

TRANSIT BENEFIT PROGRAM APPLICATION SYSTEM DOI-BIA APPLICANT 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

1200 New Jersey Avenue, SE

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
 - <u>Underline Italic in blue</u> 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

1.4 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
Main Coordinator	Echo-Hawk (Pete) Neconie 202-208-4312	Main Coordinator	Echo-hawk.neconie@bia.gov

PLEASE HAVE YOUR FUND/FUNCTIONAL AREA, COST CENTER CODE AND WBS CODES FROM YOUR SUPERVISOR BEFORE STARTING YOUR APPLICATION

ALL TRANSIT SUBSIDY PROGRAM PARTICIPANTS AND THEIR SUPERVISORS MUST COMPLETE THE DOI REQUIRED TRANSIT BENEFIT INTEGRITY AWARENESS TRAINING PRIOR TO THE PARTICIPANT ENROLLING INTO THE PROGRAM.

PLEASE VISIT HTTP://TRANSERVE.DOT.GOV/PARTICIPANTS.HTML, UNDER DOI-BIA FOR LINKS TO THE TRAINING. YOUR TRAINING CERTIFICATES (PARTICIPANT AND SUPERVISOR CERTIFICATE) MUST BE EMAILED TO YOUR PROGRAM LOCAL COORDINATOR PRIOR TO THE APPROVAL OF YOUR APPLICATION.

THE LINK TO THE WEBSITE IS LOCATED HERE: 1. ON THE TRANSERVE WEBSITE BELOW DOI-**BIA** 2. THIS LINK WILL TAKE YOU TO THE WEBPAGE WHERE YOU AND YOUR SUPERVISOR WILL FIND THE LINKS FOR YOUR REQUIRED TRAINING.

2. ACCESSING THE TRANSIT BENEFIT APPLICATION

2.1 Login Screen

Use the following steps to access the application:

a. 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 TRANSERVE Business in motion	
				+ D Login
	* indicates required field.			
	Login			
	"User Name:	Government Email Address		
	"Password:	Enter password		
		Log In Forget Passwor	d?	
		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"		
			Friday, Janu	ary 15, 201

Figure 1: Transit Benefit Application Log In page

First time users must register. Use the following steps:

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

Register Account Ir	iformation	
*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.*

- c. Enter your official *government email address* in the User Name textbox.
- d. Complete the registration form.

Register Account I	nformation	
*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.*

- e. Click the **Register** button.
- f. 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:

- g. Enter your official government email address in the User Name textbox.
- h. Enter the temporary password in the Password textbox.

Login		
*User Name:	kimberly.j.gravestest@va.gov	
*Password:	••••••	
	Log In Forgot Pass	sword?
	Not registered yet? Register	
	WARNINGWARNING***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. 	~
	WARNINGWARNING***WARNING**	

Figure 5: Log In page

- i. Click the Log In button.
- j. 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.

1. Enter the temporary password in the Current Password textbox.

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 Z) • Lowercase characters (Intrough Z) • Base 10 digits (0 through 9) • Non-alphabetic characters (for example, I, \$,%) Password Witeprie 00 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

Figure 6: Change Password page

- a. Enter your new password in the Create New Password textbox.
- b. Minimum 12 characters
- c. Complexity: minimum of 1 uppercase, 1 lowercase, 1 number, 1 special character
- d. Do use two characters consecutively. Ex: password, 22, ##
- e. Reenter your new password in the Reenter New Password textbox.
- f. Enter a hint to remind you of your password in the Create a Hint textbox.
- g. Click the **Submit** button.

Note: * indicates required field.

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

Your Password has been successfully changed. Use your Username and New Password to login to the system.

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.

1. 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	
	Re	um to Login Pag

Figure 9: Forgot Password page

- a. 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:	kimberty.j.gravestest@va.gov
*Password:	Enter password
	Hint: Sundayllow49
	Log In

Figure 10: Show Hint

b. 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.

