

Enrollment



EMPLOYEE

1. Please complete all sections on pages 1 and 2 of this form.
2. Choose your investment allocation (Section 4)
3. Choose your e-services (Section 5).
4. Keep a copy of this completed form for your records.
5. Return completed form to your employer.

We will send you a welcome packet after we receive your Enrollment information and a contribution from your employer. Your welcome packet will contain:

- Confirmation of your employer's contribution;
- Your participant account number;
- Information on how to confirm, make, or change your investment allocation(s);
- A Plan Summary (please read carefully for important information);
- Instructions for online account access;
- Confirmation regarding which HRA VEBA Plan your employer has directed its contribution for you; and
- Whether you are claims-eligible.

EMPLOYER USE ONLY

Employer ID Number: _____
(as assigned by the Plan)

Employer Name: _____

Authorized Employer Signature: _____

Submit completed form to:
enroll@hraveba.org
HRA VEBA Plan, PO Box 80587, Seattle, WA 98108

Enrolling employee is:

Active or Separating/retiring on: _____

Specified Claims Eligibility Date (Standard HRA Plan only):

You may specify the enrolling employee's Participant effective date. This date cannot be prior to the employee's hire date (or eligibility date). If no date is specified, the employee shall become a Participant as of the date we receive both a completed and signed HRA VEBA Plan Enrollment form and a contribution.

Claims Eligibility Date: _____

1 PARTICIPANT INFORMATION

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH mm / dd / yyyy _____

LAST NAME _____ FIRST NAME _____ M.I. _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

AREA CODE and PHONE NUMBER _____ EMAIL ADDRESS (use home or personal email address) _____

2 SPOUSE INFORMATION AND AUTHORIZATION

Please provide your spouse's information below. You can provide your dependent information later. Just follow the instructions in your welcome packet, or provide the information when you file a claim. Your spouse and qualified dependents are eligible for full coverage under this Plan so long as: (1) they have qualified group health plan coverage; or (2) you have separated from service. While you are still employed, you should elect limited HRA coverage for your spouse or dependents for any period of time during which they are not covered by an employer-sponsored group health plan. See our **Limited HRA Coverage Election** form for more details

SPOUSE LAST NAME _____ FIRST NAME _____ M.I. _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH mm / dd / yyyy _____

I authorize my spouse listed above to be an authorized contact who may discuss my account and account activity and submit claims and certain account changes on my behalf, including changes to my contact and direct deposit information. Authorized contacts may be changed or revoked by me at any time.

3 CERTIFICATIONS: READ BEFORE SUBMITTING

By enrolling in the HRA VEBA Plan, you agree to the following Terms & Conditions. You agree that the Plan and the parties involved in this Plan (including, but not limited to, the employer, your bargaining representative, the Trustees, Plan service providers, and the agents of each, collectively referred to as the "Plan and its agents") cannot guarantee any federal or state tax results or investment results. Any benefits to which you may become entitled are subject to the terms and conditions of the governing Plan documents and applicable law. The Plan and its agents may withhold from such benefits (and may transmit to the government if required by law) any tax, charge, penalty, assessment, or other amount that is determined to be attributable to or allocable to such benefits or on account of the operations of the Plan. You agree to hold the Plan and its agents harmless with respect to such withholding or any failure to withhold or pay such amounts and any other actions taken in good faith for the operation of the Plan. You understand that for proper administration of the Plan and compliance with applicable law, you must regularly confirm and update your enrollment information, including name, address, phone number, dependents, and Social Security numbers for yourself and eligible dependents. You also understand that it is your responsibility to review each statement to confirm that there are no investment or financial errors reflected on your account. Any errors must be reported by you to the Plan within ninety (90) days after the error is first viewed by you online or first reflected in a statement or other written information delivered to you by the Plan and its agents.

Investment selection, e-communication, benefits card, and direct deposit elections on reverse ►►

Enter Participant Name from Section 1: _____

4 INVESTMENT ALLOCATION SELECTION

Select and complete **OPTION A or OPTION B**, but not both. If you make no selection, your entire account will be allocated to the Conservative Portfolio. You should read the fund prospectuses and our **Choosing Your Investment Allocation** brochure before making an investment decision. For links to this information, including historical performance and operating expenses, go to **HRAveba.org** and click **Investments**. The investment allocation you submit on this form will replace your allocation already on file. If you have more than one account, this new allocation will be applied uniformly to all of your accounts, unless you reference one or more specific account numbers.

