Limited HRA Coverage Election



Submit completed form through our Secure Message Center. It's faster and more secure.

(1) Log in at **HRAgo**® (mobile app) or **HRAveba.org**; (2) Click the **envelope icon** (⊠); and (3) Click **Compose New Message**.

Or, mail to: HRA VEBA Plan, PO Box 4389, Clinton, IA 52733-4389.

You can elect limited HRA coverage for you, your spouse, and/or a dependent for any one of the following reasons:

- 1. **Medicare coordination** You are a current employee and you, your spouse, or a dependent have Medicare coverage that you want to be primary to (pay before) your HRA;
- 2. HSA eligibility You, your spouse, or a dependent want to be eligible to make or receive contributions to a health savings account (HSA); or
- Premium Tax Credit (Subsidy) eligibility You, your spouse, or a dependent are purchasing insurance through a marketplace exchange and want to become eligible for the Premium Tax Credit. For more information, read Premium Tax Credit and Your HRA in the Plan Summary.

Please read the backside of this form for more details, including specific coverage limitations.

Thease read the backside of this form for more details, including specific co	Werage infiltations.					
PARTICIPANT ACCOUNT AND CONTACT INFORMATION						
ACCOUNT MUNDED COM	_					
ACCOUNT NUMBER or SSN DATE OF BIRTH mm / dd / yyyy						
LAST NAME FIR	RST NAME M.I.					
MAILING ADDRESS CIT	Y 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 NAI	ME					
LIMITED HRA COVERAGE ELECTION						
or Medicare coordination purposes. If you have more than one claims-eligible participant accounts. I am making this election for (check all that apply): Myself	☐ My Spouse ☐ My Dependent(s)					
FIRST NAME	M.I. LAST NAME					
Spouse or Dependent Name(s):						
Check the appropriate box below to Turn ON or Turn OFF limited HF process your form. Forms are usually processed within one to three b	RA coverage. Your election will become effective on the day we ousiness days after receipt.					
☐ Turn ON limited HRA coverage due to (check reason below):	Turn OFF limited HRA coverage.					
 Medicare coordination: I am a current employee and want Medicare to pay before my claims-eligible HRA for the covered individual(s) listed above. HSA eligibility: I want the covered individual(s) listed 	Check the box below if you are turning off limited HRA coverage because you have met the statutory deductible for your HSA-qualified high-deductible health plan (HDHP):					
above to become eligible to make (or receive) contributions to a health savings account (HSA)	I am submitting documentation with this form to show that the deductible has been met.					
Premium Tax Credit: I want the covered individual(s) listed above to become eligible for the Premium Tax Credit subsidy.						

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 and click Resources.

What types of expenses and premiums can be reimbursed while my HRA coverage is limited?

The types of medical care expenses and premiums that can be reimbursed while your HRA coverage is limited are marked with a " \checkmark " in the chart below. Notice that the coverage types vary based on the limited HRA coverage reason.

Limited HRA Coverage Reason	HOHO Pies	Medicare and A.	Dental	Dental please.	Vision	Vision prem.	Orthodonlia	P. Polloge	Sesuedke even ses	Tansportair,	* 40%
Medicare Coordination	-	✓	✓	✓	✓	✓	✓	✓	✓	\checkmark	
Health Savings Account Contribution Eligibility	✓	-	√	√	√	✓	✓	-	-	✓	
Premium Tax Credit (subsidy) Eligibility	-	-	✓	✓	✓	✓	✓	✓	✓	✓	

^{*} Transportation is only eligible if related to a permitted expense.

Why or when may I need to elect or cancel limited coverage?

Medicare Coordination of Benefits (may apply if you, your spouse, or a dependent are on Medicare)

If your HRA is claims-eligible and you are still working for the employer that made or is making contributions to your account, Medicare requires that you use up your HRA before Medicare will pay any benefits. Medicare requires us to report your HRA coverage unless: (1) you are separated from the employer that contributed funds to your HRA; (2) your HRA balance has always been and stays under \$5,000; or (3) you have elected limited HRA coverage for the covered individual(s) on Medicare. If you are separated from your employer, please provide your separation date in Section 1 of this form. If you are still working and have elected limited HRA coverage, Medicare will provide benefits without requiring that you use up your HRA first.

If you have elected limited HRA coverage for Medicare coordination purposes, you can turn off your limited HRA coverage (convert back to full coverage) at any time. Please keep in mind that if you are still working applicable law requires your full-coverage HRA to pay first before Medicare while you are still employed by the employer that contributed to your HRA, and requires us to report your coverage.

HSA Contribution Eligibility

To become eligible to make or receive contributions to a health savings account (HSA), you must first limit your HRA coverage. Keep in mind that limiting your HRA coverage is not the only HSA contribution eligibility requirement. You should check with your HSA provider for more information.

If you have elected limited HRA coverage for HSA eligibility, you can turn off your limited HRA coverage (convert back to full-coverage) if you provide documentation during the calendar year that shows you have met the statutory deductible for your HSA-qualified high-deductible health plan (HDHP). You should be able to obtain this documentation from your HDHP provider. If you turn off limited HRA coverage mid-year after meeting your statutory deductible, you will need to turn it back on (re-elect) at the beginning of the next calendar year (if you want to become eligible to make or receive contributions to an HSA in that year).

You may also turn off your limited HRA coverage due to certain life events. Otherwise, you may make only one limited HRA election change per calendar year. For example, if you turn on limited HRA coverage in April, you must wait until the following January to turn off limited HRA coverage and change back to full coverage.

Premium Tax Credit (Subsidy) Eligibility

If you: (1) purchase insurance through a marketplace exchange; (2) want to qualify for the Premium Tax Credit as described below; and (3) have a claims-eligible HRA, you may not qualify for the Premium Tax Credit unless you take certain action. Certain factors other than your HRA may also cause you to be ineligible for the Premium Tax Credit. If this is the case, you may not need to take any action at all with respect to your HRA.

If you believe that your HRA is the only reason you are ineligible for the Premium Tax Credit, you may want to consider electing limited HRA coverage for the period during which you are receiving or claiming the Premium Tax Credit. For more information, read **Premium Tax Credit and Your HRA** in the **Plan Summary**. To get a copy, log in at **HRAveba.org** and click **Resources** or contact our Customer Care Center at 1-888-659-8828.

If you have elected limited HRA coverage for Premium Tax Credit eligibility, you can turn off your limited HRA coverage (convert back to full coverage) for any period during which you are not receiving or claiming the Premium Tax Credit.