

**New Hire**       **Change**

Change Reasons: Rehired Employee • Marriage • Legal Separation • Divorce • Death • Birth • Adoption • Dependent Change • Involuntary Loss of Other Coverage • COBRA • State Continuation (COC) • Return or Go on Leave of Absence • Other Change •

Reason for Application: \_\_\_\_\_ Date of Event: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Member ID:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Your Social Security Number or your unique ID Number assigned by your program sponsor.

**Name:** \_\_\_\_\_  
Last First M.I.

**Address:** \_\_\_\_\_  
Street Apt. City State Zip

**Email Address:** \_\_\_\_\_

**Effective Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Benefits Card**

Yes, enroll me in a Benefits MasterCard.      A Benefits MasterCard pays directly from your HRA at the point of service. (See page 2 for more details.)

Yes, please order a Benefits MasterCard for my dependent. Please provide name and ID#.

**Name:** \_\_\_\_\_  
Dependent Last Name      Dependent First Name      Dependent Social Security Number or unique ID Number

**Direct Deposit**

Direct Deposit will electronically deposit your reimbursement to your bank account.

Yes, enroll me in Direct Deposit.       Checking       Savings      Name of Bank: \_\_\_\_\_

\_\_\_\_\_  
Transit Routing # (First 9 digits on the bottom of your check)      Account #

**Protected Health Information Authorization**

Yes, I authorize BenefitHelp Solutions to share my Protected Health Information (PHI) information with:

**Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First

For the purpose of:     Any and all information     Only eligibility and balance info     Only claim status info

**Participant Authorization**

*I have read and agree to the terms and conditions on pages 1 and 2.*

**Participant Refusal**

*I waive participation in the Health Reimbursement Arrangements accounts.*

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please submit this completed form to your HR department.**

