

# Account Change Form

Skip this form! Go paperless at [hraveba.org](http://hraveba.org). Click *myHRA VEBA online* to login to your account. Or, e-mail, fax, or mail completed form to third-party administrator. Fillable version at [hraveba.org](http://hraveba.org).



## HRA VEBA Third-party Administrator

Meritain Health | PO Box 27810 | Minneapolis, MN 55427-0810 | Phone: 1-888-659-8828 | Fax: (763) 582-3471 | E-mail: [participantdata@meritain.com](mailto:participantdata@meritain.com)

### 1. PARTICIPANT CONTACT INFORMATION / NAME CHANGE

**NOTE:** If you are submitting a name change, you must attach supporting legal documentation.

Check here if new name

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Participant Account No. or SSN \_\_\_\_\_  
 Date of Birth (mm/dd/yyyy) \_\_\_\_\_ E-mail (home or personal recommended)  Check here if new e-mail or phone number \_\_\_\_\_ Area Code and Phone Number \_\_\_\_\_

Check here if new address

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you separated or retired from the employer that made, or is making, contributions to this account?

No  Yes - Enter your separation/retirement date here: \_\_\_\_\_

Are you currently, or have you ever been, enrolled in Medicare Part A or Part B?  No  Yes - Complete the following:

Name (exactly as it appears on SSN or Medicare card, if available) \_\_\_\_\_ Medicare Claim Number (HICN) \_\_\_\_\_ Medicare Part A Effective Date (if applicable) \_\_\_\_\_ Medicare Part B Effective Date (if applicable) \_\_\_\_\_

### 2. SPOUSE / DEPENDENT UPDATE

**NOTE:** Your spouse and dependent(s) are automatically covered under this plan. The below information is required in accordance with federal law which requires the third-party administrator to have on file the full name, Social Security number, gender, and date of birth of all covered individuals. List any additional dependents on an attached sheet of paper.

| First Name  | Middle Initial | Last Name | Gender (M/F) | Date of Birth (mm/dd/yyyy) | Social Security Number |
|-------------|----------------|-----------|--------------|----------------------------|------------------------|
| Spouse      |                |           |              |                            |                        |
| Dependent 1 |                |           |              |                            |                        |
| Dependent 2 |                |           |              |                            |                        |

### 3. INVESTMENT ALLOCATION CHANGE

Select and complete **OPTION A** or **OPTION B**, but not both. You should carefully read the Investment Fund Information brochure available at [hraveba.org](http://hraveba.org) or by contacting the third-party administrator. This change will reallocate your current participant account balance and all future contributions, if any. If you want to reallocate future contributions only, go to [hraveba.org](http://hraveba.org) and click *myHRA VEBA online* to login to your account.

**OPTION A: Do-it-yourself.**

If you want to choose your own fund(s), select and complete Option A only. Use whole numbers—no fractions.

| Asset Class / Fund Name                                   | Allocation % |
|---|--------------|
| Stable Value / Dwight Separate Account                    | _____ %      |
| Total Return Bond / PIMCO Total Return Institutional      | _____ %      |
| Balanced / Vanguard Balanced Index Institutional          | _____ %      |
| Large Cap Equity / Vanguard Institutional Index (S&P 500) | _____ %      |
| Mid Cap Equity / Rainier Mid Cap                          | _____ %      |
| Small Cap Equity / Champlain Small Company                | _____ %      |
| International Equity / Artio International Equity II      | _____ %      |
| <b>Total must equal</b>                                   | <b>100%</b>  |

Yes. Rebalance my allocation percentages at the end of each calendar year.

**NOTE:** Rebalancing is an important feature that will redistribute your entire account balance according to your most recent allocation percentages on file with the third-party administrator (TPA). If selected, this option will continue until revoked online or via written notice to the TPA.

**OPTION B: Choose a pre-mix.**

If you want an asset allocation strategy created by investment professionals, select and complete Option B only. Choose only **one** pre-mix. Multiple choices cannot be processed. Pre-mix investment allocation percentages on reverse. Quarterly rebalancing is automatic.

Pre-mix name (target time horizon / risk level)

- Immediate Use (within 1 year / conservative)
- Short-term Use (within 2-3 years / moderately conservative)
- Medium-term Use (within 4-5 years / moderately aggressive)
- Long-term Use (within 6+ years / aggressive)

**NOTE:** After enrolling, you can begin filing claims no matter which pre-mix you choose. The target time horizon represents the length of time until you **expect** to begin using your account. The risk level of each pre-mix is designed with strong consideration to the portfolio's target time horizon.

### 4. AUTHORIZING SIGNATURE

For name change: Required documentation attached?  Yes  No

X \_\_\_\_\_ Date \_\_\_\_\_  
 Participant Signature