



VMERS VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN EMPLOYEE BENEFIT ELIGIBILITY FORM

- Complete this form once you become eligible to receive benefits in your plan sponsor’s RHS Plan. Please print legibly in blue or black ink.
- Read instructions on the back before completing this form.

1 Participant Information

Employer Plan Number _____	Employer Name _____	State _____
Participant Name (Last, Full First and Full Middle) _____		Mailing Address Street _____
Social Security Number ____-____-____		City _____ State _____ Zip Code _____
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Date of Birth ____/____/____ Month Day Year
Home Phone Number (____) _____ - _____ Area Code	Work Phone Number (____) _____ - _____ Area Code	

2 Spouse Information (Complete this section if you have a spouse. See instructions.)

Spouse Name (Last, Full First and Full Middle) _____	
Social Security Number ____-____-____	Date of Birth ____/____/____ Month Day Year

3 Participant Signature

I certify the information provided on this form is accurate and the listed spouse is eligible to receive benefits under the RHS Plan (see instructions):

Participant Signature

Date

Important Note: Your plan sponsor must also submit your eligibility information into the EZLink system to establish your benefit eligibility. Please confirm this notification has occurred prior to submitting claims to Meritain Health, Inc.

PLEASE RETAIN A COPY FOR YOUR RECORDS



VMERS RHS PLAN EMPLOYEE BENEFIT ELIGIBILITY FORM INSTRUCTIONS

Once your plan sponsor has indicated you are eligible for benefits and you submit this completed form, you will be able to request payment for benefits covered by your plan sponsor's RHS plan. This form is used by the claims administrator (Meritain Health, Inc.) to set up your account and process claims.

In order for us to efficiently process your benefits, you must fully complete this form and submit it to Meritain Health, Inc. Please be sure to keep a copy of all forms and documentation you submit for your records. Accuracy and completeness of the information you submit will expedite your claims.

After a claim you have submitted has been processed, always review your Explanation of Benefits from Meritain Health, Inc. to confirm the accuracy of your benefit eligibility and enrollment information. If you discover a discrepancy, contact Meritain Health, Inc. at 888-587-9441 as soon as possible.

Please Note: If you are able to access funds from your RHS plan in the same year in which you contribute to your Health Savings Account (HSA) administered through another provider, please consult your tax advisor prior to submitting reimbursement to your RHS account. There are specific rules governing HSAs when an employee is also enrolled in a Health Reimbursement Arrangement (HRA), like the RHS plan, that may affect the tax treatment of the HSA contributions.

INSTRUCTIONS:

1. Participant Information

Please complete this section carefully. The information will be used to set up your account for benefit payments. You will receive your reimbursements and Explanations of Benefits at the address you list. The employer plan number is available from your plan sponsor or ICMA-RC's Investor Services staff at 800-669-7400.

2. Spouse Information

This section tells us on whose behalf medical claims may be submitted. For your spouse, please indicate the full name, Social Security Number and birth date.

* Important Information for California Participants: Under current California law, a domestic partner may be treated as a spouse for certain welfare plan purposes. This means the RHS account can be used to reimburse medical expenses of a domestic partner on a tax-free basis during the life and after the death of the RHS participant. A domestic partner may be listed as a spouse on this RHS Employee Benefit Eligibility Form. A copy of the Declaration of Domestic Relationship must be attached to the form.

If you need to add or delete eligible spouse, contact Meritain Health, Inc. at 888-587-9441.

3. Participant's Signature

Once you have completed this form, sign it, retain a copy for your records and submit it to Meritain Health, Inc.

Your signature on the form certifies that all information provided is accurate.

Please Note: Your plan sponsor must also submit your benefit eligibility date to ICMA-RC via EZLink before benefits can be paid. Check with your plan sponsor to be sure this notification has occurred prior to submitting claims to Meritain Health, Inc.