



**STATE OF MINNESOTA
Transit Expense Account-Parking
Transit Account Account-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. Upload to the 121 Benefits Mobile App, file online or send the original form with documentation to:



121 Benefits
730 2nd Ave. S., Ste. 400
730 Building
Minneapolis, MN 55402
Phone: 800.300.1672
Fax: 877.918.3622
www.121benefits.com

Benefit Year: 2019
First Name: _____ MI: _____
Last Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Daytime Phone: (____) _____
Email Address: _____
Last 4 digits of SSN or employee ID: _____

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				\$

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 Vanpool Expense

	Date Expense Incurred OR Period Covered from (MM/DD/YY) to (MM/DD/YY)*	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 Vanpool Expense Claim			\$

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 Expense Accounts 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..

EMPLOYEE PLEASE SIGN HERE

DATE

Plan Year January 1, 2019 through December 31, 2019. Final deadline for claims is February 28, 2020

Upload completed form on our Mobile App or Fax 877.918.3622 or 612.877.4322 or return to:
121 Benefits | 730 2nd Avenue South | Suite 400 | 730 Building | Minneapolis MN 55402

**Reimbursement Information For
Transit Expense Account-Parking
Transit Expense Account-Vanpool Expenses**

1. If you have out of pocket parking fees or vanpool expenses not already deducted through payroll, you may choose to enroll in the TEA-Parking or TEA-Vanpool. Eligible out of pocket expenses must meet the following requirements:
 - TEA-Parking
 - Incurred to park your car in a facility at or near the business premises of the employer or
 - Incurred to park your car at or near a location from which you commute to work by (a) Mass transit facilities, (b) a Commuter Highway Vehicle, (c) By vanpooling, (d) By carpool or (e) By any other means
 - TEA-Vanpool
 - 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). **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 Pre-Tax Benefits Plan Year Summary for more detailed information on Transit Expense Accounts.

Notice Regarding Collection of Private Data

Under provisions of Minnesota Statutes 43A 22-24, 121 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?

Call 800.300.1672 or email CustomerService@121benefits.com
When calling, please identify yourself and your employer, and have your Employee ID available.

Minnesota Management & Budget
NOTICE OF COLLECTION OF PRIVATE DATA

Minnesota Management & Budget administers the State Employee Group Insurance Program (SEGIP). We are requesting data from you through a vendor, 121 Benefits, which has been authorized to administer the State of Minnesota Pre-tax Benefits Plan. 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.