



# RTA/CTA Transit Benefit Fare Program Third-Party Administrator ENROLLMENT FORM

**RTA/CTA  
TRANSIT  
BENEFIT  
FARE  
PROGRAM**

This form is to establish an account for your company as a third-party administrator (TPA) representing your employer clients and their employees enrolled in the RTA/CTA Transit Benefit Fare Program. This form will designate your company's Chicago Card Plus® (CCP) administrator. Each of your employer clients will need to establish their own CCP account by filling out the employer enrollment form. Your participation as a TPA is subject to your employer clients providing the CTA with documentation that the CTA determines to be sufficient to authorize your company to act as their TPA.

## ENROLLMENT INFORMATION (Please Print)

### A. 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: \_\_\_\_\_

### B. PAYMENT INFORMATION

Payment must be sent individually for each employer client. Payment may be issued via company checks, automated clearing house (ACH) pre-authorized debit, or a combination of both. Checks must be postmarked and ACH payments must be made by the 15th of the month.

**If using an ACH, please provide the following information:**

Bank Name: \_\_\_\_\_ Account Type:  Checking  Savings

Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Please sign and date to authorize the CTA to establish your company's TPA - Chicago Card Plus account. The authorized representative signing on behalf of the TPA has complete and full authority to commit the TPA 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 [chicago-card.com](http://chicago-card.com).

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

### 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 60642-4216

On the reverse side of this document, please list the employers that you currently represent in the Transit Benefit Fare Program. 

# RTA/CTA Transit Benefit Fare Program

## TPA Client List

Please list the employers that you currently represent in the Transit Benefit Fare Program.  
Make extra copies of this document if additional space is needed. Attach any additional copies and mail to the CTA at the address listed on the front of this form.

### C. EMPLOYER CLIENTS

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Primary Contact (First/MI/Last): \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Primary Contact (First/MI/Last): \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Primary Contact (First/MI/Last): \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Primary Contact (First/MI/Last): \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Primary Contact (First/MI/Last): \_\_\_\_\_ E-mail: \_\_\_\_\_