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

If you have contributions from your employer sent into the Health Reimbursement on your behalf, 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.

If you would like to have your (including your dependents) deductible and coinsurance amounts paid directly and <u>automatically</u> from your individual HRA account, then do NOT complete or return this Election Form.

If you have other additional insurance coverage (for instance through a spouse), or if you obtain other coverage at any point in the future, you MUST complete this Election Form and return it to Wilson-McShane Corporation. You will only be eligible to receive reimbursement by submitting claim forms and the appropriate documentation.

If you do not want your deductible and coinsurance amounts automatically paid from your 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, #500, Bloomington, MN 55425.

1.   Participant Information

_____ Participant Name (First, Middle Initial, Last)	_____ Social Security Number

Gender _____ Female _____ Male	Marital Status _____ Married _____ Single	Date of Birth _____ / _____ / _____ Month Day Year
Home Phone Number (_____) _____ Area Code		

_____
Address, City, State, Zip

2.   Health Reimbursement election confirmation (box will need to be checked to confirm election)

☐ I ELECT NOT TO RECEIVE AUTOMATIC PAYMENT MADE TO ME FOR ANY DEDUCTIBLES OR COINSURANCE FROM MY HRA ACCOUNT. I UNDERSTAND THAT I WILL NEED TO REMIT RECEIPTS FOR ALLOWABLE EXPENSES THAT I WISH TO BE REIMBURSED FOR OUT OF MY HRA.

3.   Participant Authorization

I understand that by signing below, I am confirming that I do not want, or am not eligible to have my deductible and coinsurance amounts paid automatically from my HRA account, therefore only receiving reimbursement following application and approval.

_____   _____
Participant Signature   Date

Please Retain a Copy for Your Records