to \$10,000 for each offense, and/or agency disciplinary actions up to and including dismissal. |
| - I certify that I am employed by the U.S. Federal Government |
| - I certify that I am not named on a federally subsidized parking permit with any other federal agency. |
| - I certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work by public transit or vanpool, and will not give, sell, or transfer it to anyone else. |
| I certify that in any given month, I will not use the Government-provided transit benefit in excess of the statutory limit. If my commuting costs per month on public transit exceed the month statutory limit, then I will supplement those additional costs with my own funds rather than use a Government-provided transit benefit designated for use in a future month. |
| - I certify that I will not claim the transit benefit in excess of my actual monthly commuting expense. If at anytime during a given month I am out of work due to sickness, vacation or any other reason, on official travel, or use a private vehicle for commuting, I will claim less and adjust the amount of my transit benefit the following month if appropriate. |
| - I certify that my parking fees are not included in the computation of the daily, weekly or monthly commuting costs for my transit benefit. |
| 1 Agree I Do Not Agree |

Figure 25: Warning page

After reading the message; click the **I** Agree button. The Transit Benefit Application Worksheet is displayed.

Note: If the applicant does not agree, click the **I Do Not Agree** button to display the Select An Action To Continue page.

| Certify/Enroll | | | | | |
|--|--|-----------------------------------|--|--|--|
| C Transit Benefit Application Workshi | ret | | | | |
| All Transil Benefit Program Applicants are required to certify the "Total Monthly Expense" of their Home to Work Mass Transit Commute. | | | | | |
| | it benefit and must not be included in "Total Monthly Expense". | ATTAL MARK. | | | |
| Instructions: To calculate your "Total Month | ily Expense" | | | | |
| a. Select your transportation method(s) | | | | | |
| Enter the following information in the Name of Company for your me | "To Work" and "From Work" row(s) of each transportation method: thod of transportation (Metro, BART, Subway) | | | | |
| iii. Number of days you routinely v | rork in a month e the price of the pass by 2, and enter the information in the Monthly Expense column. | | | | |
| d. The Total Monthly Expense value aut | omatically populates | | | | |
| *Reason for Certification: | | ~ | | | |
| Civilian/Military: 🕤 | CIVILIAN | ~ | | | |
| Work Status: | Full Time | ~ | | | |
| G Transit Benefit Transportation Meth | ods | | | | |
| Always follow your Agency work schedule p | olicy for specific guidance on the Days per Month entry. | | | | |
| Defined work schedule examples: | | | | | |
| If you work a Flex Schedule of 9-hour | rs per day, the average amount of 20 Days can be entered into the Days per Month co s per day, the average amount of 18 Days can be entered into the Days per Month co if 10-hour days, the average amount of 16 Days can be entered into the Days per Mon | lumn | | | |
| If you telecommute or work part time, | enter the number of days you actually commute to/from work. | en column | | | |
| | *Select your transportation methods: | | | | |
| | Bus Other Bus Rail Other Method Vanpool | | | | |
| Every Transit Benefit Program Participan month to reflect the actual cost of their h | t is responsible to adjust the amount of their transit benefit each Tot | al Monthly Expense: \$ | | | |
| nona to resect the actual cost of them | the work commute. | | | | |
| C Transit Benefit Program Application | 1 | | | | |
| "Identifier: 😡 | | | | | |
| Name: | SHEPARD HANK | v | | | |
| warne: | (Last) (First) | (Middle) | | | |
| Email Address: | hank.shepardtest@va.gov "Work Phone | (202) 555-7854 | | | |
| *Common identifier: 😔 | | | | | |
| Department of V.A. | | | | | |
| *Select Your Agency: O | VA V 'Region | :0 ~ | | | |
| "Select Your Agency: 😜 | VA Va Vikegion | | | | |
| *Admin: 😜 | | | | | |
| | Populates from Select Your Agency | | | | |
| Accounting Code: 0 | Select | | | | |
| | Click the Select button to select Accounting Code | - | | | |
| Routing Symbol: () | Select | | | | |
| | Click the Select button to select Routing Symbol | _ | | | |
| Location/Building: 🕤 | Select. Click the Select button to select Location/Building | | | | |
| | I certify that my usual monthly Transit commuting costs are: 0 | \$ | | | |
| | This field is automatically calculated | 2 | | | |
| Work Information | | | | | |
| "Work Address: | Work Address | | | | |
| "Work City: | Work City Work State: | 'Work Zip: | | | |
| | | | | | |
| Residence Information | | | | | |
| *Address: | Address | | | | |
| | Address 2 | | | | |
| "City: | City *State: | *Zip: | | | |
| Approver Information | | | | | |
| "Approving Official: 0 | Select 'Manager/Fund Certifier | :0 Select | | | |
| | Click the Select button to select | Click the Select button to select | | | |
| | Approving Official | Manager/Fund Certifier | | | |
| "Point of Contact: 😡 | Select Manager Pho | ine: | | | |
| | Click the Select button to select Point of Contact | | | | |
| | | | | | |
| *SmartTrip Card Number: 0 | | | | | |
| Comment for Agency Approvers: 0 | | | | | |
| | You have 1995 characters remaining | | | | |
| | - | | | | |
| | | | | | |
| | | Continue Cancel | | | |

