



Use the myHP app to submit your reimbursement request with the snap of a photo.

Transportation and parking expense claim form

Employee information — please print clearly or complete form online

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Employer Name _____

Email Address (if you'd like an email confirming this claim has been received) _____

For address changes, contact your Human Resources department

This is a recurring claim for contract parking only – A recurring claim means you only need to complete this form once a year. Claims will be processed on the first of the month following the expense. (ex. January's expense will be processed on February 1)

Transportation and parking expenses (please print)

Month and year of expense	Name of person claiming expense	Type of expense	Amount requested for reimbursement
			\$
			\$
			\$
			\$
Total reimbursement requested			\$

Enroll in direct deposit to avoid fees for checks by logging in to your myHP account. Direct deposit is free of charge and gives you convenient access to your funds immediately, without having to wait for the mail. A \$5 fee per check payable by members will apply for check reimbursements.

Parking documentation

Attach receipts (if available) or note meter/parking expenses above. Vanpool — request the signature of your provider of transportation service(s) OR attach your transportation receipt to this form.

Provider Name

Provider Signature

Date

Employee certification

I certify that the expense(s) listed above have been incurred by me and are for the purpose of commuting to and from my place of employment and qualify for reimbursement as defined by my company's transportation / parking program. These expenses have not been previously submitted for reimbursement, nor will I seek reimbursement from any other reimbursement program. I understand that if I have received an overpayment HealthPartners reserves the right to offset future reimbursements until repayment has been made.

Employee Signature

Date

To send online, log on to your myHealthPartners account at healthpartners.com.

Fax to: 952-883-5026 or 877-624-2287

Mail to: HealthPartners Service Center, CDHP – Mail Route 21104T,
P.O. Box 297, Minneapolis, MN 55440-0297

Questions: Metro area: 952-883-7000 Outside metro: 866-443-9352
TTY line: 952-883-5127 healthpartners.com

Transportation and parking expense 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 workplace. 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 at 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's 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)

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 health care expense, call HealthPartners Member Services at **952-883-7000** or **866-443-9352**.