

Enrollment Form

Fillable version at ewhra.rehnonline.com.



SUBMIT COMPLETED FORM TO:

ewhra@rehnonline.com | Fax: (509) 535-7883

Electrical Workers' HRA Third-party Administration (TPA) Service Provider, Rehn & Associates, PO Box 5433, Spokane, WA 99205

Please complete all items listed below. Missing information often results in enrollment delays, which could affect your ability to file claims and receive reimbursement of your qualified medical care expenses and insurance premiums.

- Fully complete participant, spouse and dependent information (federally required information; Section 1)
- Enter participant contact information (Section 2)
- Make your investment selection (Section 3)
- Sign-up for direct deposit (recommended; Section 4)
- Sign and date Hold Harmless Agreement (Section 5)
- Make a copy of your completed form for your records
- Return original to the TPA service provider

Your employer will send funds on your behalf to the Electrical Workers' HRA TPA service provider. Upon receipt of this form, the TPA service provider will send you a welcome packet confirming the deposit and include a Claim Form and a Summary Plan Description.

1 PARTICIPANT, LEGAL SPOUSE, DEPENDENT INFORMATION (REQUIRED)

Fully complete the below information, including Social Security number, for each covered individual. Federal law requires us to have on file the full name, SSN, gender, and date of birth of all covered individuals. Your legal spouse, qualified children, and dependents are eligible for coverage under this plan. List any additional dependents on an attached sheet of paper.

FIRST NAME	M.I.	LAST NAME	GENDER	DATE OF BIRTH MM / DD / YYYY	SOCIAL SECURITY NUMBER
PARTICIPANT			<input type="checkbox"/> Male <input type="checkbox"/> Female		
SPOUSE			<input type="checkbox"/> Male <input type="checkbox"/> Female		
CHILD / DEPENDENT 1			<input type="checkbox"/> Male <input type="checkbox"/> Female		
CHILD / DEPENDENT 2			<input type="checkbox"/> Male <input type="checkbox"/> Female		
CHILD / DEPENDENT 3			<input type="checkbox"/> Male <input type="checkbox"/> Female		

2 PARTICIPANT CONTACT INFORMATION

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

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

3 INVESTMENT ALLOCATION SELECTION

Please indicate your desired investment fund allocation using whole numbers; no fractions. The total amount must equal 100%. Fund websites are listed on the Investment Fund Overview available at ewhra.rehnonline.com or by contacting the TPA service provider.

Fund Name	Allocation %
Goldman Sachs Gov't Money Market ⁽¹⁾	_____ %
American Beacon Flexible Bond	_____ %
Vanguard LifeStrategy Income Fund (default investment)	_____ %
Vanguard LifeStrategy Conservative Growth	_____ %
Vanguard LifeStrategy Moderate Growth	_____ %
Vanguard LifeStrategy Growth	_____ %
Vanguard Total Stock Market Index	_____ %
Vanguard FTSE All-World Ex-US Index	_____ %
No fractions, total must equal 100% ▶	_____ %

⁽¹⁾ Change from Vanguard Prime Money Market to Goldman Sachs Gov't Money Market effective 9/1/16.

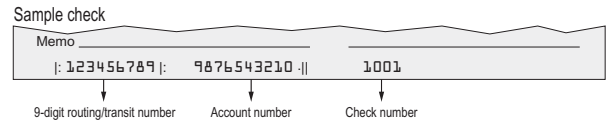
4 DIRECT DEPOSIT ENROLLMENT (RECOMMENDED)

Sign up for direct deposit! It's faster and more convenient than waiting for paper check reimbursements in the mail. Please provide all required information below. A voided check is not required.

Account type: Checking Savings

NAME OF FINANCIAL INSTITUTION (bank or credit union) _____

9-DIGIT ROUTING NUMBER (see sample check) _____ ACCOUNT NUMBER (do not include check number) _____



5 PARTICIPANT SIGNATURE AND HOLD HARMLESS AGREEMENT (REQUIRED)

I hereby become a Participant of the Electrical Workers' HRA Plan and certify that my legal spouse, children, and dependents listed on this form are qualified dependents as defined under the terms of the Plan. I understand that if I provide fraudulent information on this form, my employer may be notified and my Plan participation could be terminated. I realize that the parties involved in the Trust and any Plan in which I am a Participant (the "Plan"), including, but not limited to, the Plan, my employer, my bargaining representative, the Trustees, and the agents of each (collectively referred to as the "Plan and its agents") cannot guarantee any federal or state tax results or investment results. I acknowledge that any benefits to which I may become entitled are subject to the terms and conditions of the governing Plan documents and applicable law, and that the Plan and its agents may withhold from such benefits (and may transmit to the government) any tax, charge, penalty, assessment, or other amount, which is determined to be attributable to or allocable to such benefits or on account of the operations of the Plan and to hold the Plan and its agents harmless with respect to such actions taken in good faith. I have received, reviewed and understand the Plan and investment information provided in the Description of Plan Benefits and Investment Fund Information brochures.

"By my signature I adopt and agree to the above statements."

- I authorize my spouse listed in Section 1 of this form to be an authorized contact who may discuss my account and account activity and submit certain account changes on my behalf. Claim Forms must be signed by me, the participant. Authorized contacts may be changed or revoked by me at any time.

Sign Here ▶

_____ X
PARTICIPANT SIGNATURE DATE mm / dd / yyyy PHONE NUMBER WHERE I CAN BE REACHED