Figure 26: Transit Benefit Application Worksheet

Note: * indicates required field.

Select the reason for certification.

- ٠
- Address or SmarTrip® Card Number Change This selection is only used to make updates to the address or SmarTrip® card number. Do not select this reason if changing transportation amounts. This feature routes the application directly to TRANServe for faster processing.
- Agency Change
- Annual Certification/Recertification This selection requires the applicant to certify to completion of the Transit Benefit Integrity Awareness training.
- New Transit Benefit Participant This selection requires the applicant to certify to completion of the Transit Benefit Integrity training.
- Rate Change
- SmarTrip and Rate Change
- Select Employment Type. (This feature default to Civilian)
- Select your work status. (This feature defaults to Full Time)
- Full Time
- Part time
- Intern

Select your transportation method(s).

Bus

| Bus to Work: | | S | | S |
|---------------------------------------|------------------------------------|-------------------------------------|------------------------|-----------------|
| | Name of Company | Daily Expense | Days per Month | Monthly Expense |
| Bus from Work: | | S | | S |
| | Name of Company | Daily Expense | Days per Month | Monthly Expense |
| Other Bus to Work: | | \$ | | S |
| | Name of Company | Daily Expense | Days per Month | Monthly Expense |
| Other Bus from Work: | | \$ | | S |
| | Name of Company | Daily Expense | Days per Month | Monthly Expense |
| ery Transit Benefit Program Participa | nt is responsible to adjust the an | nount of their transit benefit each | Total Monthly Expense: | \$ 0.00 |

Figure 27: Bus Method

Other Bus

| ry Transit Benefit Program Participa th to reflect the actual cost of their l | | ount of their transit benefit each | Total Monthly Expense: | \$ 0.00 |
|--|-----------------|------------------------------------|------------------------|-----------------|
| | Name of Company | Daily Expense | Days per Month | Monthly Expense |
| Other Bus from Work: | | \$ | | \$ |
| | Name of Company | Daily Expense | Days per Month | Monthly Expense |
| Other Bus to Work: | | S | | s |

Figure 28: Other Bus Method

Rail

| Rail to Work: | | 5 | | s |
|-------------------------------------|-----------------|---------------|------------------------|-----------------|
| | Name of Company | Daily Expense | Days per Month | Monthly Expense |
| Rail from Work: | | S | | \$ |
| | Name of Company | Daily Expense | Days per Month | Monthly Expense |
| y Transit Benefit Program Participa | | | Total Monthly Expense: | \$ 0.00 |

Figure 29: Rail Method

Other Method

| Other Method to Work | | \$ | | 2 |
|------------------------|-----------------|---------------|----------------|-----------------|
| | Name of Company | Daily Expense | Days per Month | Monthly Expense |
| Other Method from Work | | | | |
| Other Method from Work | | \$ | | S |
| | Name of Company | Daily Expense | Days per Month | Monthly Expense |
| | | | | |