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

Update My Accoun	t Information				
*User Name:	kimberly.j.gravestest@va.gov	1			
*First Name:	Kimberly	Middle Name:	J	*Last Name:	Graves
*Agency/Mode:	VA Agency options will show once Address has been validated	your Government Email			
Phone Number: Role:	(202) 555-4632 Applicant				
		Update	Cancel		

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.

a. 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.



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.

S. Department of Transportation		U.S. Department of Transportation
Home Transit Application Utilities +		L Kimberty Graves 🔿 Lo
Pa	rking and Transit Benefit Public Website Version v	3.0
	Transit Benefit Application	
	🗘 My Account	
		Friday, January 1

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

Home
Transit Application
Approval Section -
Utilities -
Admin 👻
L Angela Robinson
🖱 Logout

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.

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

Request Information	
O Withdraw from the Program O Address/Smartrip Change O	
○ Certify/Enroll •	

Figure 16: Select An Action To Continue page

3.1.1 Request Information

The applicant can request information from their DOI-BIA Point of Contact by submitting questions regarding the transit benefit program or a submitted application through the Point of Contact (POC).

1. 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: 3		Select	
	Click the Select button to select Point of Co	ntact	
*Question:			
			Send Request Cancel

Figure 17: Request Information page

- a. 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.
- b. Select a POC from the list.
- c. Enter the question or concern in the Question textbox and click the **Send Request** button.
- d. 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.

1. Select the Withdraw from the Program radio button.

a.	Click the Continue button.	The Withdraw From T	The Program page is displayed.
----	-----------------------------------	---------------------	--------------------------------

Withdraw from the Program			
Identifier:	****		
Name:	MILLS	SHARONDA	
	(Last)	(First)	
Email Address:	Sharonda.Mills@va.gov		
Agency/Mode:	Department of V.A. (VA)		
*12345: 😯	(202) 555-4441		
"Withdrawal Date:			
	Click the Calendar to select a	a Withdrawal Date	
*Approving Official: 🚱		Select	
	Click the Select button to sel	ect Approving Official	
"Manager/Fund Certifier: 🕢		Select	
	Click the Select button to sel	ect Manager/Fund Certifier	
Comment for Agency Approvers: 🕢			
	You have 1995 characters re	maining	Withdraw
			Villionalw

Figure 19: Withdraw From The Program page

b. Click the pop up calendar to select a withdrawal date.

Click the **Select** button to display the list of supervisors.

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

Figure 20: Supervisors (1st Approver)

- c. Select your Supervisor. If you do not see your supervisor: please contact your supervisor advise them to register, and contact your agency main coordinator for elevation. Information on page 1-1.
- d. Click the **Select** button to display the list for your agency's Local/Regional Coordinators.

Mana	ager/Fund Certifier							×
	Name					Email		
	Type to filter							
C	GLEN HARPERTEST					glen.harpertest@va	.gov	
C	JESSICA MARTIN					jessica.martins@va	.gov	
		_				_		
		<<	<	1	>	>>		
								Close

Figure 21: Local/Regional Coordinators (2nd Approver)

- e. Select your Local/Regional Coordinator.
- f. Enter any information that will assist your Agency Approver with processing your application in the Comment for Agency Approvers textbox.
- g. 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 (Washington DC-Region only). **DO NOT ENTER DEBIT CARD NUMBER**

- 1. Select the Address/ SmarTrip® radio button.
 - a. Click the **Continue** button. The Change Address/ SmarTrip® page is displayed.

Seneral Information					
"Identifier:	****				
Name:	MARTINS	JESSICA			
	(Last)	(First)			
Email Address:	Jessica.martins@treas.gov				
Agency:	Department of Treasury (TRE-HQ)				
Work Phone:					
Vork 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					

Figure 23: Change Address/ SmarTrip® page

- b. Update the applicable information. Only update the section that needs to be changed. You are not required to complete an entirely new application.
- c. Click the **Submit** button. The request is sent to TRANServe and a confirmation message is displayed at the top of the page.

