TRANSIT BENEFIT

PROGRAM

Applicant Guide

Updated July 28, 2014

Apply for the
Transit Subsidy Benefit Program

1. Purchase and Register a SmarTrip® card (DC participants)

2. Use your SEC federal email address to create a User Account

3. Submit the Transit Benefit Program expense worksheet and application via TRANServe Web Application

*** TRANServe Debit Card holders must register debit card with JPMorgan once received from your point of contact (instructions about registering card provided upon receipt of your debit card). ***

1. Purchase and Register a SmarTrip® card

SmarTrip® card use is mandatory for all participants in the National Capital Region who ride Metro Rail, Metro Bus, and all Washington, DC Metropolitan Area bus systems including ART - Arlington Transit, DASH, DC Circulator, CUE Fairfax, Quicks Bus, Loudon Commuter Bus, PRTC OmniRide, Montgomery County Ride On and The Bus

A. Purchase a SmarTrip® Card

This is a reloadable electronic fare card. Using a reloadable fare card supports government initiatives to support and improve the environment.

1. You can purchase a new SmarTrip ® Card at a Metro Sales Store, Kiosk (located in Metro Stations with parking), a Commuter Store and many retail establishments.
For more information on purchase locations:
http://www.wmata.com/fares/purchase/where.cfm

2. You can also purchase a SmarTrip® Card on line:
http://www.wmata.com/fares/purchase/

An online order requires you to provide a shipping address that matches the billing address on record with your credit card provider

B. Create a Personal Account and 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 to registering your card is to protect the funds on the card. If lost or stolen you may cancel it. After you replace your SmarTrip® card, you can transfer the funds to the new card.

1. Register your SmarTrip® card here: https://smartrip.wmata.com/Registration/Register.aspx .

2. You must indicate the type of card by matching the serial number on the back with the pattern that is circled in the illustration on the next page.

Examples

TIP
Ensure to include all zeroes at the beginning of the card number on your application

Card Type #1:
ase return to: WMATA, 600 Fifth Street, N.W.
D.C. 20001

arTrip' and SmartBenefits' logos
d trade/service marks of WMATA.
012345678 C3DW803
serial number

Card Type #2:
ase return to: WMATA, 600 Fifth Street, N.W.
D.C. 20001

arTrip' and SmartBenefits' logos
d trade/service marks of WMATA.
012345678 **3** C3DW803
serial number   check sum

Card Type #3:
e return to: WMATA, 600 Fifth Street, N.W.
C. 20001

Trip' 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

ip' and SmartBenefits' logos
de/service marks of WMATA. GD1137 **0167 0693 4564 7992 9601**
serial number

SmarTrip® Card Numbers

HOW TO FIND SMARTRIP CARD NUMBER?

SmarTrip cards are limited to WMATA commuters in the NCR (Washington, DC-Virginia-Maryland)

If you do not commute on WMATA in these areas enter N/A.

Enter the SmarTrip Card number without dashes or spaces.
See the samples below to identify your card number series, then insert the numbers on the application in the same format that follow =

Type #1: 012345678 C3DW803 = 012345678
Type #2: 12345678 3 C3DW803 = 123456783
Type #3: C3DW017 0020 0001 5644 364 6 = 0020000156443646
Type #4: GD1137 0167 0693 4564 7992 9601 = 01670693456479929601

Close

Still have SmarTrip Card Questions?

- To Contact WMATA directly. Call: 202-637-7000 or Email: smartrip@wmata.com

- To submit a Web Inquiry: http://www.wmata.com/about_metro/contact_us/ridercomment.cfm

Ride more than one transit system?

- Allot some to your benefit to your SmarTrip® card and the rest to your TRANServe Debit Card.

Use your Transit Benefit

Remember, this benefit is to commute to your SEC Duty Station and Home.

No Office travel permitted.