Figure 30: Other Method

Vanpool

| Vanpool: | | S | | S |
|--|-----------------|-------------------------------------|------------------------|-----------------|
| | Name of Company | Daily Expense | Days per Month | Monthly Expense |
| Every Transit Benefit Program Participa month to reflect the actual cost of their | | nount of their transit benefit each | Total Monthly Expense: | \$ 0.00 |

Figure 31: Vanpool Method

Note: If all of the methods of transportation are selected, all of the methods will display in one table. **Note:** When filling out the method of transportation table, be sure to follow your Agency's work schedule policies.

| Always follow your Agency work schedule policy for specific guidance on the Days per Month entry. Defined work schedule examples: • If you work a Basic schedule of 8-hours per day, the average amount of 20 Days can be entered into the Days per Month column • If you work a Flex Schedule of 9-hours per day, the average amount of 18 Days can be entered into the Days per Month column • If you work a Compressed schedule of 10-hourd ways, the average amount of 10 Days can be entered into the Days per Month column • If you work a Compressed schedule of 10-hourd ways, the average amount of 10 Days can be entered into the Days per Month column • If you work a Compressed schedule of 10-hours per days, the average amount of 10 Days can be entered into the Days per Month column • If you work and the compressed schedule of 10-hours per days you actually commute toffrom work. | |
|---|--|
| If you work a Basic schedule of 8-hours per day, the average amount of 20 Days can be entered into the Days per Month column If you work a Flex Schedule of 9-hours per day, the average amount of 18 Days can be entered into the Days per Month column If you work a Compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per Month column | Always follow your Agency work schedule policy for specific guidance on the Days per Month entry. |
| If you work a Flex Schedule of 9-hours per day, the average amount of 18 Days can be entered into the Days per Month column If you work a Compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per Month column | Defined work schedule examples: |
| | If you work a Flex Schedule of 9-hours per day, the average amount of 18 Days can be entered into the Days per Month column If you work a Compressed schedule of 10-hour days, the average amount of 16 Days can be entered into the Days per Month column |

Figure 32: Sample Agency Work Schedule Policies

Fill out the selected method of transportation table for every method routinely used (i.e. Bus and Rail)



Figure 33: Method of Transportation Table

Note: The Monthly Expense and the Total Monthly Expense is automatically calculated when you enter the Daily Expense and the Days per Month.

Enter the Identifier. This may be the last four digits of your social security number, your employee identification number or another indicator specified by your Agency. If not sure, you may check the help menu.

Enter the Common Identifier. This is information used to activate the TRANServe Card. The card activation key may be a word phrase or number. If not sure, you may check the help menu.

Select the Region closest to your physical work location

Select the CPSC-Admin.

Depending on the Agency three optional fields may be displayed (i.e. Accounting Code, Routing Symbol, and Location/Building). For <u>CPSC</u> these fields are labeled: Supervisor – Approval Official. Click the **Select** link to display the list for your agency.

| Accounting Code: 😌 | | Select |
|----------------------|---|--------|
| | Click the Select button to select Accounting Code | |
| Routing Symbol: 9 | | Select |
| | Click the Select button to select Routing Symbol | |
| Location/Building: 🕄 | | Select |
| | Click the Select button to select Location/Building | |

Enter your Work Information.

Enter your Residence Information. (The address from which you routinely commute) Click the **Select** button to display the list for your agency's 1st Approvers.

| Approving Official | | × |
|--------------------|-----------------------|-------|
| Name | Email | |
| Type to filter | | |
| HARRY CAREY | harry.carey@treas.gov | |
| | « < 1 > » | |
| | | Close |

Figure 34: 1st Approver

Select your Supervisor-1st Approver. (Check the help menu to clarify)

