

# **Transportation and Parking Expense Claim Form**

## Employee information — please print clearly or complete form online

Employee Last Name		First Name	Middle Initial
Social Security Number			
Employer Name		Employee ID # (if applicable)	
Email Address (if you would	l like an email confirming this claim has been rec	ceived)	
For address changes, please c	ontact your HR department.		
	claim for contract parking only eans you only need to complete this form	once a year. Your balance will continue to adjust as eligib	le claims
Transportation / Parkin	g Expense Reimbursement (please print)	)	
Month and year of expense	Name of person claiming expense	Type of expense	Amount requested for reimbursement
			\$
			\$
			\$
			\$
		Total Reimbursement Requested	\$
		re. Vanpool — request the signature of your provider of tra	ansportation
Provider Signature		Date	
and qualify for reimburse submitted for reimburse	ement as defined by my company's transp ment, nor will I seek reimbursement from	e and are for the purpose of commuting to and from my ploortation / parking program. These expenses have not bee any other reimbursement program. I understand that if I kents equal to the overpayment has lends	en previously nave received an
Employee Signature		Date	
To send online, log on	to your myHealthPartners account at <b>h</b>	nealthpartners.com and go to the Welcome tab to ge	et started.
<b>Fax to:</b> 952-883-	5026 or 877-624-2287		

Please retain a copy of this form and all attachments for your records.

TTY line: 952-883-5127

Mail to:

HealthPartners Service Center, CDHP - Mail Route 21104T,

www.healthpartners.com

P.O. Box 297, Minneapolis, MN 55440-0297 **Questions:** Metro Area: 952-883-7000 Outside metro: 866-443-9352

## TRANSIT/PARKING CLAIM INSTRUCTIONS

Before you begin—check with your employer to find out if you have the transit or parking program.

### What's a transit or parking expense?

It's an expense you pay for eligible work transit or parking. For example it could be:

- Transit:
  - » Bus and light rail fares.
  - » Train and subway tickets.
- Parking:
  - » Parking ramps, lots, and tolls.

These are common terms that can help you decide if you have an eligible transit or parking expense:

- **Transit pass** This could be a pass, token, fare card, voucher, or similar item that lets you ride, free of charge or at a reduced rate:
  - » On mass transit. Mass transit includes bus, rail, or ferry.
  - » In a vehicle that seats at least six adults (not including the driver). The driver must be paid to transport people.
- Commuter highway vehicle (van pooling) This is any highway vehicle that seats at least six adults (not including the driver). At least 80 percent of the mileage is for transporting people between home and the work place. Employees must use at least half of the vehicle's seats (not including the driver's).
- Qualified parking This means parking that's provided to an employee. It's near the business area of the employer. Or, parking that's on or near a location from which the employee rides to work in a commuter highway vehicle. Parking on or near your home doesn't qualify.

#### When do I need to send in my transit or parking claims?

You'll need to send your request for reimbursement at least every 180 days unless you have contract parking (that is just once a year to get the recurring claim set up). This is required by the IRS.

#### What kinds of documentation can I send?

You'll need to send all of the following (required by the IRS):

- Date and year of transit expense (needs to be itemized by month).
- Name of person claiming expense.
- Type of transit expense.
- Amount of expense.
- Name of provider of transit service (van pooling service only).
- Signature of provider (van pooling service only).
- Receipt of expense (if available).

### Can I get paid for an expense that hasn't happened yet (i.e., requesting June claim in May)?

Yes, you just simply need to send documentation showing the expense was already paid. If you don't include this information, we can't process the claim until after the expense has happened.

#### Before you send your form—check for these common mistakes:

- Did you sign and date the form?
- Did you include your documentation? For more than one expense listed on a receipt, be sure you circle each one. Don't highlight the expense items.
- Did you fill out the claim form completely?
- Does the documentation match the amount you're asking for?
- Did you keep a copy of your claim form?
- Did you send a copy of your receipts and not the originals? You'll want to keep the original receipts for your records.

### Need more help?

If you need help with a transit or parking expense, call HealthPartners Member Services at **952-883-7000** or **866-443-9352**.