

**MINNEAPOLIS RETAIL MEAT CUTTERS AND FOOD HANDLERS  
HEALTH & WELFARE FUND**

***HEALTH REIMBURSEMENT ACCOUNT  
REIMBURSEMENT ELECTION FORM***

You are automatically enrolled in the Fund's Health Reimbursement Account (HRA). One option for how you can use the amount in your HRA is to have your (including your dependents') deductible and coinsurance amounts under this Fund's Plan paid directly and automatically to you from your HRA account. If you would like to elect this option, then please complete and return this Reimbursement Election Form to the Fund Office.

If you have other health coverage (for instance through a spouse), or if you obtain other health coverage at any point in the future, you are NOT eligible for automatic deductible and coinsurance reimbursements from your HRA relating to that other coverage.

Mail this completed Reimbursement Election Form to MRMC Health & Welfare Fund, 3001 Metro Drive, Suite 500, Minneapolis, MN 55425. If you have any questions, contact the Fund Office at (952) 851-5797.

**1. Participant Information**

Participant Name _____		Social Security Number _____	
Marital Status _____ Married      _____ Single		Date of Birth _____/_____/_____ Month      Day      Year	Phone Number (_____) _____ Area Code
Address, City, State, Zip _____			

**2. HRA Automatic Reimbursement Election**

☐ I want and am eligible to have my deductible and coinsurance amounts paid to me automatically from my HRA account. I understand that I will automatically receive reimbursement unless I elect to have this automatic feature discontinued in the future or am no longer eligible. I understand that reimbursements will end once my available HRA balance has been spent.

**3. Participant Authorization**

I understand that by signing below, I am confirming that I want, and am eligible, to have my deductible and coinsurance amounts paid automatically to me from my HRA account until and unless I notify the Fund Office to discontinue this automatic feature in the future.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

*Please Retain a Copy for Your Records*