This form is a fill in form that has fields that can be completed using your computer before printing. Press the Tab key to activate the first field. You can continue tabbing though the fields on the form as fill them in or you can also use your mouse to navigate and fill-in the form. This message will not print.

STATE OF MINNESOTA

Transit Expense Account-Parking
Transit Expense Account-Bus Pass/Vanpool
Reimbursement Request Form

Complete the information below for expenses incurred by you for which you request payment. **If the form is incomplete it will be returned to you and your reimbursement will be delayed.** Print or type the information requested, then date and sign the form. Keep a copy of all documentation for your records. There is a $50.00 minimum reimbursement amount except for claims filed after the last week of the plan year. Send the original form with documentations to:

Pre-Tax Benefits Eide Bailly Employee Benefits
5601 Green Valley Drive, Suite 710
Minneapolis, Minnesota 55437-1145
Fax 952-918-3622
www.eidebaillybenefits.com/som

Benefit Year: ______________________

State Employee ID Number: ______________________

First Name: ______________________ MI: __________

Last Name: ______________________

Address: ______________________

City: ______________ State: ________ ZIP: __________

Daytime Phone: (_____) ______________________

Please verify that the mailing address above is current with the State. Address changes cannot be accepted via reimbursement forms.

Unreimbursed Parking Expense

	Date Expense Incurred OR Period Covered from (MM/DD/YY) to (MM/DD/YY)*		Expense Description	Name of Service Provider	Amount Incurred or Paid
1.					
2.					
3.					
				Total Unreimbursed Parking Expense Claim	$ 0.00

Note: If you need additional space, attach a separate sheet of paper.

* *Reimbursements must be submitted within 180 days of the date on which the expense was incurred or paid. See the Plan Year Summary for important deadline information.*

Unreimbursed Bus Pass/Vanpool Expense

	Date Expense Incurred OR Period Covered from (MM/DD/YY) to (MM/DD/YY)*		Bus Pass Provider	Vanpool Driver Name, and Signature OR a Signed Receipt From Vanpool Driver are Required With Each Submission	Amount Incurred or Paid
4.				Driver Signature -	
5.				Driver Signature -	
6.				Driver Signature -	
				Total Unreimbursed Bus Pass/Vanpool Expense Claim	$ 0.00

Note: If same vanpool driver for each claim listed above, signature is required only once.

* *Reimbursements must be submitted within 180 days of the date on which the expense was incurred or paid. See the Plan Year Summary for important deadline information.*

Please Read Carefully

The undersigned participant in the plan certifies that all expenses, for which reimbursement of payment is claimed by submission of this form, were incurred during a period while the undersigned was covered under the transit plan for the State of Minnesota. The undersigned fully understands that he/she alone is responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned and that, unless an expense for which payment of reimbursement is claimed is a proper expense under the plan, the undersigned may be liable for payment of all related federal, state, or city income tax on amounts paid from the plan which relate to such expense.

DON'T FORGET TO SIGN AND DATE COMPLETED FORM BEFORE SENDING IN

______________________________ EMPLOYEE PLEASE SIGN HERE

______________ DATE

Plan Year January 1, 2010 through December 31, 2010 Final deadline for claims is February 28, 2011.

Pre-Tax Benefits • Eide Bailly Employee Benefits • 5601 Green Valley Drive, Suite 710 • Minneapolis, Minnesota 55437-1145
952-944-6633 • 800-300-1672 • Fax 952-918-3622♦ www.eidebaillybenefits.com/som

PRINT SAVE

Reimbursement Information For
Transit Expense Account-Parking
Transit Expense Account-Bus Pass/Vanpool Expenses

1. If you have out of pocket parking fees or bus pass/vanpool expenses not already deducted through payroll, you may choose to enroll in the TEA-Parking or TEA-Bus Pass/Vanpool. Eligible out of pocket expenses must meet the following requirements:

   TEA-Parking
   - Incurred to park your car in a facility within one mile of the business premises of the employer; or
   - Incurred to park your car at a location from which you commute to work by (a) mass transit facilities, (b) a Commuter Highway Vehicle (vanpool) or (c) carpool

   TEA-Bus Pass/Vanpool
   - Expenses incurred for a pass, token, fare card, voucher or similar item for transportation on mass transit facilities, including light rail or commuter rail, whether or not publicly owned
   - Expenses incurred for participation in a commuter highway vehicle (vanpool). Under IRS rules, vanpools are defined as any highway vehicle that has seating capacity of at least six adults, excluding the driver, and meets the two following requirements for mileage use: At least 80% of the vehicle mileage use must be reasonably expected to be (1) for transporting employees in connection with travel between their residences and their place of employment and (2) on trips during which the number of employees transported for commuting is, on average, at least one-half of the adult seating capacity, excluding the driver.

2. Reimbursement is based upon the *incurred* or *paid* date. You "incur" an expense on the date that the transit service is purchased. You must provide proof that the expenses were incurred by attaching a statement from the provider indicating the date of service, a description of the service and the charge for the service. Examples of acceptable documentation for transit expenses are a receipt from the parking facility, your vanpool driver (the vanpool driver's signature on the form is also acceptable) or the facility from which you purchased your bus or rail pass (if permitted). *Do Not* send canceled checks, copies of checks or credit card receipts/statements. Keep a copy of the documentation for your records. There is a fee for retrieval and copying of previously processed claims.

3. If there is not enough money in your TEA to cover in full the eligible expenses listed on this form, you will be reimbursed up to the amount of your account balance and the excess expenses will be carried forward and paid from the contributions you make in subsequent periods. You do not have to re-submit the charges.

4. See the 2007 Pre-Tax Benefits Plan Year Summary for more detailed information on the Transit Expense Plan.

Notice Regarding Collection of Private Data

Under provisions of Minnesota Statutes 43A 22-24, Eide Bailly Employee Benefits has been authorized to administer the State of Minnesota Transit Expense Plan. Information is requested on this form about you, your family members and your expenses to identify you as a participant in the Plan and to determine your eligibility for expense reimbursements. You are not legally required to provide any information requested. However, providing all the requested information will help to process your claim accurately and quickly. If you do not provide critical information, we may be unable to process your reimbursement request. The information requested may be provided to: representatives of the Department of Employee Relations - State of Minnesota, federal and state tax authorities, professional auditors who audit the State of Minnesota Pre-Tax Benefits Plan, law enforcement entities with statutory authority to gain access to the data, and any other person or entity authorized by law or court order.

Questions Regarding the Reimbursement Process?

For toll-free support, call Eide Bailly Employee Benefits at 1-800-300-1672 or from the Twin Cities Metro area, call 952-944-6633. When calling, please identify yourself and your employer, and have available your Employee ID Number.

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 relates 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.

Minnesota Management & Budget
NOTICE OF COLLECTION OF PRIVATE DATA

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.