

VEBA Plan Enrollment

Fillable version available online at veba.org.



PARTICIPANT:

Please note that if you do not sign and submit this Enrollment form, you will: (a) not become a participant in any VEBA Plan; and (b) not be entitled to receive remuneration to which you may have otherwise been entitled after implementation of the current Plan(s).

This is a two-sided form. Please carefully complete all sections on both sides. Missing information often results in enrollment delays, which could affect your ability to file claims and receive reimbursement of your qualified medical care expenses and insurance premiums. When completing this Enrollment form, remember to do the following:

- ☐ Choose your investment allocation (section 4). You can select either Option A: Choose a pre-mix or Option B: Do-it-yourself.
- ☐ Sign up for e-communication and direct deposit (sections 5 and 6). These recommended services are faster and more convenient than waiting to receive items like participant account statements and paper checks in the mail.
- ☐ Sign and date the hold harmless agreement (section 3). Make a copy of your completed form for your records. Return completed original to your employer. Your employer will submit your Enrollment form and a contribution to your account.

We will send you a welcome packet after receiving both your Enrollment form and a contribution from your employer. Your welcome packet will contain confirmation of your employer's contribution, your participant account number, a Plan Summary, and instructions for online account access. It will also confirm to which VEBA Plan your employer has directed its contribution for you and whether you are claims-eligible.

EMPLOYER:

Please fully complete this section.

Missing information often results in enrollment delays, which could affect your employee's ability to file claims and receive reimbursement of their qualified medical care expenses and insurance premiums. Make a copy of this completed form for your records.

Employer ID Number: _____
(as assigned by the Plan)

Employer Name: Tttt

Authorized Employer Signature: _____

Submit completed form to:

Email - enroll@veba.org

Fax - (206) 577-3020

Mail - VEBA Plan, PO Box 80587, Seattle, WA 98108

Enrolling employee is:

☐ Active or ☐ Separating/retiring on: _____

Specified Claims Eligibility Date (optional; Standard HRA Plan only):

You may specify the enrolling employee's Participant effective date, provided such date is not prior to the employee's hire date (or eligibility date). If no date is specified below, the employee shall become a Participant when a completed and signed VEBA Plan Enrollment form and contribution have both been received by the VEBA Plan.

Claims Eligibility Date: _____

QUESTIONS? 1-888-828-4953 | customercare@veba.org | veba.org

1 PARTICIPANT, SPOUSE, DEPENDENT INFORMATION (REQUIRED)

Fully complete the below information, including Social Security number, for each covered individual. Federal law requires us to have on file the full name, SSN, gender, and date of birth of all covered individuals. Your spouse and qualified children and dependents are eligible for coverage under this plan. List any additional dependents on an attached sheet of paper.

FIRST NAME	M.I.	LAST NAME	GENDER	DATE OF BIRTH MM / DD / YYYY	SOCIAL SECURITY NUMBER
PARTICIPANT			<input type="checkbox"/> Male <input type="checkbox"/> Female		
SPOUSE			<input type="checkbox"/> Male <input type="checkbox"/> Female		
CHILD / DEPENDENT 1			<input type="checkbox"/> Male <input type="checkbox"/> Female		
CHILD / DEPENDENT 2			<input type="checkbox"/> Male <input type="checkbox"/> Female		
CHILD / DEPENDENT 3			<input type="checkbox"/> Male <input type="checkbox"/> Female		

2 PARTICIPANT CONTACT INFORMATION

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

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

3 REQUIRED PARTICIPANT SIGNATURE AND HOLD HARMLESS AGREEMENT

I hereby become a Participant of the VEBA Trust and Plans and certify that my legal spouse, children, and dependents listed on this form are qualified dependents as defined under the terms of the Plan. I understand that if I provide fraudulent information on this form, my employer may be notified and my Plan participation could be terminated. I realize that the parties involved in the Trust and any Plan in which I am a Participant (the "Plan"), including, but not limited to, the Plan, my employer, my bargaining representative, the Trustees, and the agents of each (collectively referred to as the "Plan and its agents") cannot guarantee any federal or state tax results or investment results. I acknowledge that any benefits to which I may become entitled are subject to the terms and conditions of the governing Plan documents and applicable law, and that the Plan and its agents may withhold from such benefits (and may transmit to the government) any tax, charge, penalty, assessment, or other amount, which is determined to be attributable to or allocable to such benefits or on account of the operations of the Plan and to hold the Plan and its agents harmless with respect to such actions taken in good faith. I have received, reviewed and understand the Plan and investment information provided in the Plan Benefits and Investment Fund Information brochures.

"By my signature I adopt and agree to the above statements."

