OPERATING ENGINEERS LOCAL #49 HEALTH & WELFARE FUND
HEALTH REIMBURSEMENT ARRANGEMENT
ELECTION CHANGE FORM

You are automatically enrolled in the Health Reimbursement Arrangement (HRA). However, you have an option regarding the manner in which your HRA dollars can be reimbursed to you.

You previously notified the Fund office that you do NOT want your individual account balance automatically reimbursed to you for deductible and coinsurance amounts.

If you would like to change this election and would like to have your (including your dependents) deductible and coinsurance amounts paid directly and automatically from your individual HRA account, then please complete and return this Election Form.

If you have other additional coverage (for instance through a spouse), or if you obtain other coverage at any point in the future, you are NOT eligible to complete this Election Form and will only be eligible for reimbursements from your HRA following submitting claim forms and appropriate documentation.

If you want your deductible and coinsurance amounts automatically paid from you HRA account, then please complete this Election Form and send it to Operating Engineers Local #49 Health & Welfare Fund c/o Wilson-McShane Corporation, 3001 Metro Drive, Suite 500, Bloomington, MN 55425.

1. Participant Information

Participant Name:
Social Security Number: _____ - _____ - _____
Date of Birth: _____ / _____ / _____
Gender: ☐ Male ☐ Female
Marital Status: ☐ Single ☐ Married
Phone Number: (_____) _____ - _____
Address:

2. Health Reimbursement Arrangement

☐ I WANT AND AM ELIGIBLE TO HAVE MY DEDUCTIBLE AND COINSURANCE AMOUNTS PAID AUTOMATICALLY FROM MY HRA ACCOUNT. I UNDERSTAND THAT I WILL AUTOMATICALLY RECEIVE REIMBURSEMENT UNLESS I ELECT TO HAVE THIS AUTOMATIC FEATURE DISCONTINUED IN THE FUTURE.

3. Participant Authorization

I understand that by signing below, I am confirming that I want, and am eligible, to have my deductible and coinsurance amounts paid automatically from my HRA account until I notify the Fund to discontinue this automatic feature in the future by completing the appropriate form.

_____ _____
Participant Signature Date

Please Retain a Copy for Your Records