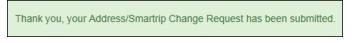


Figure 24: Address/ SmarTrip® Confirmation

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.

- 1. Select the Certify/Enroll radio button.
 - a. 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 failes, fictilious, or fraudulent certification may constitute criminal violations punishable under Tille 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.
I Agree I Do Not Agree

Figure 25: Warning page

b. 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.*

C Transit Benefit Application Workshe	not	
All Transit Benefit Program Applicants are re	equired to certify the "Total Monthly Expense" of their Home to Work Mass Transit C	Commute.
	it benefit and must not be included in "Total Monthly Expense".	
Instructions: To calculate your "Total Month		
 a. Select your transportation method(s) b. Enter the following information in the 1 	To Work" and "From Work" row(s) of each transportation method: field of transportation (Metro, BART, Subway)	
 Number of days you routinely w c. If you purchase a Monthly pass, divide 	vork in a month I the price of the pass by 2, and enter the information in the Monthly Expense column matically populates	p.
d. The Total Monthly Expense value auto "Reason for Certification:	omatically populates	~
Civilian/Military: 😜	CIVILIAN	~
Work Status:	Pull Time	~
C Transit Benefit Transportation Meth	ods	
	olicy for specific guidance on the Days per Month entry.	
Defined work schedule examples:		
 If you work a blasic schedule of b-hour 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 o s per day, the average amount of 10 Days can be entered into the Days per Month or 10-hour days, the average amount of 16 Days can be entered into the Days per Mo enter the number of days you actually commute to/from work.	olumn
 If you telecommute or work part time, 	r to-hour days, the average amount or to bays can be entered into the bays per Mo enter the number of days you actually commute to/from work.	anta column
	*Belect your transportation methods: Bus Other Bus Rail Other Method Vanpool	
	Bus Other Bus Rail Other Method Vanpool	
Every Transit Benefit Program Participan	t is responsible to adjust the amount of their transit benefit each To ome to work commute.	stal Monthly Expense: \$
month to reflect the actual cost of their h	sme to work commute.	
C Transit Benefit Program Application		
"identifier: O		
Norre:	SHEPARD HANK	~
Partie.	(Last) (First)	(Middle)
Email Address:	hank shepardlest@va.gov "Work Phon	ei • (202) 555-7554
"Common Identifier: 📀		
Department of V.A.		
-Select Your Agency: O	VA ¥ "Regio	w 0
"Select Your Agency: O	Vin Vin Regio	
"Admin: 🕥		~
	Populates from Select Your Agency	
Accounting Code: 😜	Beter	t
	Click the Select button to select Accounting Code	
Routing Symbol O	Selec	•
	Click the Select button to select Routing Symbol	
Location/Building: 💿	Click the Select button to select Location/Duilding	
	Click the Select button to select Location/Building	
	This field is automatically calculated	5
Work Information		
"Work Address:	Work Address	
"Work Address:		
	Work Address Work City Work State:	"Work 201
"Work Address:		Work Zipi
"Work Address		Work Zipi
Work Address Work City Residence Information	Work City Work Mate:	Work (Spi
Work Address Work City Residence Information	Nonx City Www.X Matter V Andress Andress 2 Image: City City City City City City City City	Work Data
-Work Address - Weak City Residence Information - Address - City	Work Matter V Address 2	
Work Antiness: Work City Residence Information *Antiness: -City Approver Information	Total Ciry West, Nature V Antonese 2 Ciry Nature V	-2044
-Work Address - Weak City Residence Information - Address - City	Text City West Nature Image: City City City City City City City City	-20pc 100000
Work Antiness: Work City Residence Information *Antiness: -City Approver Information	Total Ciry West, Nature V Antonese 2 Ciry Nature V	
Headdence Information Approver Information Approver Information Approver Information	West State • Address • Address • (%) • (%) • Class to be loss to bolise to bolise to bolise •	-stipe er Ø Celle Nee Bester Laution to select Managerithune Centitier
Work Antiness: Work City Residence Information *Antiness: -City Approver Information	Week State: V Address V Add	-stipe er Ø Celle Nee Bester Laution to select Managerithune Centitier
Headdence Information Approver Information Approver Information Approver Information	West State • Address • Address • (%) • (%) • Class to be loss to bolise to bolise to bolise •	-stipe er Ø Celle Nee Bester Laution to select Managerithune Centitier
"Book Address: "West Copy Measibures Information "Address: Approver Information "Agenetics (Chilait & "Agenetics (Chilait &	Week State: V Address V Add	-stipe er Ø Celle Nee Bester Laution to select Managerithune Centitier
Headdence Information Approver Information Approver Information Approver Information	Week State: V Address V Add	обри не Ф Ссія Пер Баніст Баліон I валіст Навладентник Селтви
"Book Address: "West Copy Measibures Information "Address: Approver Information "Agenetics (Chilait & "Agenetics (Chilait &	Week State: V Address V Add	обри не Ф Ссія Пер Баніст Баліон I валіст Навладентник Селтви
Headdance Information Headdance Information Approver Information Approver Information Patient of Castest @ Information Informa	Week State: V Address V Add	обри мі Ф Сілі Пер Паніст Ільбил I аласт Наладентний Селтин
Headdance Information Headdance Information Approver Information Approver Information Patient of Castest @ Information Informa	Week State: • Address • Address • Address • State: • State: • Out the interce toxics to select •	-stipe er Ø Celle Nee Bester Laution to select Managerithune Centitier

