Enroll / Change Form

TRANSIT EXPENSE ACCOUNT

BRi An Inspira Financial Solution

MANAGEMENT AND BUDGET
STATE EMPLOYEE GROUP INSURANCE PROGRAM

PLEASE COMPLETE ALL SECTIONS OF THE FORM TO AVOID DELAYS.

Employee Name

Plan Year
2027

Employer
State of Minnesota

Hire Date *(MM/DD/YYYY)*

State of Minnesota Employee ID Number

Email Address

Employee Address: Street or PO Box

Phone Number

City | State | ZIP

I authorize my employer to initiate the following payroll deduction(s) to contribute to my Transit Expense Account:

NOTE: Please be aware of the following:
- Enrollment requires a minimum annual election and contributions of at least $50 for either the PKEA or BVEA.
- The monthly maximum for 2026 is $340 for either account (including other payroll deducted parking or transit expenses). 2027 limits have not yet been released.
- Election changes are effective the first day of the pay period following SEGIP's receipt of this completed form.
- This is NOT the parking or bus/transit pass you purchase directly through your agency. The Payroll Deduction Account is separate and is not elected here. These accounts are for your out-of-pocket work related expenses only.

Type of Transit Expense Account	Monthly Election	Number of Months *(not greater than the number of months remaining in the calendar year)*
☐ Parking Expense Account (PKEA)	$	
☐ Mass Transit (Bus Pass)/Vanpool Expense Account (BVEA)	$	

This is a: ☐ New enrollment ☐ Change in previous enrollment

PLEASE CERTIFY THE FOLLOWING:

- I have read the printed material which explains my Transit Expense Account and my options under it. I understand that any expenses paid under this plan must be eligible workplace commuting expenses as governed by Internal Revenue Service regulations and must not be reimbursed from any other source. I also understand that by signing and submitting this enrollment form, I am making an election that will remain effective until an election change is submitted. Any choices above may be modified only as defined in the plan.
- I authorize the issuance of a Beniversal® Prepaid Mastercard® ("Card"). I agree to use the Card only for eligible plan expenses and to be bound by all provisions of the Cardholder Agreement sent to me with my Card. Furthermore, I understand that if my Card is used for expenses other than those defined in the plan or if I violate the terms of the Cardholder Agreement, my account may be suspended and I will reimburse the plan for the expenses. I also authorize expenses for replacement cards to be deducted from my account balance as needed.
- I understand that Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. I also understand that I may be required to provide identifying information (e.g. Member ID, address and date of birth) when making inquiries about my Card. I understand that any personal information obtained will not be shared with anyone, including non-affiliated third parties, except as permitted by law.

Signature

Date *(MM/DD/YYYY)*

This form must be returned to SEGIP, fax to 651-797-1313, email to segip.mmb@state.mn.us, or mail to SEGIP, 400 Centennial Office Building, 658 Cedar Street, St. Paul, MN 55155

MINNESOTA MANAGEMENT AND BUDGET

NOTICE OF COLLECTION OF PRIVATE DATA

Minnesota Management and 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.

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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.

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