Protect Your Transit Benefit

An electronic benefit will be swept at the end of each funding cycle. However, if you receive an amount greater than your commuting cost due to extended leave, then you must adjust your benefit using the TRANServe Web Application.
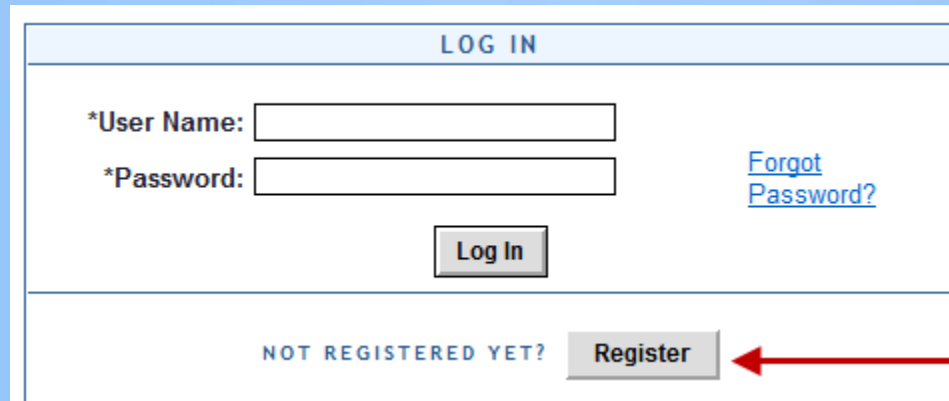
No personal use permitted!

Let's Do it!

First Stop:

TRANServe.dot.gov

Second Stop:

Participants tab

2. Use your SEC federal email address to create a User Account Profile in the Transit Benefit Application System

REMEMBER: YOU ONLY NEED TO REGISTER THE FIRST TIME

ACCOUNT INFORMATION

* indicates required field.

*User Name: Email@SEC.gov
*First Name: First Name
Middle Name: Optional
*Last Name: Last Name
*Agency/Mode: SEC
Phone Number: 123-456-7890

Register   Cancel   Reset

- Complete the registration form
- Use your SEC email address as your User Name
  - @SEC.gov
- Click "Register"

  NOTE: A temporary password will be emailed to you at your official SEC email address. When you receive the temporary password, please follow the Instructions beginning on the next page

3. Submit the Transit Benefit Program expense worksheet and application

   a. Type in your User Name and Password
   b. Click "Login"

LOG IN

* indicates required field.

*User Name: Name@SEC.gov

*Password: •••••••••••••••••••••••••••

Forgot Password?

Log In

a. Select "Change Password"

a. Complete the Change Password form
b. Click "Submit"
    i. "Password Changed!" will be displayed

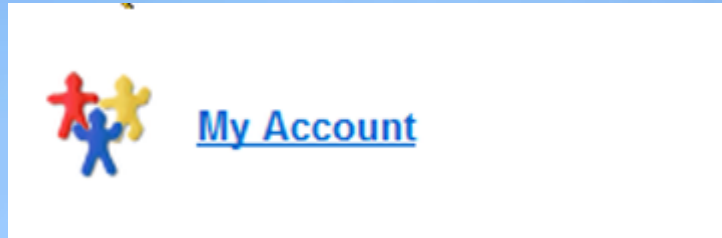**c.** Click "Home" on the blue task bar to continue

a. To:

    i. Apply, withdraw, request information or change existing information select:
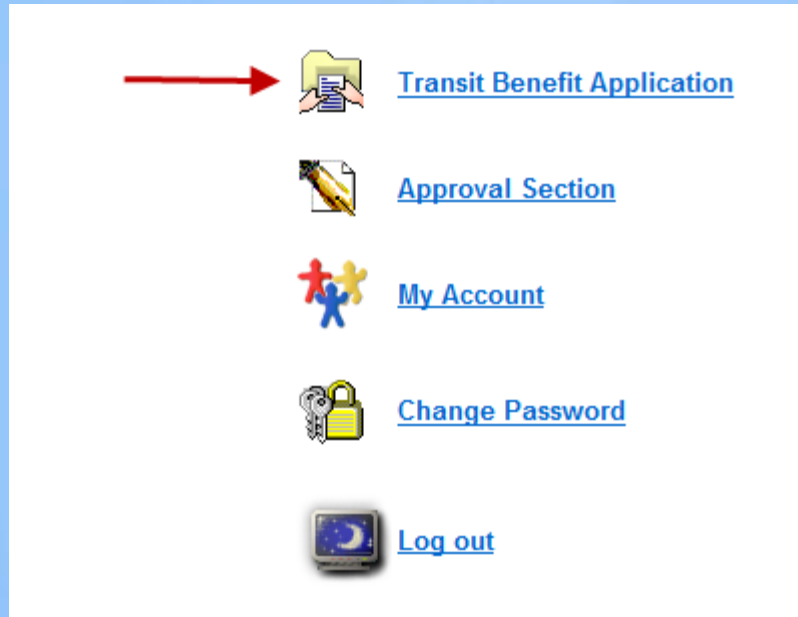
i. **To update account information (Name, Username, Phone number, Email Address, etc.) select:**