Figure 26: Transit Benefit Application Worksheet

Note: * indicates required field.

- c. Select the reason for certification.
- 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.
- Scan and email IntegrityTraining Certificate to the Local/Regional Coordinator.

Use the blue question mark next to each field for additional assistance.

 New Transit Benefit Participant – This selection requires the applicant to certify to completion of the Transit Benefit Integrity training by scanning and emailing IntegrityTraining Certificate to the Local/Regional Coordinator.

Use the blue question mark next to each field for additional assistance.

- 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
 - d. Select your transportation method(s).
- Bus

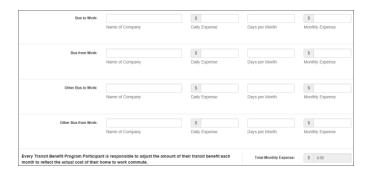


Figure 27: Bus Method

Other Bus

Other Bus from Work:	Name of Company	\$ Daily Expense	Days per Month	\$ Monthly Expense
Other Bus to Work:	Name of Company	\$ Daily Expense	Days per Month	\$ Monthly Expense

Figure 28: Other Bus Method

Rail

Rail to Work:		5		s
	Name of Company	Daily Expense	Days per Month	Monthly Expense
Rail from Work:		5		s
	Name of Company	Daily Expense	Days per Month	Monthly Expense

Figure 29: Rail Method

Other Method

Other Method to Work		S		S
	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 Participan month to reflect the actual cost of their h		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.

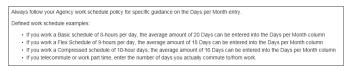


Figure 32: Sample Agency Work Schedule Policies

- e. Fill out the selected method of transportation table for every method routinely used (i.e. Bus and Rail)
- f. Enter the name of the Transit Authority-
- g. If monthly pass is purchased indicate next to name of the Transit Authority- example: RTD Monthly, Marta-Monthly.
- h. Enter Monthly cost
- i. Enter number of days per month (max 20) you commute home/work
- j. If daily pass is purchased enter in daily cost
- k. Enter number of days per month (max20) you commute home/work

Rail to Work:	BTW Name of Company	\$ 3.20 Daily Expense	16 Days per Month	\$ 51.20 Monthly Expense
Rail from Work:	BFW	\$ 3.20	16	\$ 51.20
	Name of Company	Daily Expense	Days per Month	Monthly Expense
very Transit Benefit Program Participal		nount of their transit benefit each	Total Monthly Expense:	\$ 102.40

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.

