



**ENROLLMENT FORM
Transit Expense Account
Parking and Bus Pass/Vanpool**



Plan Year: 2017
 State Employee ID Number: _____
 First Name: _____ MI: _____ Last Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: (____) _____ Date of Hire: _____

TRANSIT EXPENSE ACCOUNT - PARKING

ANNUAL ELECTION: THERE IS A MINIMUM ANNUAL ELECTION AMOUNT OF \$50 REQUIRED TO PARTICIPATE.
 I authorize my Employer to deduct \$_____ for the year 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 \$3,060/year.*

MONTHLY ELECTION:
 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 \$255/month.*

TRANSIT EXPENSE ACCOUNT - BUS PASS/VANPOOL

ANNUAL ELECTION: THERE IS A MINIMUM ANNUAL ELECTION AMOUNT OF \$50 REQUIRED TO PARTICIPATE.
 I authorize my Employer to deduct \$_____ per year 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 \$1,560/year*

MONTHLY ELECTION:
 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 \$130/month.*

I authorize my Employer to make the above deductions from my paycheck on a pre-tax basis. I understand that I will be able to request reimbursement for these withheld monies when I incur or pay eligible expenses during the plan year in accordance with the plan documents.

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**