NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS HEALTH FUND
P.O. BOX 4002, EAU CLAIRE, WI 54702 ~ PHONE: 800-424-3405

Health Reimbursement Account (HRA) Election Form Authorizing Automatic Deduction of Monthly Premium or Retiree Premium Payments

The North Central States Regional Council of Carpenters Health Fund (the "Fund") offers a Health Reimbursement Account ("HRA") Program that allows you to be reimbursed for Qualifying Medical Expenses that have been submitted to the Fund and Qualifying Premium Expenses, provided you have a sufficient balance in your HRA. The Plan document identifies Qualifying Medical Expenses and Qualifying Premium Expenses (*i.e.*, amounts you owe for medical care or premium expenses as defined under Section 213(d) of the Internal Revenue Code) that are eligible for HRA reimbursement.

If you are an Employee or Retiree and you will not have sufficient Employer contributions in a Contribution Month to maintain eligibility during the corresponding Coverage Month, you may authorize the Fund Office to automatically deduct the required monthly payment amount (as applicable) from your HRA to pay for coverage for you and your Dependents. To provide this authorization, please complete this claim form and return it to the address listed at the bottom of this form. The Fund Office will implement your automatic deduction authorization as soon as administratively feasible after receiving your election.

If your HRA balance is less than the amount required to maintain Fund eligibility for a given Coverage Month, your HRA will be reduced to $0 and the Fund Office will send you a self-pay notice for the balance by the due date for the required payment or your Fund coverage will be discontinued.

If you do not want the monthly payment amounts that are required to maintain your coverage under the Fund to be automatically deducted from your HRA when your Employer contributions are insufficient to maintain your coverage under the Fund, do not fill out this form.

Participant Information

_____

Participant's Name - Please Print *ID Number*

_____ _____

Address *City* *State* *Zip Code*

_____ _____

Phone Number *Date of Birth*

Health Reimbursement Account Automatic Deduction

☐ **I WANT** the Fund Office to automatically deduct from my HRA the monthly payment amount required to maintain my eligibility in the Fund (as established from time-to-time by the Trustees) during any Coverage Month for which insufficient contributions are received in the preceding Contribution Month to maintain my coverage under the Fund. I understand that in the event that I do not have sufficient Employer contributions in a Contribution Month to maintain Fund eligibility, the Fund Office will automatically deduct the monthly payment amount required to maintain Fund eligibility from my available HRA balance.

Participant Authorization

By signing below, I authorize the Fund, until otherwise instructed, to deduct from my HRA the amount required in any month to maintain coverage under the Fund should contributions received from my Employer during any Contribution Month be insufficient to maintain Fund coverage. I certify that I will not seek other reimbursement nor claim a federal tax deduction for the amount(s) deducted from my HRA for my premium payment(s). I also understand that if my HRA balance insufficient to cover the amount required to maintain Fund eligibility for a given Coverage Month, my HRA will be reduced to $0 and I will need to make a monthly self-payment (as applicable) by the due date for the payment or my Fund coverage will be discontinued. I understand that the due date will not be extended. Furthermore, I understand that any request to revoke this authorization must be made in writing to the Fund Office at the address provided in this form and that the automatic deduction arrangement will be discontinued as soon as administratively feasible.

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Participant's Signature Date

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Election Form Submission

Mail completed form to: North Central States Regional Council of Carpenters Benefit Funds
P.O. Box 4002
Eau Claire, WI 54702