

Limited-purpose Election

Skip this form! Log in at veba.org and submit your election online.



SUBMIT COMPLETED FORM TO:

forms@veba.org | Fax: (206) 577-3020 | VEBA Plan, PO Box 80587, Seattle WA 98108

Limited-purpose VEBA Plan coverage covers only the types of expenses listed below. All other expenses incurred while coverage is limited, including qualified insurance premiums, are not covered.

- Standard dental care services (not related to a medical condition or accident), including dentures
- Orthodontia
- Routine eye exams, contact lenses, and eyeglasses (excluding initial lenses and standard frames after cataract surgery)

HSA contribution eligibility: To become eligible to make or receive contributions to a health savings account (HSA), you must first limit your VEBA Plan coverage. Keep in mind that limiting your VEBA Plan coverage is not the only HSA contribution eligibility requirement. You should check with your HSA provider, but generally any adult can contribute to an HSA if they (1) have coverage under an HSA-qualified high deductible health plan (HDHP); (2) have no other first-dollar medical coverage (other types of insurance like specific injury insurance or accident, disability, dental care, vision care, or long-term care insurance are permitted); (3) are not enrolled in Medicare; and (4) cannot be claimed as a dependent on someone else's tax return. (NOTE: Your maximum annual HSA contribution amount depends on your HSA eligibility during the current calendar year. If you become HSA-eligible mid-year, a 13-month testing period may apply to determine your maximum annual HSA contribution.)

Medicare coordination of benefits: If you are still working and either you, your legal spouse, or a dependent are on Medicare, you will be required to use up your VEBA account before Medicare will provide future benefits unless (1) you're separated from the employer that made, or is making, contributions to your VEBA account; (2) your VEBA account balance has always been and stays under \$5,000; or (3) you've elected limited-purpose VEBA Plan coverage. **If you're separated from your employer,** contact the VEBA Plan with your separation date to avoid problems receiving Medicare benefits. **If you're still working** and you elect limited-purpose VEBA Plan coverage, Medicare will provide benefits without requiring that you use up your VEBA account first.

1 PARTICIPANT ACCOUNT AND CONTACT INFORMATION

ACCOUNT NUMBER or SSN _____ DATE OF BIRTH MM / DD / YYYY _____

LAST NAME _____

FIRST NAME _____ M.I. _____

HAVE YOU PREVIOUSLY SEPARATED OR RETIRED FROM THE EMPLOYER THAT MADE/IS MAKING CONTRIBUTIONS TO THIS ACCOUNT?

- YES _____ DATE OF SEPARATION OR RETIREMENT MM / DD / YYYY _____
- NO _____

EMPLOYER NAME _____

ARE YOU OR HAVE YOU EVER BEEN, ENROLLED IN MEDICARE PART A OR PART B?

- YES
- NO

NAME EXACTLY AS IT APPEARS ON SOCIAL SECURITY CARD or MEDICARE CARD _____

MEDICARE ID NUMBER (HICN) _____ PART A EFFECTIVE DATE _____ PART B EFFECTIVE DATE _____

CHECK HERE IF YOUR PHONE NUMBER, EMAIL, OR MAILING ADDRESS HAS CHANGED. PLEASE PROVIDE UPDATES BELOW:

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

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

2 LIMITED-PURPOSE COVERAGE ELECTION

Your limited-purpose coverage election will remain in force until you make a change. You can make one limited-purpose coverage election change per calendar year. For example, if you turn on limited-purpose coverage in April, you must wait until the following January to turn off limited-purpose coverage and change back to full coverage. More than one change during a calendar year may be allowed for certain life events. For instance, you may be allowed to make a change within 30 days of losing other health coverage (due to separation of employment or other reason) or adding a legal spouse or dependent through marriage, birth, or adoption. Please be aware, any auto withdrawal from your account for qualified insurance premiums will stop immediately with your limited-purpose coverage start date. If you have more than one claims-eligible participant account, this election or revocation will apply to all of your claims-eligible participant accounts.

Check the appropriate box to **TURN ON** or **TURN OFF** limited-purpose VEBA Plan coverage.

Your election will become effective on the first of the month following the Plan's receipt of this completed form.

- Turn ON limited-purpose coverage
- Turn OFF limited-purpose coverage

3 REQUIRED AUTHORIZING PARTICIPANT SIGNATURE

By signing below, you hereby elect or revoke limited-purpose VEBA Plan coverage as described above for you and your legal spouse and dependent(s), if any. This election of limited-purpose VEBA Plan coverage shall be effective from the first of the month following the Plan's receipt of this completed form and shall continue until further notice. Submitting this completed form does not guarantee your eligibility to contribute to an HSA. Your eligibility to contribute to an HSA is determined by several factors. The VEBA Plan and Trust is not responsible for determining your eligibility to contribute to an HSA or your maximum annual HSA contribution amount. You should talk to a tax or benefits professional as special rules apply. The VEBA Plan and Trust does not endorse, approve or in any manner make determination regarding whether any other program in fact qualifies as an HSA or is suitable for any participant.

Your handwritten signature is required; e-signatures are not acceptable.

X _____
PARTICIPANT SIGNATURE _____ DATE MM / DD / YYYY _____ PHONE NUMBER WHERE I CAN BE REACHED _____