OPTION A: Choose a Pre-mix

Select and complete this option if you want your asset allocation portfolio designed and managed by professionals. **Choose only one pre-mix.** If you select multiple funds your entire account will be invested in the most conservative fund selected. Read the **Choosing Your Investment Allocation** brochure available online at **HRAveba.org** for more information.

These custom pre-mixed portfolios are professionally managed and use low-cost stock and bond index funds through Fidelity. They are well diversified and rebalance automatically to maintain their targeted mix of stocks (higher risk) and bonds (lower risk).

Portfolio Name	Risk Level	Target Allocation
<input type="checkbox"/> Income HRA VEBA Income Portfolio	Low to moderate	80% Bonds; 20% Stocks
<input type="checkbox"/> Conservative HRA VEBA Conservative Portfolio	Moderate	60% Bonds; 40% Stocks
<input type="checkbox"/> Moderate HRA VEBA Moderate Portfolio	Moderate to high	40% Bonds; 60% Stocks
<input type="checkbox"/> Growth HRA VEBA Growth Portfolio	High	20% Bonds; 80% Stocks

OPTION B: Do It Yourself

Select and complete this option if you want to build your own portfolio. **Enter only whole numbers—no fractions. Your allocation must equal 100%.** Allocations that are not whole numbers will be rounded to the nearest whole number. Generally, if your allocation exceeds 100%, the excess will be subtracted from your least conservative fund choice. If your allocation is less than 100%, the shortage will be added to your most conservative fund choice.

Rebalance my allocation percentages:

Quarterly **Annually** (end of each calendar quarter/year)

Rebalancing is an important feature that will redistribute your entire account balance according to your most recent allocation percentages on file. If selected, this option will continue until revoked online or via written notice to the Plan.

Asset Class / Fund Name	Allocation %
Stable Value / HRA VEBA Stable Value	_____ %
Total Return Bond / Metropolitan West Total Return Bond	_____ %
Balanced / Vanguard Balanced Index	_____ %
Large Cap Equity / Vanguard Institutional Index (S&P 500)	_____ %
Mid Cap Equity / Carillon Scout Mid Cap	_____ %
Small Cap Equity / Champlain Small Company	_____ %
International Equity / American Funds EuroPacific Growth	_____ %
Total Must Equal 100% ▶	_____ %

Your **Welcome Letter** will contain confirmation of your investment elections. After receiving your Welcome Letter, please log in to your account at **HRAveba.org** and click **Investments** on the menu bar to check that your elections have been applied to your balance and future contributions as you intended. If you find an error or problem, you must contact us at the mailing address, email address, or phone number shown on this form within 90 days after you first view an error or problem online or receive the first statement on which an error or problem appeared, whichever occurs first. If we do not hear from you within 90 days, the account will be considered correct.

5 E-SERVICE ELECTIONS

E-COMMUNICATION:

GO GREEN! Sign up for **e-communication** and avoid the paper clutter: Make your election online. After getting your welcome packet in the mail, log in at **HRAveba.org** and click **My Profile** to update your **Account Preferences**.

BENEFITS CARD:

Yes, I want a free benefits card. Instantly pay medical care expenses from your HRA. No filing claims and waiting to get reimbursed. **Request and keep supporting documentation for each transaction in case we need it.** We'll mail a benefits card to you once you have a claims-eligible HRA balance of \$50 or more and a valid U.S. mailing address on file. To learn more, go to **HRAveba.org** and click **Benefits Card**.

DIRECT DEPOSIT (for claims-eligible participants):

Yes, I want to elect direct deposit for my medical care expense and premium reimbursements. Direct deposit is faster and more convenient than waiting to receive paper check reimbursements in the mail. A voided check is not required.

Account type: **CHECKING** **SAVINGS**

NAME OF BANK or CREDIT UNION _____

9-DIGIT ROUTING/TRANSIT NUMBER _____

ACCOUNT NUMBER (do not include check number) _____

