



# RTA/CTA Transit Benefit Program TPA Authorization Form

**RTA/CTA  
TRANSIT  
BENEFIT  
PROGRAM**

By completing and signing this form, the employer authorizes the CTA to provide the employer's designated third-party administrator (TPA) with access to the employer's Chicago Card Plus® (CCP) account, enabling them to make changes to and submit online order forms on behalf of the employer.

## AUTHORIZATION INFORMATION (Please Print)

### A. EMPLOYER INFORMATION (All fields required)

Company Name: \_\_\_\_\_

Address/Suite: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Authorized Representative (First/MI/Last): \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail for Authorized Representative: \_\_\_\_\_

### B. TPA INFORMATION (All fields required)

Company Name: \_\_\_\_\_

Address/Suite: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Contact (First/MI/Last): \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Secondary Contact (First/MI/Last): \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### C. SIGNATURE

Your signature authorizes the CTA to provide the TPA listed in section B access to your company's CCP account. This authorization will remain in effect until the CTA receives a written request that the CTA should no longer provide the TPA with access to your account. The authorized representative signing on behalf of the employer has complete and full authority to commit the employer to all terms and conditions of this program. The CTA reserves the right to request proof of such authority. Terms and conditions are available at [www.chicago-card.com](http://www.chicago-card.com).

Authorized Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### D. THERE ARE THREE WAYS TO SUBMIT ENROLLMENT FORMS:

1. Via **e-mail**: [tbenrollment@transitchicago.com](mailto:tbenrollment@transitchicago.com) (attach forms in a PDF file)
2. Via **fax**: 312-932-2295
3. Via **mail**: Chicago Card, Chicago Transit Authority, 901 W. Division, Chicago, IL 60622-4216