

# Account Change



**Skip this form!** Log in at [HRAveba.org](http://HRAveba.org) and submit your account change online.

Submit paper forms to: [forms@hraveba.org](mailto:forms@hraveba.org) | HRA VEBA Plan, PO Box 80587, Seattle, WA 98108

Submitting your changes online is faster and more secure. It is recommended that you take advantage of this service.

## 1 UPDATE PARTICIPANT INFORMATION | CHANGE NAME

I want to update or change my:  Contact information  Name

ACCOUNT NUMBER or SSN \_\_\_\_\_ DATE OF BIRTH mm / dd / yyyy \_\_\_\_\_

NEW OR CURRENT LAST NAME \_\_\_\_\_ NEW OR CURRENT FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

**IMPORTANT: Have you previously separated or retired from the employer that made or is making contributions to this account?**

YES

NO \_\_\_\_\_ DATE OF SEPARATION or RETIREMENT mm / dd / yyyy \_\_\_\_\_ EMPLOYER NAME \_\_\_\_\_

### 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](http://HRAveba.org) and click **My Profile** to update your **Account Preferences**.

## 2 ADD/REMOVE SPOUSE OR DEPENDENT

Your spouse and dependent(s) are eligible for coverage under this Plan. **Federal law requires us to have on file the full name, Social Security number, and date of birth of all covered individuals.** Use another form or list any additional dependents on an attached sheet of paper.

ADD	REMOVE	FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH mm/dd/yyyy	SOCIAL SECURITY NUMBER
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
		SPOUSE				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
		CHILD / DEPENDENT 1				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
		CHILD / DEPENDENT 2				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
		CHILD / DEPENDENT 3				

## 3 CERTIFICATIONS: READ BEFORE SUBMITTING

By completing and submitting this form, you agree to the **Terms and Conditions**, as amended from time to time, which can be found in the **Plan Summary**. To get a current copy of the Plan Summary, log in at [HRAveba.org](http://HRAveba.org) and click **Resources** on the menu bar or contact our Customer Care Center at [customer-care@hraveba.org](mailto:customer-care@hraveba.org) or 1-888-659-8828.