

DEPARTMENT OF THE ARMY
MASS TRANSPORTATION BENEFIT PROGRAM
Outside the National Capital Region
Application Form

Form date: 5 February 2020

Please check one:

New enrollment

Re-enrollment

Change request

Withdrawing

Type of change

Effective date:

1. APPLICANT INFORMATION:

Army employment type (please check only one):

Army Active Duty Officer

Army Reserve Active Duty Enlisted

Army Active Duty Enlisted

Army Civilian Employee

Army National Guard Active Duty Officer

Army National Guard Civilian/Mil Tech Employee

Army National Guard Active Duty Enlisted

Army Reserve Civilian Employee

Army Reserve Active Duty Officer

Army Non-Appropriated Fund Employee

If NAF, please provide 9-digit Standard NAFI Number:

Last name:

First name:

MI:

EDIPI:

Residence City, State, 9-digit ZIP
Code:

Duty Location Installation/Activity:

Duty Location City, State, 9-digit ZIP
Code:

Office Telephone (include area
code):

Work e-mail address:

Supervisor Name, Location, Office Telephone (include area code)

Cell Phone Number:

Department / School:

Vanpool Coordinator:

Vanpool ID:

Vanpool Vehicle License Plate:

2. MASS TRANSPORTATION BENEFIT CALCULATION:

Name of Mass Transportation system(s) or company(s) you intend to use:

Specific type(s) of fare media you require:

Please describe your commute from home to work and back when using mass transportation. See example on the instruction page.

A. WORK SCHEDULE: Enter the total number of workdays per month.

If you work 8 hour workdays, 40 hours per week, enter 22.

If you work 9 hour compressed workdays, 40 hours per week, enter 20.

If you work 10 hour compressed workdays, 40 hours per week, enter 18.

If you work another schedule, enter the number of days you work per month.

A. Total number of workdays per month:

B. Do you work at home some days?

If YES, enter the number of days per month you work at home.

If NO, enter Zero.

B. Number of days working from home:

C. Do you work at a Telecommuting location some days?

If YES, and you DO NOT use mass transportation, enter the number of days per month.

If YES, and you DO use mass transportation, enter Zero.

If NO, enter Zero.

C. Number of days working at telecommuting site:

D. Total number of days per month mass transportation is used:

D. TOTAL COMMUTING DAYS (A-B-C):

E. DAILY commuting cost (use only if you pay a daily fare):

Monthly cost: Multiply your daily cost by line D.

F. WEEKLY commuting cost (use only if weekly pass is available):

Monthly cost: Multiply your weekly cost by 4.

G. MONTHLY commuting cost (use only if monthly pass is available):

Enter your monthly cost.

YOUR CLAIMED MONTHLY COMMUTING COST:

Enter your actual costs, even if they exceed the current available mass transportation benefit. You must claim the least expensive of your daily, weekly or monthly costs.

Enter the lesser of E, F, or G.

As of 1 January 2020, the maximum mass transportation benefit available to Federal employees for actual commuting costs is \$270 per month.

3. APPLICANT CERTIFICATION: Please read and sign or initial each item.

I certify that I understand that:

Signature _____	I am employed by the U.S. Department of the Army as an active duty military member, civilian employee or non-appropriated fund employee. My claim for benefits is as a Federal employee or military service member, and not as a contract employee.
Signature _____	I am eligible for a public transportation fare benefit, will only use it for my daily commute to and from work, will not transfer it to anyone else, and will not allow anyone else to use it.
Signature _____	The mode of transportation for which I am claiming the mass transportation benefit is a qualified means of transportation.
Signature _____	The monthly transportation benefit I am claiming does not exceed my monthly commuting costs.
Signature _____	I will not include parking costs, tolls, or the cost of "holding" a space in a van pool when calculating and claiming my monthly commuting costs.
Signature _____	I will adjust the amount received based upon extended absence (e.g. leave, TDY or deployment).
Signature _____	I will notify my local MTPB Program Manager of any changes in my status, e.g. name change, home or work address, change in commuting pattern or cost, or change in duty location or employing organization, even if within the Army.
Signature _____	Upon withdrawal from the Army MTBP, I will return unused fare media to my local MTBP Program Manager. If I have used the fare media for other purposes or converted the fare media to another form of media, I will reimburse the Army by check or money order payable to the U.S. Treasury.
Signature _____	Van pool owners who are drivers or passengers are not eligible to receive the mass transportation benefit, nor are van pool drivers who receive compensation for driving eligible to receive the benefit.

