

# Election of Limited HRA VEBA Plan Coverage

E-mail, fax, or mail completed form to third-party administrator. Fillable version at [hraveba.org](http://hraveba.org).



## HRA VEBA Third-party Administrator

Meritain Health | PO Box 27810 | Minneapolis, MN 55427-0810 | Phone: 1-888-659-8828 | Fax: (763) 582-3470 | E-mail: [myclaims@meritain.com](mailto:myclaims@meritain.com)

**Limited HRA VEBA plan coverage covers only the types of expenses listed below.** All other expenses incurred while coverage is limited, including qualified insurance premiums, are not covered.

- Standard dental care services (not related to a medical condition or accident), including dentures
- Orthodontia
- Routine eye exams, contact lenses, and eyeglasses (excluding initial lenses and standard frames after cataract surgery)

**HSA contribution eligibility:** To become eligible to contribute to a health savings account (HSA), you must first limit your HRA VEBA plan coverage. Keep in mind that limiting your HRA VEBA plan coverage is not the only HSA contribution eligibility requirement. You should check with your HSA provider, but generally any adult can contribute to an HSA if they (1) have coverage under an HSA-qualified high deductible health plan (HDHP); (2) have no other first-dollar medical coverage (other types of insurance like specific injury insurance or accident, disability, dental care, vision care, or long-term care insurance are permitted); (3) are not enrolled in Medicare; and (4) cannot be claimed as a dependent on someone else's tax return.

**Medicare coordination of benefits:** If you, your spouse, or a dependent are on Medicare, you will be required to use up your HRA VEBA account before Medicare will provide future benefits unless (1) you're separated from the employer that made, or is making, contributions to your HRA VEBA account; (2) your HRA VEBA account balance has always been and stays under \$1,000; or (3) you've elected limited HRA VEBA plan coverage. **If you're separated**, contact Meritain Health with your separation date to avoid problems receiving Medicare benefits. **If you're still working** and you elect limited HRA VEBA plan coverage, Medicare will provide benefits without requiring that you use up your HRA VEBA account first.

## 1. PARTICIPANT INFORMATION

_____	_____	_____
Last Name	First Name	Participant Account No. or SSN
_____	<input type="checkbox"/> Check here if new e-mail address	(____) _____ - _____
E-mail Address (home or personal recommended)		Area Code and Phone Number
_____	<input type="checkbox"/> Check here if new address	_____
Mailing Address	City	State Zip

## 2. LIMITED COVERAGE ELECTION

Your limited HRA VEBA plan coverage election will remain in force until you make a change. You can make one limited coverage election per calendar year. For example, if you turn on limited coverage in April, you must wait until the following January to turn off limited coverage and change back to full coverage. More than one change during a calendar year may be allowed if you want to change your election shortly after certain life events. For instance, you may be allowed to make a change within 30 days of losing other health coverage (due to separation of employment or other reason) or acquiring a spouse or dependent through marriage, birth, or adoption. **NOTE:** Any systematic withdrawal from your account for qualified insurance premiums will stop immediately with your limited coverage start date.

Check the appropriate box below and enter the month and year you want to **TURN ON** or **TURN OFF** limited HRA VEBA plan coverage.

- TURN ON** limited HRA VEBA plan coverage beginning: \_\_\_\_\_ / \_\_\_\_\_  
Month Year
- TURN OFF** limited HRA VEBA plan coverage beginning: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**NOTE:** The month and year you enter **may not** be in the past. If you enter a month and year in the past, your election will become effective on the first of the month following Meritain Health's receipt of this completed form.

## 3. AUTHORIZING SIGNATURE (required)

By signing below, you hereby elect or revoke limited HRA VEBA plan coverage as described above for you and your eligible spouse and dependent(s), if any. This election of limited HRA VEBA plan coverage shall be effective from the first day of your selected beginning month/year and shall continue until further notice. Submitting this completed form does not guarantee your eligibility to contribute to an HSA. Your eligibility to contribute to an HSA is determined by several factors. HRA VEBA Trust is not responsible for determining your eligibility to contribute to an HSA or your maximum annual HSA contribution amount. (**NOTE:** Your maximum annual HSA contribution amount depends on your HSA eligibility during the current calendar year. If you become HSA-eligible mid-year, a 12-month testing period may apply to determine your maximum annual HSA contribution.) You should talk to a tax or benefits professional as special rules apply. HRA VEBA Trust does not endorse, approve nor in any manner make determination regarding whether any other program in fact qualifies as an HSA or is suitable for any participant.

X \_\_\_\_\_  
Participant Signature Date