

EMU - HRA Account Enrollment Form

EMU Retiree - Health Reimbursement Arrangements

Complete this form and fax or mail to: EASTERN MICHIGAN UNIVERSITY
HR - Benefits Office 140 McKenny Hall Ypsilanti, MI 48197
FAX: 734-487-7590 PHONE: 734-487-3195



PART 1: GENERAL INFORMATION FOR PRIMARY MEMBER

First Name:*	Middle Initial:	Last Name:*	
Social Security Number:*	Date of Birth: (mm/dd/yyyy)*	Email Address:	
Preferred Mailing Address: <input type="checkbox"/> Street Address <input type="checkbox"/> P.O. Box <i>Complete the corresponding address information below*</i>			
Street Address:	City:	State:	Zip Code:
P.O. Box:	City:	State:	Zip Code:
Home Phone:		Business Phone:	
Citizen Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien If not a U.S. citizen, please enter country of citizenship:			

TO BE COMPLETED BY YOUR EASTERN MICHIGAN UNIVERSITY

Date of Hire:*	Enrollment Effective Date:*	Hours Worked Per Week:
Payroll Frequency:*	Payroll Frequency Effective Date:*	
Class:*	Class Effective Date:*	Division:

PART 2: EMPLOYMENT INFORMATION

Employer Name:*	Job Title:*	Employer Federal Tax ID Number:
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PART 3: ACCOUNT DETAIL AND SELECTION

What the program provides: (1) Maximum of \$160 per month. (2) This is for premiums only, not medical, dental, vision, or Rx expenses incurred. (3) This reimburses the member's premiums only, not a spouse. (4) This benefit is non-transferable to your spouse or other person. (5) This reimburses premiums for a Medigap Supplement plan. (6) This reimburses premiums for a Prescription drug plan under Medicare Part D. (7) This reimburses premiums for a traditional Medicare coverage with a federally-approved Medicare Advantage Plan. (8) This program does not reimburse premiums for Medicare Part A and Part B. (9) The program does not reimburse dental or vision plan premiums. (10) The \$160 per month is accrued on the last day of each month. (11) Reimbursements are paid to eligible retirees at the end of the month, provided receipts are submitted timely. Please see your labor contract or our HR Website for complete details.

Health Reimbursement Arrangement (HRA)

PART 4: MEMBER AUTHORIZATION

I have reviewed the plan materials, including the eligibility and contribution information, provided by my employer. I understand my employer and HSA Bank cannot provide tax or legal advice and I may wish to consult with my own counsel for tax or legal advice regarding my individual situation. I certify that I will only claim reimbursement for eligible expenses for myself. I further certify that these expenses will not be reimbursed under any other benefit plan. I have examined this agreement and the plan materials and to the best of my knowledge, it is true, correct and complete.

[Link to EMU Plan Materials](#)

Signature:*	Date:*
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