Click the **Select** button to display the list for your Agency. Kim-Anh Rester <u>or</u> Iris Parks are the Fund Certifiers- 2^{nd} Approvers. (Check the help menu to clarify)

| Mana | ager/Fund Certifier | r | | | | | | | | × |
|------|---------------------|----|---|---|---|-------|--------------|------|-------|---|
| | Name | | | | | Emai | I | | | |
| | Type to filter | | | | | | | | | |
| C | DARREN CHANG | | | | | darre | n.chang@ed. | gov | | |
| C | HARRY CAREY | | | | | harry | .carey@treas | .gov | | |
| | | _ | | | | | | | | |
| | | << | < | 1 | > | >> | | | | |
| | | | | | | | | | | |
| | | | | | | | | | Close | |

Figure 35: 2nd Approver

Select your Kim-Anh Rester <u>or</u> Iris Parks - Fund Certifier -2^{nd} Approver. Click the **Select** button to display the list for your agency's Points of Contact.

| Name | | Region | Email |
|----------------|------|--------|----------------|
| Type to filter | | ~ | |
| TREASURY POC | | DC | POC@Agency.gov |
| | << < | 1 > >> | |
| | | | |

Figure 36: Points of Contact

Select your Point of Contact.

Enter your SmarTrip_® card information. If you have not purchased a SmarTrip_®, enter NA. See <u>Appendix A – SmarTrip_® Card Instructions</u>.

Enter any information that will assist your Agency Approvers with processing your application in the Comment for Agency Approvers textbox.

| "image: 0 Image: 0 CVNN LEE Line: RODPROUEZ CVNN LEE Control FPR0 CVNN LEE Control Materia CVNN LEE "conneon leaders: Image: 0 CVNN LEE "conneon leaders: Image: 0 CVNN LEE "conneon leaders: Image: 0 CO "conneon leaders: Image: 0 CO "conneon leaders: Tree H2 Tree H2 "state: Co Co "domine 0 Tree H2 Tree H2 Populates from Solect Your Agency Cock the Solect budion to solect Accounting Cole Cock Cock the Solect budion to solect Icculorobuding Solect Solect Cock the Solect budion to solect Icculorobuding Solect Solect Cock the Solect budion to solect Icculorobuding Solect Solect Cock the Solect budion to solect Icculorobuding Solect Solect Cock the Solect budion to solect Icculorobuding Solect Solect Cock the Solect budion to solect Icculorobuding Solect Solect Vect Advers: Cock the Solect budion to solect Icculorobuding Solect | | |
|--|---|-------|
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| Comment for Agency Approvers: 0 HELP ME HELP YOU | r: • 000123456 | |
| | s: O HELP ME HELP YOU | |
| You have 1979 characters remaining | | |
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Figure 37: Completed Transit Benefit Application

Click the **Continue** button. The SmartBenefits[®] Program page is displayed.

| Smart Benefits Program | |
|---|--------------|
| If you would like to enroll in the SmattBenefits Program or you are already a SmartBenefits participant, please click the "Yes" but SmartBenefits Program eliminates the need to transfer funds to your SmarTrip card. Instead, your monthly transit benefit is down SmarTrip card on the first day of every month. | |
| YES I would like to enroll | NO Thank You |

Figure 38: SmartBenefits Program page

Click the **YES I would like to enroll** button to join the SmartBenefits® program. By clicking yes, you agree to have your transit benefit downloaded to your SmarTrip® card the first of every month. (Mandatory for methods that accept SmarTrip®)

Click the **NO Thank You** button if you do not want to join the SmartBenefits[®] program.

Note: Your Name, Email Address, Work Phone, and Agency/Mode are pre-populated with the information you entered when you registered. Verify that the information is correct.

After clicking the **YES** or **NO** button, a confirmation message is displayed.



Figure 39: Transit Benefit Program Confirmation

Note: The SmartBenefits_® program confirmation message is only displayed when the applicant enrolls in the SmartBenefits_® program.

3.1.5 Disapproved Applications

Disapproved Applications are sent back to the applicant. The applicant must make corrections and resubmit the application to continue the application approval process.

