

TRANSPORTATION EXPENSE REIMBURSEMENT PROGRAM

*Please check with your employer as to which program(s)
listed below pertain to your company's transportation program.*

- 1. Commuter Highway Vehicle (vanpooling)**—the term “commuter highway vehicle” means any highway vehicle which has:
 - the seating capacity for at least 6 adults (not including the driver), and
 - at least 80 percent of the mileage can be reasonably expected to be used for the purposes of transporting employees in connection with travel between their residences and their place of employment. Also, during these trips, the number of employees transported for such purposes is at least 1/2 of the adult seating capacity of such vehicle (not including the driver).
- 2. Qualified Parking**—the term “qualified parking” means parking provided to an employee on or near the business premises of the employer or on or near a location from which the employee commutes to work by transportation in a commuter highway vehicle.

NOTE: Such term shall not include any parking on or near property used by the employee for residential purposes.
- 3. Transit Passes**—the term “transit pass” means any pass token, farecard, voucher, or similar item that entitles a person to transportation on mass transit facilities.

HOW TO FILE A CLAIM

To receive reimbursement for eligible expenses, fax OR mail a completed claim form. Be sure to provide all information requested on the form. If the form is incomplete or unsigned, the processing of your claim will be delayed or denied.

Submission Tips

- ✓ Complete claim form using a dark pen (do not use a pencil).
- ✓ **Do not** highlight your claim form, as it will interfere with our claims processing system.
- ✓ If your documentation is printed on dark paper, copy it onto lighter paper.
- ✓ Confirm successful fax transmission.
- ✓ Do not mail originals. Keep a copy for your records.

APPEAL INFORMATION

The Explanation of Processing Report explains how your claim was processed based upon the information submitted to us. You or your designated representative may appeal a denial, partial denial, or reduction of your claim by following our appeal procedures. You may contact customer service at 1-800-859-2144 or 651-662-5065 for an explanation of your appeal rights. If you disagree with our decision on your claim, you have the right to submit a written request for an appeal review to SelectAccount, P.O. Box 64193, St. Paul, MN 55164-0193. We can send you a form to file your appeal or you can obtain a copy of the appeal form at www.selectaccount.com. You have until the later of your plan's run out end date or 180 days from the date of this notice to file an appeal. If you have terminated employment during the year or if you are unsure of your plan's run out end date please contact your group representative or contact our customer service department. You may also submit any documents, records, or other information that relates to your claim for benefits. Upon receipt of your request, we will provide a full and fair review of your appeal and a written notice of our decision either by letter or an explanation on the Explanation of Processing Report within 30 days.

If you are a member of a group plan that is subject to the Employee Retirement Income Security Act (ERISA), once you have exhausted our appeal process, you have the right to file suit in Federal Court under Section 502(a) of ERISA.