



Change in Participation Form Transit Expense Account Parking and Bus Pass/Vanpool



Plan Year: 2020 State Employee ID Number: _____
 First Name: _____ MI: _____ Last Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: (____) _____ Email: _____

CHANGE IN PARTICIPATION

I hereby revoke any previous authorization for the current year and authorize my employer 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. **Please note that changes are effective the first day of the pay period following SEGIP's receipt of the completed form.** Changes cannot be retroactive. Reimbursements must be submitted within 180 days of the date the expense was incurred or paid, or Sunday, February 28, 2021 whichever comes first.

TRANSIT EXPENSE ACCOUNT - PARKING

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

I authorize my employer 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 \$3,240/year. The monthly maximum is \$270, (combined with amounts deducted through your payroll deducted Parking Account).*

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

I authorize my employer to deduct \$ _____ for each of _____ 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 \$270/month, (combined with amounts deducted through your payroll deducted Parking Account).*

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 my employer 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 \$3,240/year. The monthly maximum is \$270 (combined with amounts deducted through your payroll deducted bus pass/vanpool account).*

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

I authorize my employer to deduct \$ _____ for each of _____ 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 \$270/month (combined with amounts deducted through your payroll deducted bus pass/vanpool account).*

Employee Signature: _____ Date: _____

RETURN COMPLETED FORM TO MINNESOTA MANAGEMENT AND BUDGET
 STATE EMPLOYEES GROUP INSURANCE PROGRAM
 658 CEDAR STREET, ST. PAUL, MN 55155
 OR FAX TO 651.296.5445