- 1. 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.
- m. Enter the Common Identifier. This is information used to activate the TRANServe Card. The card activation key may be a word phrase or number.

Use the blue question mark next to each field for additional assistance. 2

n. Select the Region associated with your Point of Contact, refer to field below to find your region next to your Point of Contacts name:

pprover Information			
*Supervisor: 🧿	Select	*Local/Region Coordinator: 😨	Select
Click the Select button to select Supervisor		Click the Select button to select Local/Region Coordinator	
*Point of Contact: 😏	HICKS, / Select	Manager Phone:	202-366-6875
	Click the Select button to select Point of Contact		

- o. Admin will auto populate.
- p. Click the **Select** link to display a list of *each portion* of accounting for your agency, must update each portion.

Fund/Functional Area: 😌	Select
	Click the Select button to select Fund/Functional Area
Cost Center Code: 🕄	Select
	Click the Select button to select Cost Center Code
WBS: 😌	Select
	Click the Select button to select WBS

Use the blue question mark next to each field for additional assistance.

- q. Enter your Work Information.
- r. Enter your Residence Information. (The address from which you routinely commute)
- s. Click the **Select** button to display the list of agency Supervisors. Only select your supervisor. Use the blue question mark next to each field for additional assistance.

Supe	ervisor	×
	Name	Email
	Type to filter	
C	ANITA PERSONIUS	anita.personius@bia.gov
C	ANN MARIE BLEDSOE DOWNES	ann.bledsoedownes@bia.gov
C	ANNA PARDO	anna.pardo@bia.gov
C	AUDREY SESSIONS	audrey.sessions@bia.gov
C	BRIAN TONIHKA	brian.tonihka@bia.gov
	<< < 1 2 3 4	4 5 > >>
		Close

Figure 34: Supervisor

- t. Select your Supervisor, <u>if you do not see your supervisor</u>, click on the blue question mark Ø for directions.
- u. Click the **Select** button to display the list for your agency's Local/Regional Coordinators, if you do not see your Local/Regional Coordinator, click on the blue question mark @ for directions.

Loca	I/Region Coordinator	×
	Name	Email
	Type to filter	
C	CORAZON DELAVEGA	corazon.delavega@bia.gov
C	ECHOHAWK NECONIE	echo-hawk.neconie@bla.gov
C	EDWARD WERMY	edward.wermy@bia.gov
C	GARY HANSON	gary.hanson@bia.gov
C	IRA NEWBREAST	ira.newbreast@bia.gov
	< < 1	2 > >>

Figure 35: Local/Regional Coordinator

- v. Select your Local/Regional Coordinator.
- w. Click the **Select** button to display the list for your agency's Points of Contact.

	Name	Region		Email
	Type to filter		~	
5	CANDACE HEATH	ALBUQUERQUE		GLORIA.TULLIE@BIA.GOV
	GARY HANSON	ANCHORAGE, AK		GARY.HANSON@BIA.GOV
8	JOEN WHITE	BILLINGS, MT		Joen.White@bia.gov
8	CYNTHIA METZ	BOISE, ID		CYNTHIA.METZ@BIA.GOV
8	ECHOHAWK NECONIE	CARSON CITY, NV		Echo- hawk.neconie@bia.gov

Figure 36: Points of Contact

x. Select your Point of Contact- the same name as your Local/Regional Coordinator.

y. For NCR participants – (Washington DC) enter your Regegistered SmarTrip® card information. Please click on the ⁽²⁾ to enter the correct format of card number. All Regional or Debit Card particiapnts enter -NA. DO NOT ENTER DEBIT CARD NUMBER.