My Account

ii. **To Complete the Transit Benefit Application select:**

SELECT AN ACTION TO CONTINUE

Employer: Consumer Product Safety Commission

Please make a selection

○ Request Information ❓

◉ Certify/Enroll ❓

Continue

i. **Click "Continue"**
ii. **Read the terms and conditions of the Transit Benefit Program** :

WARNING !

This certification concerns a matter within the jurisdiction of an agency of the United States. Making a false, fictitious, 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.

[I Agree]   [I Do Not Agree]

1. Common ID is: **Mother's Maiden Name**
2. Work Number – Your direct telephone number
3. Point of Contact – Receives TRANServe Card
   1. Open "Select"
   2. Choose for your Region

Follow these Steps to Submit the Transit Benefit worksheet and application:

1) Read the Plain Language Reminder and Calculation Instructions at the top of the Transit Benefit Application Worksheet.

TRANSIT BENEFIT APPLICATION WORKSHEET

All Transit Benefit Program Applicants are required to certify the "Total Monthly Expense" of their Home to Work Mass Transit Commute.

Parking fees are not eligible for the transit benefit and must not be included in "Total Monthly Expense".

Instructions: To calculate your "Total Monthly Expense"

    a. Select your transportation method(s)
    b. Enter the following information in the "To Work" and "From Work" row(s) of each transportation method:
        i. Name of Company for your method of transportation (Metro, BART, Subway)
        ii. Daily or Monthly Expense
        iii. Number of days you routinely work in a month
    c. If you purchase a Monthly pass, divide the price of the pass by 2, and enter the information in the Monthly Expense column.
    d. The Total Monthly Expense value automatically populates

1) Complete the Expense Worksheet (Example on page 19)

    a. Specify the Reason for Certification using the drop down box

    b. Select your methods of mass transportation

    c. Select "Civilian/Military" from drop-down menu

    d. Select your work status from drop-down menu

    e. Enter ONE Transit Company Name per line

        i. Do NOT enter Metro/VRE or any other combination
        ii. Use the "other" field if you have an additional entry

    f. Enter either your daily or monthly commuting expenses

        i. Use monthly only if you purchase a monthly pass
        ii. Enter the number of days you routinely work in a month
            1. Do you RDO or telework?

Note: Repeat these steps for each method of Mass Transit you routinely use.
The Total Monthly Expense value automatically calculates and transfers to the Application.

*Reason for Certification: Annual Certification/Recertification ▼

*Select your transportation methods:

☑ Bus ☐ Rail ☐ Other Method ☐ Vanpool

*Civilian/Military: Civilian ▼   Work Status: Full Time ▼

If you work 8-hour days, enter 20 in the Days per Month column
If you work 9-hour days, enter 18 in the Days per Month column
If you work 10-hour days, enter 16 in the Days per Month column
If you telecommute or work part time, enter the number of days you actually commute to/from work.

Method of Transportation		Daily Expense	Days per Month	Monthly Expense
Bus to Work	Name of Company	$		$
Bus from Work	Name of Company	$		$
Other Bus to Work	Name of Company	$		$
Other Bus from Work	Name of Company	$		$
Every Transit Benefit Program Participant is responsible to adjust the amount of their transit benefit each month to reflect the actual cost of their home to work commute.		Total Monthly Expense:	0.00	

Method of Transportation		Daily Expense	Days per Month	Monthly Expense
Bus to Work	Name of Company BusName/ Flat Rate	$ 5.02	14	$ 70.23
Bus from Work	Name of Company Bus Name/ Flat Rate	$ 5.02	14	$ 70.23
Other Bus to Work	Name of Company Bus Name/ Intersection	$ 2.75	14	$ 38.50
Other Bus from Work	Name of Company Metro/ A46	$ 2.35	14	$ 32.90
Rail to Work	Name of Company VRE/ Burke	$ 5.35	14	$ 74.90
Rail from Work	Name of Company VRE/ Union Station	$ 5.35	14	$ 74.90
Other Method to Work: Subway	Name of Company WMATA/ New Carrollton	$ 4.30	14	$ 60.20
Other Method from Work: Subway	Name of Company WMATA/ Union Station	$ 4.30	14	$ 60.20
Van Pool	Name of Company Owner's Name	$ 17.86	14	$ 250.00
			Total Monthly Expense:	732.06

All SEC Employees are required to include specifics, such as bus stop #, intersection and station name. See Examples above.

