



STATE OF MINNESOTA
CHANGE IN PARTICIPATION FORM
Transit Expense Account-Parking
Transit Expense Account-Bus Pass/Vanpool



Plan Year: _____
State Employee ID Number: _____
First Name: _____ MI: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: (____) _____

CHANGE IN PARTICIPATION

I hereby revoke any previous authorization for the current year and authorize the State of Minnesota to make the pre-tax payroll deductions, which I have indicated below. I understand that the deducted amounts will be available for the reimbursement of my qualifying expenses incurred during the calendar year from my effective date under the terms of the formal plan document. I also understand that deductions will be taken in equal amounts from each of my paychecks, but only if my pay is sufficient to cover those amounts. Changes cannot be retroactive.

TRANSIT EXPENSE ACCOUNT – PARKING

NEW ANNUAL ELECTION: A MINIMUM ANNUAL ELECTION OF \$50.00 IS REQUIRED TO PARTICIPATE IN THIS BENEFIT.

I authorize the State of Minnesota to deduct \$_____ as my new annual election from my payroll, in equal amounts, to be placed in my Transit Expense Account – Parking. *This amount, combined with payroll deducted parking expenses, may not exceed \$2,760/year.*

NEW MONTHLY ELECTION:

I authorize the State of Minnesota to deduct \$_____ for _____ months from my payroll, in equal amounts, to be placed in my Transit Expense Account – Parking. *This amount, combined with payroll deducted parking expenses, may not exceed \$230/month (combined with amounts deducted through your PDA-Parking.)*

TRANSIT EXPENSE ACCOUNT – BUS PASS/VANPOOL

NEW ANNUAL ELECTION: A MINIMUM ANNUAL ELECTION OF \$50.00 IS REQUIRED TO PARTICIPATE IN THIS BENEFIT.

I authorize the State of Minnesota to deduct \$_____ as my new annual election from my payroll, in equal amounts, to be placed in my Transit Expense Account – Bus Pass/Vanpool. *This amount, combined with payroll deducted bus pass/vanpool expenses, may not exceed \$2,760/year.*

NEW MONTHLY ELECTION:

I authorize the State of Minnesota to deduct \$_____ for _____ months from my payroll, in equal amounts, to be placed in my Transit Expense Account – Bus Pass/Vanpool. *This amount, combined with payroll deducted bus pass/vanpool expenses, may not exceed \$230/month (combined with amounts deducted through your PDA-Parking.)*

Employee Signature: _____ Date: _____

RETURN COMPLETED FORM TO: MINNESOTA MANAGEMENT & BUDGET
STATE EMPLOYEES GROUP INSURANCE PROGRAM
658 CEDAR STREET, ST. PAUL, MN 55155
OR FAX TO: (651) 296-5445

Minnesota Management & Budget
NOTICE OF COLLECTION OF PRIVATE DATA

Minnesota Management & Budget administers the State Employee Group Insurance Program (SEGIP). This notice explains why we may request information (data) about you, your dependents and beneficiaries, how we will use it, who will see it, and your obligation to provide that information.

What information will we use?

We will use the information you provide us at this time, as well as information you have previously provided us about yourself, your dependent(s), and/or your beneficiary. If you provide any information about yourself or your dependent or beneficiary that is not necessary, we will not use it for any purpose.

SEMA4, the information system used to administer employee benefits, contains required information fields that may not be necessary for us to process your request. We do not need the gender or marital status for your beneficiary designation, so you may enter "unknown" in these fields. We only need your dependent's date of death to process a death benefit claim or to discontinue the dependent's coverage due to his or her death. Student status and disability status are needed only to determine eligibility for insurance continuation for your dependent. We only need your dependent's social security number to offer insurance continuation or process a death benefit.

Why we ask you for this information?

We ask for this information to process your request to add or change coverage for yourself, your dependent or a beneficiary. The requested information helps us to determine eligibility, to identify you and your dependents and beneficiaries, and to contact you or your dependents and beneficiaries. We use the information so that we can successfully administer SEGIP, including analyzing unidentifiable aggregate data to develop new programs and ensure current programs are effectively and efficiently meeting member needs. We may ask for information about you that we have already collected, including all or part of your social security number, in order to ensure we are matching you to the correct change request or other insurance benefit transaction.

Do you have to answer the questions we ask?

You are not legally required to provide any of the information requested.

What will happen if you do not answer the questions we ask?

If you do not answer these questions, the insurance benefit transaction you requested for you or your dependent or other insurance benefit transaction may be delayed or denied.

Who else may see this information about you and your dependents and beneficiaries?

We may give information about you and your dependents and beneficiaries to the insurance carrier you have chosen, SEGIP's representatives, vendors, and actuary, the Legislative Auditor, the Department of Health, any law enforcement agency or other agency with the legal authority to the information, and anyone authorized by a court order. In addition, the parents of a minor may see information on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that information. We can use or relate this information only as stated in this notice unless you give your written consent to authorize release of the information to another person/entity, or if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the information or to use it for another purpose.

We ask for this information to process your request to add or change coverage for yourself, your dependent or beneficiary. The requested information helps us to determine eligibility, identify you and your dependents and beneficiaries, and contact you or your dependents and beneficiaries. We use the information so that we can successfully administer SEGIP, including using unidentifiable, aggregate data to develop new programs and ensure current programs effectively and efficiently meet member needs. We can use or release this information only as stated in this notice unless you give us your written permission to release the information or to use it for another purpose.

You are not legally required to provide us any of this information and you may refuse to provide the information. However, if you do not provide us the requested information, the insurance transaction you requested for you or your dependent or other insurance benefit transaction may be delayed or denied.

We may give information about you and your dependents and beneficiaries to the insurance carrier you have chosen, SEGIP's representatives, vendors, and actuary, the Legislative Auditor, the Department of Health, any law enforcement agency or other agency with the legal authority to the information, and anyone authorized by a court order. In addition, the parents of a minor may see information on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that information. This information may also be used or released if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the information or to use it for another purpose.