Type #1: 012345678 C3DW803 = **012345678** Type #2: C3DW017 0020 0001 5644 364 6 = **015644364** Type #3: GD1137 0167 0693 4564 7992 9601 = **01670693456479929601**

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

1				
G Transit Benefit Program Application	n			
*ldentifier: 📀	****			
Name:	RODRIGUEZ	KAREN		LYNN LEE
	(Last)	(First)		(Middle)
Email Address:	Karen.rodrigueztest@treas.gov		"Work Phone: 😏	(202) 555-7764
*Common Identifier: 🥹	HELLOKITTY			
Department of Treasury				
*Select Your Agency: 😡	TRE-HQ V		*Region: 🕥	DC ¥
select four righter of	The The		The ground of the second secon	00 1
*Admin: 😔	TREASURY		~	
	Populates from Select Your Agency			
Accounting Code: 😏			Select	
	Click the Select button to select Accountir	ng Code		
Routing Symbol: 😔			Select	
	Click the Select button to select Routing S	Symbol		
Location/Building: 😔			Select	
Eccation/Building:	Click the Select button to select Location/	Building	Select	
	Click the select button to select Location/	Building		
	I certify that my usual monthly Transit co	ommuting costs a	ire: 🕢	\$ 102.40
	This field is automatically calculated			
	I certify that my usual monthly Parking c	ommuting costs	are:	\$ 192.00
	This field is automatically calculated			
Work Information				
"Work Address:	123 TEST STREET			
"Work City:	WASHINGTON	"Work State:		*Work Zip: 20590
-work City:	WASHINGTON	"Work State:		20590
Residence Information				
*Address:	505 GAYLEY AVENUE			
	Address 2			
*City:	LOS ANGELES	*State:	CA 🗸	*Zip: 90024
Approver Information				
			-	
*Approving Official: 📀	CAREY, HARRY Select		*Manager/Fund Certifier: 📀	CHANG, DARREN Select
	Click the Select button to select Approving Official			Click the Select button to select Manager/Fund Certifier
	, opporting cinctu			Managerr and Octaner
*Point of Contact: 😔	TREASURY POC Select		Manager Phone:	
Point of Contact:			manager Prione:	
	Click the Select button to select Point of Contact			
*SmartTrip Card Number: 🕤	000123456			
Comment for Agency Approvers: 🕤	HELP ME HELP YOU			
	You have 1979 characters remaining			
				Continue Cancel
				Continue Cancel

Figure 37: Completed Transit Benefit Application

aa. Click the **Continue** button. The SmartBenefits® Program page is displayed, if you have selected the box that indicates you are a SmartBenefits Participant.

Smart Benefits Program		
If you would like to enroll in the Smart Benefits Program or are already a Smart Be from the Smart Benefits Team will contact you shortly. The Smart Benefits Program monthly transit benefit will be downloaded directly to your Smart Benefits Card on	m eliminates the need to wait in line to pick up fa	
	YES I would like to enroll	NO Thank You

Figure 38: SmartBenefits · Program page

- bb. 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®)
- cc. 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.

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

Thank you, your New Transit Benefit Participant Application has been submitted.
Thank You for enrolling in the Transit Benefit Program. Someone from the Smart Benefits Team will be contacting you shortly.

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.

1. 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.

•	
Select an Action to Continue	
Employer: Federal Deposit Insurance Corporation	
Request Information	
O Update Disapproved Certification	
Continue	

Figure 40: Select An Action To Continue page

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

	WARNING !
р	This certification concerns a matter within the jurisdiction of an agency of the United States. Making a failer, fictilious or flaudulent certification may constitute criminal violation unstandate under Title 15, 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 a totifing 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 take 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.
	I Agree I Do Not Agree

Figure 41: Warning page

c. 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.