4. SIGNATURE AND REVIEW:

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

APPLICANT SIGNATURE: _____ DATE:

SUPERVISOR: I certify that I am the supervisor of this employee, and that he/she is eligible for the program as an Army civilian employee, military member, or NAF employee. The employee works at the duty station indicated, and has calculated the benefit based on the actual days worked (considering alternate schedules, teleworking, etc.).

SUPERVISOR SIGNATURE: _____ DATE:

MTBP POC REVIEW: _____ DATE:

ARMY MASS TRANSPORTATION BENEFIT PROGRAM
OUTSIDE THE NATIONAL CAPITAL REGION
APPLICATION FORM
INSTRUCTIONS FOR COMPLETION

Privacy Act Statement: Information on the MTBP application is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary; however, failure to do so may result in disapproval or postponement of an applicant's request for the MTBP benefit. The purpose of this information is to facilitate timely processing of the applicant's request, to ensure the participant's eligibility, and to prevent misuse of funds involved.

This certification concerns a matter within the jurisdiction of an agency of the United States. Making a false, fictitious or fraudulent certification may render the maker subject to criminal, civil, or administrative action. Substantial violations of any of these certifications may impact an employee's security clearance status. Information provided on this form may be audited.

The Army MTBP application form is a fillable PDF form. To complete the form electronically, click on each block of the form and type in the required information. You may also print out the blank form and print or type the information manually. Incomplete or illegible forms will not be accepted.

The MTBP application form is used for four types of participant transactions. Check the applicable block:

New Enrollment. New enrollments are first-time applicants. Applicants who are enrolling at a new duty location, but were participating in the program at their previous location, are also defined as new enrollments. These individuals must formally withdraw from the program at their old location and submit a "new enrollment" application at their new location.

Re-enrollment. Re-enrollments are program participants who have withdrawn, or have been suspended or terminated, and are applying to renew their participation at their current location.

Change request. Change requests include changes to the amount claimed for reimbursement, type of mass transportation, type of fare media requested, or personal information, e.g. name change or change to military status (Active/Reserve). Use the drop-down on the form to identify the type of change requested.

Withdrawal. Withdrawals are participants who are formally terminating their participation in the program. Circumstances for withdrawal may include change of duty location, retirement, separation, or dismissal. Withdrawal also refers to actions taken by the local POC to suspend or terminate a participant's receipt of fare media. Reasons for suspension or termination may include extended absence (e.g. long-term TDY, sick leave, deployment) or disciplinary action for non-compliance with program requirements. If you are withdrawing, enter the effective date of your withdrawal.

Part 1, Applicant Information. Complete all information, including all information about the applicant's supervisor. This information is required in order to certify the applicant's employment.

Under Employment Type, check only one of the selections:

Military members: Active Duty Army military members, and members of the Army National Guard or Army Reserve currently serving on active duty, will check the appropriate block for your component and status. Members of the Guard or Reserve who are not currently serving on active duty and are not Army civilian employees are not eligible to receive the mass transportation benefit.

Civilian employees: Check the appropriate block for your employing activity/component. For example, if you are a civilian working for the Army Reserve, check that block. Army civilian employees who serve in the Guard or Reserve, but are not currently on active duty, are eligible for the program in their civilian status.

NAF employees: Enter the 9-digit Standard NAFI Number (SNN) number for your location. This information may be obtained from the Garrison Director of Morale, Welfare, and Recreation (MWR) Programs or the senior MWR agency official.

Part 2, Mass Transportation Benefit Calculation.

Identify the mass transportation system/company and specific type of fare media (e.g. passes, tokens) you intend to use.

Describe your daily commute to and from work. Example: "I drive my POV to the XYZ train station. At the XYZ train station I catch the ABC train and ride it to the LMN stop. At the LMN stop I get off the train and board the #25 Bus. I ride the #25 bus to the corner of Main and Oak streets. I get off the bus there and walk one block to my office."

Enter the number of days per month that you commute, using the instructions on the form.

Enter your daily, weekly, and monthly commuting cost, as applicable. Note that weekly and monthly costs should only be entered if a weekly/monthly pass is available. Calculate your monthly commuting costs using the instructions on the form. The lower of your daily, weekly or monthly cost is the amount you may claim as your commuting cost for purposes of the mass transportation benefit. Enter your actual costs, even if they exceed the maximum allowable benefit amount. This information will be useful for calculating your benefit amount in the event of future adjustments to the maximum benefit.

Part 3, Applicant Certification. Read and initial each block, certifying that you have read and understood the statements.

Part 4, Signature and Review. Sign and date the application form, have your supervisor sign and date it, and submit it to your local MTBP POC. The POC will review the form and sign and date it to certify that all required information has been provided.