VEBA MEP Enrollment

Fillable version available online at **veba.org**.

VP49

PARTICIPANT:

Please note that if you do not sign and submit this Enrollment form, you will: (a) not become a participant in the VEBA MEP; and (b) will forfeit your unused sick leave.

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.
- ☐ **Choose your e-services (section 5).** These recommended electronic 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.

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: _____

Authorized Employer Signature: _____

Submit completed form to:
Email - enroll@veba.org
Fax - (206) 577-3020
Mail - VEBA MEP, PO Box 80587, Seattle, WA 98108

Enrolling employee is retiring on:

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				☐ Male ☐ Female		
SPOUSE				☐ Male ☐ Female		
CHILD / DEPENDENT 1				☐ Male ☐ Female		
CHILD / DEPENDENT 2				☐ Male ☐ Female		
CHILD / DEPENDENT 3				☐ Male ☐ Female		

2 PARTICIPANT CONTACT INFORMATION

AREA CODE and PHONE NUMBER _____ EMAIL ADDRESS (use personal email address; email address is required for e-communication and My Care Card elections; see Section 5) _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

3 REQUIRED PARTICIPANT SIGNATURE AND HOLD HARMLESS AGREEMENT

"I hereby become a Participant in the VEBA Medical Expense Plan (MEP) for Sick Leave Cash-Out Funds. I certify that my legal spouse, children, and dependents (if any) listed on this form meet the Plan requirements and 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 agree to hold my Employer harmless from any taxes, interest, penalties, or other amounts I or my employer owes to the federal government as a result of my not paying income or other taxes on the funds contributed to the Plan on my behalf. I realize that the parties involved in this Plan (including, but not limited to, the State of Washington, its agencies, my Employer, my bargaining representative, the Trustees of the VEBA Trust in which this Plan is funded, and each of their agents, officers, and employees), have spent considerable time trying to achieve favorable tax results with the Internal Revenue Service and have chosen the investment options with care. However, I realize that none of these parties can guarantee federal tax results or investment results. I acknowledge that the Plan and its agents may withhold from or assess against Plan assets any tax, charge, penalty, assessment, or other amount that is determined to be attributable to my benefits under the Plan or on account of the operation of the Plan. I waive any claims I might have against the parties related to participation in this Plan and hold the parties harmless for any taxes, assessments, payments, damages, or costs due to the United States government and for any loss, including investment loss and loss of principal, I may experience.

"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.**

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

PARTICIPANT SIGNATURE

Investment selection, e-communication election, My Care Card℠, and direct deposit enrollment on reverse ▶

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
☐	Vanguard LifeStrategy® **Income**	Low-to-moderate	80% bonds; 20% stocks
☐	Vanguard LifeStrategy® **Conservative Growth**	Moderate	60% bonds, 40% stocks
☐	Vanguard LifeStrategy® **Moderate Growth**	Moderate-to-high	40% bonds, 60% stocks
☐	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 e-SERVICES SELECTION

Check the box next to each e-service you want to elect.

☐ **e-COMMUNICATION:** Yes, I want to go green and elect e-communication. It is 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) notices, and other important information. **Be sure to provide your email address in section 2 of this form. Your e-communication election will be void without an email address.**

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.

☐ **MY CARE CARD℠:** Yes, I want to elect a My Care Card. Swipe your My Care Card as you would a traditional credit or debit card to pay for qualified medical care items and services directly from your participant account. You may still need to submit supporting documentation for certain purchases, per IRS rules. **Be sure to provide your email address in section 2 of this form**. Your My Care Card will be automatically mailed to you after you have a claims-eligible account balance of $50 or more and we have on file for you a valid email address and U.S. mailing address. A $1 per month fee will apply upon card activation. To learn more, go to **veba.org**, and click the **My Care Card** button.

☐ **DIRECT DEPOSIT:** Yes, I want to elect direct deposit. It is faster and more convenient than waiting to receive paper check reimbursements in the mail.

Select 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