



## My MTA Portal: Student Recertification

*Note: Screenshots in this document include employee data for illustrative purposes only. All sensitive data has been altered to protect employee privacy.*

### Navigation: Using the Links in the My Benefits Ribbon

1. Click on **My Benefits**

The screenshot shows the 'My MTA Portal' interface. At the top left is the MTA logo. Below it is the title 'My MTA Portal'. A section titled 'My Benefit Providers' contains a table with four rows of benefit plans. Below this is a vertical navigation ribbon with eight colored buttons: 'My Personal Information' (blue), 'My Benefits' (red, highlighted with a blue border), 'My Pay' (green), 'My Verification of Employment' (teal), 'My Tax Favored Programs' (purple), 'My Learning' (light blue), 'My Job Search' (orange), and 'My BSC Applications' (brown).

Benefit Plan Name	Type	Form	Contact
NYS Empire Plan - 001	Medical		
METLIFE MGR ACTIVE	Dental		
EYEMED VISION MGR ACTIVE	Vision		
Tier 4-62/5-Admin Plan	Pension		



2. Click on the **Student Recertification** link.

The screenshot shows the 'My MTA Portal' interface. At the top left is the MTA logo. The main heading is 'My MTA Portal'. Below this is a section titled 'My Benefit Providers' which contains a table with four rows of benefit plans. The 'Student Recertification' link is located in the 'My Benefits' section, which is highlighted with a red box. Below 'My Benefits' are sections for 'My Pay', 'My Verification of Employment', and 'My Tax Favored Programs'.

Benefit Plan Name	Type	Form	Contact
NYS Empire Plan - 001	Medical		
METLIFE MGR ACTIVE	Dental		
EYEMED VISION MGR ACTIVE	Vision		
Tier 4-62/5-Admin Plan	Pension		

**My Personal Information**

**My Benefits**

- Benefits Summary
- Insurance Summary (Life, STD, LTD)
- Health Care Dependent Summary
- Dependent and Beneficiary Coverage Summary
- FMLA
- Student Recertification**

**My Pay**

**My Verification of Employment**

**My Tax Favored Programs**



3. This will bring you to **Student Recertification to Continue Dental and/or Vision Coverage** page listing your eligible dependents to recertify for full-time student verification.

- a. Enter the Name of Accredited Institution for the dependent(s) you are recertifying in the space provided.
- b. Verify below that your dependent is a full-time student. If your dependent(s) is no longer a full-time student, remove the name by clicking on the minus  box.
- c. Click on the checkbox to affirm that your dependent meets the eligibility criteria.

Student Recertification

### Student Recertification to Continue Dental and/or Vision Coverage

Empl ID: 1234567    Name: Jane Doe

This form confirms your recertification of information previously filed with the MTA Business Service Center to verify full-time student status, including documentation from the institution in which your student dependent is enrolled.

Note: To submit verification of full-time student status for the first time, for past semesters, or if a dependent was removed and becomes a full-time student again, please contact the BSC at 646-376-0123.

#### TO RECERTIFY YOUR STUDENT DEPENDENT

- List the accredited Institution the dependent is attending in the space provided.
- Verify below that your dependent is a full-time student. If your dependent is no longer a full-time student, remove the name by clicking the minus  box.
- Click the checkbox to affirm that your dependent meets the eligibility criteria. Then click the Submit button before exiting. A Generate Confirmation button will pop up. Click to print or save a PDF record of your student recertification data.

Semester: Fall 2017      Effective Date: 09/01/2017

Eligible dependents						
	Dep/Benef Name	Relation	DOB	Age	*Name of Accredited Institution	
1	02 <input type="checkbox"/> <input type="checkbox"/> David Doe	Child	02/18/1993	23	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
2	03 <input type="checkbox"/> <input type="checkbox"/> Mary Doe	Child	01/10/1997	20	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>

I affirm that the dependent listed above meets the conditions of full-time student status: He/she is at least 19 years of age, receives at least half of his/her support from me, and is enrolled full-time in an accredited institution. I do hereby certify to the best of my knowledge the above information is true and correct.



4. Once you click on the affirm box, the 'Submit' button appears.

a. Click on the  button

b. Click on the  button when it pops up


c. a PDF confirmation will be generated. You can print or save the student recertification PDF for your record.

Student Recertification

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Note: To submit verification of full-time student status for the first time, for past semesters, or if a dependent was removed and becomes a full-time student again, please contact the BSC at 646-376-0123.



### TO RECERTIFY YOUR STUDENT DEPENDENT

- List the accredited Institution the dependent is attending in the space provided.
- Verify below that your dependent is a full-time student. If your dependent is no longer a full-time student, remove the name by clicking the minus  box.
- Click the checkbox to affirm that your dependent meets the eligibility criteria. Then click the Submit button before exiting. A Generate Confirmation button will pop up. Click to print or save a PDF record of your student recertification data.

Semester: Fall 2017      Effective Date: 09/01/2017

Eligible dependents						
	Dep/Benef	Name	Relation	DOB	Age	*Name of Accredited Institution
1	02	David Doe	Child	02/18/1993	23	Hunter College
2	03	Mary Doe	Child	01/10/1997	20	Stony Brook University

I affirm that the dependent listed above meets the conditions of full-time student status: He/she is at least 19 years of age, receives at least half of his/her support from me, and is enrolled full-time in an accredited institution. I do hereby certify to the best of my knowledge the above information is true and correct.



Below is a sample of the PDF Student Recertification confirmation.

## Student Status Verification

Confirmation of Recertification  
HR-BEN-015

**To Section 1 - Information and Instructions**

This form confirms your recertification of student verification information, previously filed with the MTA Business Service Center, which includes documentation from the institution in which your student dependent is enrolled.

If you have any questions, please contact the Business Service Center (BSC) at 646-376-0123 or [bscservice@mtabsc.org](mailto:bscservice@mtabsc.org).

**Section 2 - Employee Information**

Last: Doe	First: Jane	M.I. G	BSC ID 1234567
Address: 555 South Blvd.			
City: Bronx	State: NY	Zip Code: 10463	
Phone (H): 555/555-5555	Phone (W): 555/555-5555	Email: bscstest3@mtabsc.org	

**Section 3 – Student Information**

Last	First	M.I.	SSN (last 4 digits)	DOB	Name of Accredited Institution
Doe	David		XX-XXX- 7777	Feb 18, 1993	Hunter College
Doe	Mary		XX-XXX- 3333	Jan 10, 1997	Stony Brook University

**Section 4 – Recertification**

I certify that my dependent(s) meets all of the following requirements for eligibility as a full-time student dependent(s):

19 years of age or older	Yes	
Receives at least half of his/her support from me	Yes	
Is a full-time student in an accredited secondary or preparatory school or college	Yes	

Semester Fall 2017 \_\_\_\_\_

**Section 4 - Authorization**

*I do hereby certify that to the best of my knowledge the above information is true and correct.*

Employee Electronic Signature Jane Doe _____	Date September 2, 2017
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