From the Home page; click the **Transit Benefit Application** button. The Select An Action To Continue page displays. The reason the application was disapproved is displayed at the top of the page.

| | Your Current Application Status: Certification Disapproved Reason: TEST Disapproval | |
|------------------------------|--|--|
| Select an Action to Continue | | |
| | Employer: Federal Deposit Insurance Corporation | |
| | Request Information | |
| | O Update Disapproved Certification 0 | |
| | Continue | |

Figure 40: Select An Action To Continue page

Select the Update Disapproved Application radio button. Click the **Continue** button. The Warning page is displayed.

| | WARNING ! |
|-----------------|--|
| | oncerns a matter within the jurisdiction of an agency of the United States. Making a false, ficilitous, or fraudulent certification may constitute criminal volations Tile 16, United States Code, Section 1001, by imprisonment up to hive years and fines up to \$10,000 for each offerce, and/or agency disciplinary actions up to and L |
| - I certify the | at I am employed by the U.S. Federal Government |
| - I certify the | at I am not named on a federally subsidized parking permit with any other federal agency. |
| | at I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work by public transit or d will not give, sell, or transfer it to anyone else. |
| per month o | at in any given month. I will not use the Government-provided transit benefit in excess of the statutory limit. If my commuting costs on public transit exceed the month statutory limit, then I will supplement those additional costs with my own funds rather than use ent-provided transit benefit designated for use in a future month. |
| out of work | at I will not claim the transit benefit in excess of my actual monthly commuting expense. If at anytime during a given month I am due to sickness, vacation or any other reason, on official travel, or use a private vehicle for commuting. I will claim less and adjust of my transit benefit the following month if appropriate. |
| - I certify the | at my parking fees are not included in the computation of the daily, weekly or monthly commuting costs for my transit benefit. |
| | I Agree I Do Not Agree |

Figure 41: Warning page

After reading the message; click the **I Agree** button. The disapproved Transit Benefit Application Worksheet is displayed.

Note: If the applicant does not agree, click the **I Do Not Agree** button to return to the Select An Action To Continue page.

| | | ation and Start Over | | | |
|---|--|---|----------------|--|--------------|
| | Disapprov | ed Reason: trace | | | |
| dicates required field. | | | | | |
| Certify/Enroll Status: Certificat | ion Disapproved | | | | |
| G Transit Benefit Application Workshe | uet. | | | | |
| All Transit Benefit Program Applicants are re | mined to cartify the "Tetal Monthly Even | man" of their Home In Work Maco | Transit Comm | te | |
| Parking fees are not eligible for the transi | | | C TRANSPORT | in. | |
| instructions: To calculate your "Total Month | ly Expense" | | | | |
| a. Select your transportation method(s) b. Enter the following information in the ' | To Work" and "Emm Work" music) of earl | transportation method: | | | |
| a. Select your transportation method(s) b. Enter the following information in the " I. Name of Company for your met II. Daily or Monthly Expense | thod of transportation (Metro, BART, Subv | vay) | | | |
| iii. Number of days you routinely w c. If you purchase a Monthly pass, divide d. The Total Monthly Expense value auto | | | se column. | | |
| d. The Total Monthly Expense value auto "Reason for Certification: | Rate Change | | | ~ | |
| Civilan Wiltary: • | | | | ~ | |
| Work Status: | CMLIAN Full Time | | | ~ | |
| WAX SHUS. | Portine | | | • | |
| G Transit Benefit Transportation Meth | ods | | | | |
| Always follow your Agency work schedule pr | olicy for specific guidance on the Days pe | Month entry. | | | |
| Defined work schedule examples: • If you work a Basic schedule of 8-hour | is per day, the average amount of 20 Day | s can be entered into the Davs pe | r Month column | | |
| If you work a Flex Schedule of 9-hours If you work a Compressed schedule of | s per day, the average amount of 18 Days if 10-hour days, the average amount of 16 | can be entered into the Days per Days can be entered into the Day | Month column | umo | |
| If you telecommute or work part time, | enter the number of days you actually cor | mmute to/from work | | | |
| | | ansportation methods: al Other Method Vanpool | | | |
| | Bus Other Bus Ra | al Other Method Vanpool | | | |
| Bus to Work: | BTW | \$ 4.50 | 16 | \$ 72 | |
| | Name of Company | Daily Expense | Days per Mo | nth Monthly E | xpense |
| Bus from Work: | BFW | \$ 4.50 | 16 | \$ 72. | |
| ous rom work. | Name of Company | S 450 Daily Expense | Days per Mo | | |
| | | | | | |
| Every Transit Benefit Program Participan month to reflect the actual cost of their h | t is responsible to adjust the amount o | f their transit benefit each | Total Mor | thly Expense: \$ 14 | K.00 |
| month to renect the actual cost of their hi | ome to work commute. | | | | |
| C Transit Benefit Program Application | | | | | |
| | | | | | |
| | Disapprovi | ed Reason: trace | | | |
| 'identifier: O | | | | | |
| Name: | TESTON | TRACEY | | | |
| | (Last) | (First) | | | |
| Email Address: | Tracey.Teston@fdic.gov | | Vork Phone: 🛛 | (410) 555-4654 | |
| "Common identifier: O | 3435DF8D | | | | |
| Federal Deposit Insurance Corporation | | | | | |
| "Select Your Agency: O | FDIC | | "Region: 😜 | DC | |
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Figure 42: Disapproved Transit Benefit Application Worksheet

