



Rock Hill Schools 2019-20 HRA Enrollment Form

You will be making elections for the **September 01, 2019** through **April 30, 2020** Plan Year. After completing this form, please sign, date, and **return it to your Human Resources Department on or before the end of your enrollment period.**

SECTION A: PARTICIPANT PROFILE – Please Print Legibly		
First Name	Home Phone () -	
Middle Initial	Work Phone () -	
Last Name	Date of Birth (mm/dd/yyyy) / /	
Social Security Number	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Email Address	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	
Address Line 1	Medicare Beneficiary <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address Line 2	Medicare ID (if applicable)	
City	Date of Hire (mm/dd/yyyy) / /	
State	Zip Code	Division (if applicable)
Coverage Level (if applicable) <input type="checkbox"/> Individual <input type="checkbox"/> Individual/Spouse <input type="checkbox"/> Individual/Dependent <input type="checkbox"/> Family		

SECTION B: PLAN INFORMATION – Please Print Legibly		
Health Reimbursement Arrangement (HRA) Reimbursement of expenses as explained in your Summary Plan Description (SPD) & HRA Plan Summary.	REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If you have add'l covered family members on the HRA, please complete the Dependent Data Form.</i>
Important: Please make sure your coverage level and HRA selections have been made before continuing. Enrollment into the HRA is not automatic.		
Direct Deposit – Used for claim reimbursement directly to your personal bank account. <i>NOT to be used for HSA accountholders trying to link a personal bank account.</i> Bank Name: _____ Bank 9 Digit Routing Number (Include All Zeros): _____ Bank Account Number (Include All Zeros): _____	<u>Select One:</u> <input type="checkbox"/> Begin Direct Deposit <input type="checkbox"/> Change Bank Account <input type="checkbox"/> Cancel Direct Deposit	<u>Account Type (Select One):</u> <input type="checkbox"/> Checking <input type="checkbox"/> Savings

SECTION C: PARTICIPANT AUTHORIZATION	
I hereby authorize my employer to deduct from my salary (if applicable), or other compensation, the required contributions for the amount(s) I have elected above. I agree to comply with the terms and conditions of the plan. I have received and read all acknowledgements & authorizations provided by Chard Snyder for each plan/option elected above on the back of this form.	
Signature	Date / /

HR USE ONLY (FOR MID-YEAR NEW HIRES) – Must be completed by HR Rep prior to sending to Chard Snyder		
Employee Effective Date / /	1 st Contribution Date / /	Initials

PARTICIPANT ACKNOWLEDGEMENTS & AUTHORIZATIONS (SEE BELOW)

All sections may not apply. Each section is only applicable if you are electing to participate in the plan/option.

HEALTH REIMBURSEMENT ARRANGEMENT – ACKNOWLEDGEMENT & AUTHORIZATION

I understand that:

- I am enrolling in a qualified plan and a description of the plan has been made available to me.
- Funds available in the HRA may be used for eligible expenses deemed permissible under Section 213 of the Internal Revenue Code, provided that my employer has not chosen to limit the HRA to certain items.
- Eligible expenses must be incurred by an eligible participant to be considered for reimbursement (the date of service, not the billing date, must occur while a participant is in the Plan).
- Out-of-pocket expenses cannot be itemized and deducted again on an IRS Form 1040 or reimbursed again through any other benefit programs.
- I am required to save all receipts for purchases in case I should be audited by the IRS.

I hereby understand the information on this form and authorize Chard Snyder to complete my request.

DIRECT DEPOSIT – ACKNOWLEDGEMENT & AUTHORIZATION

I understand that:

- My financial institution can receive transactions via electronic transfer and the bank information provided can serve this purpose.
- I permit Chard Snyder to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credits to the above account, and to allow the financial institution indicated above to credit and/or debit the same to such account.
- I will not hold Chard Snyder responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me, my employer or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.
- Chard Snyder reserves the right to collect a \$25 processing fee for transaction returns and reserves the right to periodically change this fee. Chard Snyder is not responsible for any fees that may be incurred and charged to me by my financial institution.
- Direct deposit of my reimbursements shall commence within 4 (four) weeks of receipt of this form.
- My direct deposit may be terminated by any of the following: an online or written cancellation request submitted by me (when allowed by my employer), a failed bank transmittal due to incorrect bank information, cancellation of direct deposit by my employer or in the event that processing fees are incurred and are unpaid for a period of 60 days.

I hereby agree to and understand the information on this form and authorize Chard Snyder to complete my request.