

**North Central States Regional Council of Carpenters  
Health Fund**  
1704 Devney Drive  
Altoona, WI 54720  
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1-800-424-3405  
[www.ncscbf.com](http://www.ncscbf.com)

**HRA PROGRAM ANNUAL OPT-OUT ELECTION FORM**

INTRODUCTION: The North Central States Regional Council of Carpenters Health Fund's (the "Fund's") Health Reimbursement Account Program ("HRA Program") is intended to qualify as a self-funded medical expense reimbursement plan under Code Section 105 and regulations thereunder, including guidance issued by the Internal Revenue Service on health reimbursement arrangements. As such, Federal law (the Affordable Care Act) requires the Plan to provide participants an annual opportunity to opt out of the Plan's HRA Program. If you elect to opt-out of the HRA Program, your Account will be frozen for the full calendar year and any future HRA contributions made on your behalf will be forfeited to the Fund until your Account is reinstated. Before completing this HRA Program Opt-Out Election Form, you should consider both the potential disadvantages and advantages of opting out. If you have questions, contact the Plan or a personal health care advisor.

Employee/Former Employee: \_\_\_\_\_  
LAST FIRST

Home Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

- ☐ I elect to opt out of the HRA Program under the Plan. I understand that this opt-out is effective January 1, 2026.

I fully understand and certify the following:

1. The above election to opt out of the HRA Program means no further amounts will be credited to my Account for the upcoming calendar year.
2. By electing to opt-out, my Account will be frozen and I will not have access to the monies remaining in my Account for the upcoming calendar year.
3. My opt-out election is final and will continue in effect until the earlier of the January 1 following the calendar year to which the opt-out applied or my death.
4. My election to opt out of the Plan's HRA Program is entirely voluntary.
5. I must complete this HRA Program Opt-Out Election Form and return it to the Plan Office to opt out of the HRA Program under the Plan **no later than December 31, 2025.**

\_\_\_\_\_  
Employee/Former Employee Signature

\_\_\_\_\_  
Date

Plan Approval:

North Central States Regional Council of Carpenters Health Fund

By: \_\_\_\_\_

\_\_\_\_\_  
Date