TRANSIT BENEFIT PROGRAM APPLICATION

*Identifier: **** ?

Name: JOHNSON   CHERI
(Last)   (First)   (Middle Name)

Email Address: cheri.johnson@dot.gov   *Work Phone: 202-366-1227 ?

*Common Identifier: Mother's Maiden Name ?

US SECURITIES AND EXCHANGE COMMISSION

*Select Your Agency/Mode: SEC ▼   *Region: DC ▼ ?

*Admin: 20000000 ES ▼ ?

Not Applicable to SEC: [   ]   Select... ?
Not Applicable to SEC: [   ]   Select... ?
Location/Building: [HQ - WASHINGTON, DC]   Select... ?

I certify that my usual **monthly Transit commuting costs** are: 732.06 ?

◉ I acknowledge my commuting costs are above the tax free limit and fully understand I will be responsible for paying taxes on the amount I use that exceeds the current tax free limit.

○ I do not want my monthly funded commuting benefit to exceed the current Transit statutory tax free limit.

WORK INFORMATION

*Work Address: [   ]

*Work City: [   ]   *Work State: [▾]   *Work Zip: [   ]

RESIDENCE INFORMATION

*Address: [   ]

*City: [   ]   *State: [▾]   *Zip: [   ]

*First Approver: [   ] Select... ⊙   *Point of Contact: [   ] Select...

*Second Approver: [TRANSIT BENEFIT] Select... ⊙   Manager Phone: [   ]

*SmartTrip Card Number: [NA   ] ⊙

Comment for
Agency Approvers: ⊙   [Enter additional information here   ]

[Continue...]   [Cancel]

Complete the Transit Benefit Program Application

(at any point, click for additional information)

1. Identifier: Last 4 of your SSN

2. Work Phone: Enter your Work Phone

3. Common Identifier: Mother's Maiden Name

4. Agency/Mode: Example: SEC

5. Region: Duty Station Region (e.g. DC, MD etc.)

6. Admin: Select from list

7. Enter work information

      a. The full address to which you commute via mass transit

Complete the Transit Benefit Program Application

(at any point, click for additional information)

8. Enter residence information

   a. The full address from which you commute via mass transit

9. First Approver: Administrative Officer or your Transit Benefit Coordinator.

10. Point of Contact: Transit Benefit Coordinator

11. Second Approver: Select from list. I(Unsure? Please contact your Administrative Officer or your Transit Benefit Coordinator.

12. Supervisor Phone: The best number to reach your Supervisor

13. SmarTrip® card number.

   a. Refer to the icon to identify the correct digit sequence required by Metro. (example p.8 of this guide)

Continued….
Complete the Transit Benefit Program Application

(at any point, click 🔵 for additional information)

14. Comment for Agency Approvers:

   a. Enter any additional information that will

   assist in the approval process

15. Click "Continue" to Submit Application

   a. Application will not submit until all required fields

   are completed.

You will receive email notification when your application is forwarded to each Approver.

**Your Point of Contact
is available to assist you**

Please email all questions to:

Your Point of Contact

Complete the Transit Benefit Application – at any point, click
  a. Identifier: Use Last 4-digit SSN number
  b. Work Phone: Your direct telephone number
  c. Common Identifier: "Mother's Maiden Name"
  d. Agency/Mode: SEC
  e. Region: That closest to where you work (e.g. DC)
  f. Admin: Select from List
  g. Work: The full address to which you commute via mass transit
  h. Residence: The full address from which you commute
  i. First Approver: Administrative Officer or your Transit Benefit Coordinator.
  J. Point of Contact: Transit Benefit Coordinator
  k. Second Approver: Select from list.. (Unsure? Please contact your
     Administrative Officer or your Transit Benefit Coordinator.
  L. Manager Phone: The best number to reach your Supervisor
  m. SmarTrip number
  n. Comment for Agency Approvers: Enter information to assist approval
  o. Click: Submit Application

You will receive email notification as your application progresses

TRANServe.dot.gov