INSTRUCTIONS FOR COMPLETING THE APPLICATION SUBMISSION FORMS:

1. Refer to paragraph 7.4 of the Army MTBP Program Policies, Procedures and Guidelines for information about the submission of application information.

2. This file contains four tabs/worksheets, for New Enrollment, Re-enrollment, Withdrawal, and Change Request. Application forms are to be separated into these categories and entered into the appropriate worksheet in the file.

3. Please DO NOT alter the format of the spreadsheet. Do not insert columns or change column widths. If you "freeze" rows or columns (e.g. the column titles) please "unfreeze" them before you save the file to send.

4. Complete the spreadsheet electronically. Do not print and fill out by hand. Complete all applicable columns. Carefully check the information entered for accuracy. This will allow DOT to "cut and paste" required information and reduce the chances of typing errors. Incomplete submissions will be returned to the sender for correction.

5. Fill in the POC information at the top of each worksheet with your own information. Enter the date the file is sent to DOT. Back Up POC's enter the Primary POC name.

6. Under "Employee Type", select only one of the columns. Note that members of the Army National Guard and Army Reserve are only eligible for the benefit if they are currently serving on active duty.

7. For NAF employees only, enter the 9-digit Standard NAFI Number.

8. On the "Withdrawal" worksheet, enter a brief description of the reason for withdrawal, e.g. "Retiring", "PCS to new location", "Suspension", "Termination".

9. On the "Change Request" worksheet, enter a brief description of the change request, e.g. "Name change", "Commuting cost change". Note that only name changes, change in type of fare media requested, or changes to the amount requested need to be entered in this worksheet for submission to DOT. Other changes, such as residence information, phone numbers, etc. do not need to be sent to DOT, but will be kept on file by the MTBP POC.

10. Send the completed Submission forms file in its original Excel format via email to the DOT Army Account Manager between the 20th and 25th of each month for benefits to begin on the 10th. DO NOT change the file type (e.g. do not send it as a .pdf file).

11. Due to Army privacy policy, name-specific email addresses cannot be posted to this webpage. Please call the DOT Army Account Manager at 202-366-2021 to obtain the email address.

12. Applications will be processed during the month the file is received by DOT, and distribution of fare media to the applicant will begin the following month (e.g., applications received between April 20th – 25th will be processed and fare media will be issued in early May for June benefits).

13. Only the Submission forms file is to be sent to DOT. DO NOT send individual application forms or "Commuter Expenses Calculation Worksheets". The installation POC will keep the application forms and calculation worksheets on file.

DEPARTMENT OF THE ARMY
MASS TRANSPORTATION BENEFIT PROGRAM
OUTSIDE THE NATIONAL CAPITAL REGION
NEW ENROLLMENT SUBMISSION FORM
This form is for new applicants only.

Submission Date:

MTBP POC NAME:
POC PHONE (COMM):
POC EMAIL:
INSTALLATION NAME:
LOCATION (CITY, STATE

Total Enrolling:

LAST NAME	FIRST NAME	MI	EDIPI #	COMMAND	Application Final Approval Date (Date signed by POC)	EMPLOYEE TYPE REQUIRED CLICK CELL AND CHOOSE FROM DROP-DOWN	NAF ONLY NAFi #	FARE MEDIA REQUESTED	MONTHLY AMOUNT REQUESTED	Work Phone	Common Identifier	WorkZip	Work Email	EligibilityDate	Transit Type	Transit Company
Wayne	Bruce	B						Debit Card	$115.00	718-123-4567	BWAYN	8640	soldier.mil@mail.mil	7/1/2011	Subway	NYC Subway
Parker	Peter	S						Vouchers	$115.00	718-123-4568	PPARK	8641		7/1/2011	Commuter Bus	Commuter Bus

DEPARTMENT OF THE ARMY
MASS TRANSPORTATION BENEFIT PROGRAM
OUTSIDE THE NATIONAL CAPITAL REGION
RE-ENROLLMENT SUBMISSION FORM
This form is for re-enrolling applicants only.

MTBP POC NAME: Submission Date:
POC PHONE (COMM):
POC EMAIL:
INSTALLATION NAME:
LOCATION (CITY, STATE):

Total Re-Enrolling:

LAST NAME	FIRST NAME	MI	EDIPI #	COMMAND	Application Final Approval Date (Date signed by POC)	EMPLOYEE TYPE REQUIRED CHOOSE FROM DROP-DOWN	NAF ONLY NAFI#	HAS CARD? If yes, card Last 4	MONTHLY AMOUNT REQUESTED	Work Phone	Common Id	WorkZip	Work Email	EligibilityDat	Transit Type	Transit Company
Wayne	Bruce	B							$ 115.00	718-123-4567	BWAYN	08640		07/01/2011	Subway	NYC Subway
Parker	Peter	S							$ 115.00	718-123-4568	PPARK	08641		07/01/2011	Commuter Bus	Commuter Bus

DEPARTMENT OF THE ARMY
MASS TRANSPORTATION BENEFIT PROGRAM
OUTSIDE THE NATIONAL CAPITAL REGION
WITHDRAWAL SUBMISSION FORM
This form is for withdrawing participants only.

Submission Date:

MTBP POC NAME:
POC PHONE (COMM):
POC EMAIL:
INSTALLATION NAME:
LOCATION (CITY, STATE):

Total Withdrawing:

LAST NAME	FIRST NAME	MI	EDIPI #	COMMAND	EMPLOYEE TYPE REQUIRED CHOOSE FROM DROP-DOWN	NAF ONLY NAFi #	REASON FOR WITHDRAWAL

DEPARTMENT OF THE ARMY
MASS TRANSPORTATION BENEFIT PROGRAM
OUTSIDE THE NATIONAL CAPITAL REGION
CHANGE REQUEST SUBMISSION FORM
This form is for participants who are making a change to their information only.

Submission Date:

MTBP POC NAME:
POC PHONE (COMM):
POC EMAIL:
INSTALLATION NAME:
LOCATION (CITY, STATE)

Total Change Requests:

LAST NAME	FIRST NAME	MI	EDIPI #	COMMAND	Application Final Approval Date (Date signed by POC)	EMPLOYEE TYPE REQUIRED CHOOSE FROM DROP-DOWN	NAF ONLY NAFI #	MONTHLY AMOUNT REQUESTED	CHANGE REQUEST DESCRIPTION	Work Phone	Common Iden	WorkZip	EligibilityDate	Transit Type	Transit Company
Wayne	Bruce	B						$ 115.00		718-123-4567	BWAYN	08640	07/01/2011	Subway	MTA
Parker	Peter	S						$ 115.00		718-123-4568	PPARK	08641	07/01/2011	Commuter Bus	Commuter Bus Inc.