☐ I authorize my spouse listed above to be an authorized contact who may discuss my account and account activity and submit certain account changes on my behalf. Claim Forms must be signed by me, the participant. Authorized contacts may be changed or revoked by me at any time.

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

4 INVESTMENT ALLOCATION SELECTION

Select and complete **OPTION A** or **OPTION B**, but not both. If you make no selection, your entire account will be allocated to the Stable Value fund. You should carefully read the **Investment Fund Information** brochure available at veba.org or by contacting the customer care center. If you have more than one account and submit an **Investment Change** form without entering a participant account number, your requested change will be applied to each of your accounts. If you do enter a participant account number on the form, your investment allocation change will apply only to the specified account.

☐ **OPTION A: CHOOSE A PRE-MIX**

Select and complete this option if you want your asset allocation portfolio designed and managed by professionals. **Choose only one pre-mix.** If you select multiple funds your entire account will be invested in the most conservative fund selected. Read the **Investment Fund Information** brochure included with your Participant Enrollment Kit or available online at veba.org for more information.

The pre-mixed asset allocation portfolios are managed to stay on their respective target allocations. Each fund maintains its growth- or income-oriented asset mix; you never have to rebalance to keep your selected strategy on track.

Fund Name	Risk	Target Allocation
<input type="checkbox"/> Vanguard LifeStrategy® Income	Low-to-moderate	80% bonds; 20% stocks
<input type="checkbox"/> Vanguard LifeStrategy® Conservative Growth	Moderate	60% bonds, 40% stocks
<input type="checkbox"/> Vanguard LifeStrategy® Moderate Growth	Moderate-to-high	40% bonds, 60% stocks
<input type="checkbox"/> Vanguard LifeStrategy® Growth	High	20% bonds, 80% stocks

☐ **OPTION B: DO-IT-YOURSELF**

Select and complete this option if you want to build your own portfolio. **Enter only whole numbers—no fractions.** Your allocation must equal 100%. Allocations that are not whole numbers will be rounded to the nearest whole number. Generally, if your allocation exceeds 100%, the excess will be subtracted from your least conservative fund choice. If your allocation is less than 100%, the shortage will be added to your most conservative fund choice.

Rebalance my allocation percentages:

- ☐ **Quarterly** (end of each calendar quarter)
☐ **Annually** (end of each calendar year)

Rebalancing is an important feature that will redistribute your entire account balance according to your most recent allocation percentages on file. If selected, this option will continue until revoked online or via written notice to the Plan.

Asset Class / Fund Name	Allocation %
Stable Value / GSAM Separate Account	_____ %
Total Return Bond / Metropolitan West Total Return Bond	_____ %
Large Cap Equity / Vanguard Institutional Index (S&P 500)	_____ %
Mid Cap Equity / Scout Mid Cap	_____ %
Small Cap Equity / Champlain Small Company	_____ %
International Equity / American Funds EuroPacific Growth	_____ %
Total Must Equal 100% ▶	_____ %

5 ELECTRONIC COMMUNICATION CONSENT (RECOMMENDED)

Sign up for e-communication! It's faster and more convenient than waiting to receive paper documents in the mail. Electronic documents you will receive include quarterly e-statement notifications and newsletters, explanations of benefits (EOBs), important notices, and general information.

☐ **PLEASE CHECK THE BOX AND ENTER YOUR EMAIL ADDRESS IN SECTION 2 OF THIS FORM TO SIGN UP FOR E-COMMUNICATION IN LIEU OF PAPER.**

Note: If you are electing e-communication, please note that after logging in to your account at veba.org, you (1) may withdraw your consent for electronic documents at any time without charge by updating your account preferences; (2) will be able to view and print copies of electronic documents (you may request paper copies at no charge by contacting the customer care center); and (3) can update your email address on file by updating your personal information. To access electronic documents, you will need a copy of Adobe Acrobat Reader software loaded on your computer. You can download and install a free copy at www.adobe.com. Documents provided electronically will not be mailed via U.S. Mail.

6 DIRECT DEPOSIT ENROLLMENT FOR CLAIMS REIMBURSEMENT (RECOMMENDED)

Sign up for direct deposit! It's faster and more convenient than waiting for paper check reimbursements in the mail. Please provide all required information below. A voided check is not required.

ACCOUNT TYPE: ☐ CHECKING
☐ SAVINGS

NAME OF FINANCIAL INSTITUTION (bank or credit union)

9-DIGIT ROUTING/TRANSIT NUMBER

ACCOUNT NUMBER (do not include check number)

Sample check

Memo _____

: 123456789 : 9876543210 -|| 1001

9-digit routing/transit number Account number Check number