

# Limited HRA Coverage Election

Fillable version available after logging in at [veba.org](http://veba.org).



Submit completed form to: [forms@veba.org](mailto:forms@veba.org) | VEBA Plan, PO Box 80587, Seattle WA 98108

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
- 3. Premium tax credit 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.

## 1 PARTICIPANT ACCOUNT AND CONTACT INFORMATION

ACCOUNT NUMBER or SSN	DATE OF BIRTH mm / dd / yyyy		
LAST NAME	FIRST NAME	M.I.	
MAILING ADDRESS	CITY	STATE	ZIP
AREA CODE and PHONE NUMBER	EMAIL ADDRESS (use home or personal email address)		
<b>IMPORTANT: Have you previously separated or retired from the employer that made/is making contributions to this account?</b>			
<input type="checkbox"/> YES			
<input type="checkbox"/> NO			
DATE OF SEPARATION or RETIREMENT mm / dd / yyyy	EMPLOYER NAME		

## 2 LIMITED HRA COVERAGE ELECTION

Your limited HRA coverage election will remain in force until you make a change (see backside of this form for more details). Any automatic premium reimbursement from your account for medical insurance premiums will stop immediately with your limited HRA coverage start date, unless it is for an HSA-qualified high-deductible health plan (HDHP) and you are electing limited HRA coverage for HSA eligibility purposes. If you have more than one claims-eligible participant account, this election will apply to **all** of your 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 HRA coverage. Your election will become effective on the first of the month following our receipt of your completed form.

- |  |   |
|--|---|
| <input type="checkbox"/> Turn ON limited HRA coverage due to (check reason below):   | <input type="checkbox"/> Turn OFF limited HRA coverage.   |
| <input type="checkbox"/> <b>Medicare coordination:</b> I am a current employee and want Medicare to pay before my claims-eligible HRA for the covered individual(s) listed above.      | <b>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):</b> |
| <input type="checkbox"/> <b>HSA eligibility:</b> I want the covered individual(s) listed above to become eligible to make (or receive) contributions to a health savings account (HSA) | <input type="checkbox"/> I am submitting documentation with this form to show that the deductible has been met.   |
| <input type="checkbox"/> <b>Premium tax credit:</b> I want the covered individual(s) listed above to become eligible for the premium tax credit.                                       |   |

## 3 IMPORTANT: 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 copy, log in at [veba.org](http://veba.org) and click **Resources** on the menu bar, or contact our Customer Care Center at [customer-care@veba.org](mailto:customer-care@veba.org) or 1-888-828-4953.

## 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 an “X” in the chart below. Notice that the coverage types vary based on the limited HRA coverage reason.

Limited HRA Coverage Reason	HDHP Premiums	Dental	Dental Premiums	Vision	Vision Premiums	Orthodontia	Long-term care expenses	Long-term care premiums	Transportation *
Medicare Coordination	-	X	X	X	X	X	-	-	X
Health Savings Account Eligibility	X	X	X	X	X	X	-	-	X
Premium Tax Credit Eligibility	-	X	X	X	X	X	X	X	X

\* 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 made, or is making, contributions 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 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.

### 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 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 [veba.org](http://veba.org) and click **Resources** on the menu bar, or contact our Customer Care Center.

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.