- The reason the application was disapproved is displayed at the top of the Transit Benefit Application Worksheet and the Transit Benefit Program Application.
- The information the applicant entered when the application was submitted is displayed. Make the required corrections and resubmit the application by clicking the **Continue** button.

Click the **Delete Application and Start Over** button to delete the existing application. Doing this will revert the application back to the last submitted application. If this is your first application using this system, only the Profile information will display.

APPENDIX A: SMARTRIP CARD INSTRUCTIONS

For SmartBenefit Participants: Purchase and Register a SmarTrip® card

SmarTrip® card usage is mandatory for all participants in the National Capital Region.

- Purchase a SmarTrip® Card This is a reloadable electronic fare card. Using a reloadable card supports government initiatives to support and improve the environment through more sustainable practices.
- a. You can purchase at a Metro Sales Store, Station Kiosk (these are located in Stations where parking is available, a Commuter Store and many retail establishments.

Note: Look here for more information on locations: http://www.wmata.com/fares/purchase/where.cfm

• You can also purchase a SmarTrip® Card on line: <u>http://www.wmata.com/fares/purchase/</u>

Note: An online order requires you to provide a shipping address which must match the billing address on line with your credit card provider.

Create a Personal Account to register your SmarTrip® Card. You must register your SmarTrip® card with WMATA in order to receive your transit benefit electronically. Registration may take up to 48 hours to be reflected in the WMATA system. An additional benefit of registering your card is to protect the funds on the card. If lost or stolen you may cancel the card. After you replace your SmarTrip® card, you can transfer the funds to the new card.

- Register your SmarTrip® card here: https://SmarTrip.wmata.com/Registration/Register.aspx
- You must indicate the type of card by matching the serial number on the back with the pattern that is circled below:

| Card Type #1: 🔘 | see mbum bo: WMWTA, 600 Filth: Strest, N.W. D.C. 20001 wrTho: and SmartBerefice: loops of the stateward markes of VMMTA. 012345678 C3DW803 |
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| | serial number |
| Card Type #2: 🔘 | Bise return to: WNATA, SOD Fifth Street, N.W. |
| | writing and Strandsmitter ingest 012345678 3 C3DW803 |
| | serial number check sum |
| Card Type #3: 🔘 | e return to: WMATA, 600 Fifth Street, N.W. LC. 20001 |
| | Trig" and SmartBenefits' logos trade/service marks of WMATA. C3DW017 0020 0001 5644 364 6 |
| | serial number |
| Card Type #4: 🔘 | return to: WMATA, 600 Fifth Street, N.W. . 20001 |
| | of and SmartBenefits' logos stelleevice marks of WMATA. GD1137 0167 0693 4564 7992 9601 |
| | serial number |

TIP 1: Enlarge the number on a Xerox machine and attach to your application

TIP 2: If your SmarTrip® (or CharmCard) serial number is fewer than nine (9) digits, you need to add zero(s) to the front to make it nine (9) digits.