Deside: Application and Start Over						
Disapproved Reason: trace						
- indicates required held.						
Certify/Enroll Status: Certificati	on Disapproved					
G Transit Benefit Application Workshe						
All Transit Benefit Program Applicants are re-				Transit Commute	B.	
Parking fees are not eligible for the transit		otal Monthly Expe	ense".			
a. Select your transportation method(s)	y Expense"					
 Enter the following information in the = Name of Company for your metil 	To Work" and "From Work" row(s) of each tod of transportation (Metro, BART, Bubw, ork in a month the price of the pass by 2, and enter the a matically populates	transportation met	hod			
 Daily of Monthly Expense Number of days you routinely with If you purchase a Monthly pass, divide 	ork in a month the price of the pass by 2, and enter the i	formation in the M	Ionthly Expense	e column.		
d. The Total Monthly Expense value auto "Reason for Certification;	matically populates Rate Change				~	
	OPALIAN					
Work Status	Full Time					
C Transit Renefit Transportation Metho						
Always follow your Agency work schedule po Defined work schedule examples:						
 If you work a Basic schedule of 8-hours If you work a Play Schedule of 8-hours 	s per day, the average amount of 20 Days	can be entered int	o the Days per	Month column		
 If you work a Compressed schedule of If you telecommute or work part time, e 	s per day, the average amount of 20 Days per day, the average amount of 18 Days 10-hour days, the average amount of 16 I inter the number of days you actually com	Days can be entere mute to/from work.	id into the Days	e per Month colu	mn	
	"Gelect your tra	asportation method	f to :			
	Bus Other Bus Rai	Other Method	Vanpoor			
Bus to Work:	BTW	\$ 4.50		10		\$ 72.00
	Name of Company	Daily Expense		Days per Mont	un	Monthly Expense
Bus from Work:	DEW	\$ 4.50		10		\$ 72.00
	Name of Company	Daily Expense	14	Days per Mont	un .	Monthly Expense
Every Transit Benefit Program Participant month to reflect the actual cost of their he	is responsible to adjust the amount of me to work commute.	their transit benef	nt each	Total Mont	dy Espense:	\$ 144.00
C Transit Benefit Program Application						
	Disapproved	Reason: trace				×
*identifier: 🚭	****					
Name	(Last)	(First)				
Email Address	Tracey.Teston@fdic.gov	(1-1111)		ork Phone: 👁	(410) 555-465	
*Common Identifier: 👁	34380780					
Federal Deposit Insurance Corporation	ALABOPAD .					
"Select Your Agency: 9	PDIG Y			-Region; 오	DC	~
"Admin: 🗢	Populates from Select Your Agency			~		
Accounting Code: 👁	Click the Relect button to select Accounts	ng Code		Stotect		
	I certify that my usual monthly Transit o	ommuting costs a	are: 😦		5 144.00	
	 I acknowledge my commuting costs a paying taxes on the amount I use that I do not want my monthly funded com 	exceeds the curre	nt tax free limit.		y understand I	
Work Information					Sty tax tree into	
"Work Address:	854 MERIDETH COURT					
Work City	WASHINGTON	Work State:	00 🖌		Work Zip:	62647
Residence Information	BREAKPART CLUB DRIVE					
	Address 2					
-ORV:	HYATTEMILLE	*State:	MD ¥		-Zip:	DDDDD
Approver Information						
*Approving Official: 🧇	MATTHEW PALMERTON Select Click the Select button to select Approving Official		"Manager/Fun	d Certifier: 🗢	JASPER KEN	ot button to select d Certifier
	Approving Official				Manager/Fund	d Certifier
*Point of Contast: 🤨	WILLIAM JEFFERSON Select			nager Phone:		
	Click the Select button to select Point of Contact					
-SmartTrip Card Number: 👁	NA					
Comment for Agency Approvers: 👁						
	You have 1996 characters remaining					
						ontinue Cancel

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.

- 1. 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.

- a. 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:

Type #1: 012345678 C3DW803 = **012345678** Type #2: C3DW017 0020 0001 5644 364 6 = **015644364** Type #3: GD1137 0167 0693 4564 7992 9601 = **01670693456479929601**

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.