Request Automatic HRA Reimbursement of Retiree Premiums

First Name: _____

Last Name: _____

SSN: _____

Street Name: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

☐ *I agree to allow NECA-IBEW to reimburse me from my available HRA funds for my retiree premiums paid to the NECA-IBEW Welfare Trust Fund. I understand that the amount reimbursed will be adjusted for any pre-funding or payments from other sources regarding my retiree premium.*

I agree to allow NECA-IBEW to continue to reimburse these retiree premiums from my HRA account once a month until:

- *I no longer have available funds in my HRA account*
- *I notify NECA-IBEW that I wish to discontinue with automatic HRA reimbursements of my retiree premiums*

☐ *I do **NOT** want NECA-IBEW to reimburse me automatically from my available HRA funds for my retiree premiums. I will continue to submit my own HRA claims for reimbursement*

Signature _____ **Date** _____