

VEBA MEP Enrollment Form

Fillable version at veba.org.



PARTICIPANT:

Please note that if you do not execute 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 healthcare expenses and insurance premiums. When completing this Enrollment Form, don't forget 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 secure 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 the third-party administration (TPA) service provider.

The TPA service provider 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 *myVEBA Plan online* login instructions.

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 healthcare expenses and insurance premiums. Make a copy of this completed form for your records.

Submit completed form to:

Email - participantdata@meritain.com
 Fax - (763) 582-3471
 Mail - VEBA MEP TPA service provider, Meritain Health
 PO Box 27810, Minneapolis, MN 55427-0810

Enrolling employee is:

Retiring on: _____

Employer ID Number: _____

(as assigned by the TPA service provider)

Employer Name: _____

Authorized Employer Signature: _____

QUESTIONS? Call 1-888-828-4953, email myVEBAPlan@meritain.com, or go to veba.org.

1 PARTICIPANT, SPOUSE, DEPENDENT INFORMATION (REQUIRED)

Fully complete the below information, including Social Security number, for each covered individual. Federal law requires the TPA service provider 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 automatically covered 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"/> None			<input type="checkbox"/> Male <input type="checkbox"/> Female		
CHILD/DEPENDENT 1 <input type="checkbox"/> None			<input type="checkbox"/> Male <input type="checkbox"/> Female		
CHILD/DEPENDENT 2 <input type="checkbox"/> None			<input type="checkbox"/> Male <input type="checkbox"/> Female		
CHILD/DEPENDENT 3 <input type="checkbox"/> None			<input type="checkbox"/> Male <input type="checkbox"/> Female		

2 PARTICIPANT CONTACT INFORMATION

AREA CODE and PHONE NUMBER	EMAIL ADDRESS
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 children/dependents (if any) listed on this form meet the Plan requirements and are qualified dependents as defined under the terms of the Plan. 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."

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

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 TPA service provider. If you have more than one participant account and submit an Investment Allocation Change Form without entering a participant account number, your requested change will be applied to each of your participant 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.** Multiple choices cannot be processed. 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%.**

Rebalance my allocation percentages at the 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 TPA service provider.

Asset Class / Fund Name	Allocation %
Stable Value / Dwight Separate Account	%
Total Return Bond / PIMCO Total Return	%
Large Cap Equity / Vanguard Institutional Index (S&P 500)	%
Mid Cap Equity / Rainier 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 secure than waiting to receive paper documents in the mail. Electronic documents you will receive include your welcome letter, Plan Summary, participant account statements and newsletters, explanation of benefits (EOBs), important notices, and general information.

Please check the box and enter your email address in section 2 of this form to receive statements, newsletters, EOBs, and notices by email.

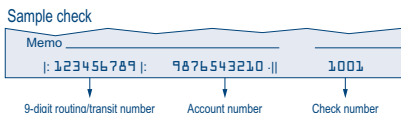
Note: If you are electing e-communication, please note that after logging in to **myVEBA Plan online** at veba.org, you (1) may withdraw your consent for electronic documents at any time without charge by updating your account preferences; (2) will be able to view and print copies of electronic documents (you may request paper copies at no charge by contacting the TPA service provider); 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 secure than waiting for paper check reimbursements in the mail. When requesting direct deposit to a **checking account**, a voided check must be attached for routing and account number verification. For direct deposit to a **savings account**, please contact your financial institution for routing and account number verification if a voided check is not available.

ACCOUNT TYPE: CHECKING
 SAVINGS

NAME OF FINANCIAL INSTITUTION (bank or credit union)



9-DIGIT ROUTING/TRANSIT NUMBER (see sample check)

ACCOUNT NUMBER (do not include check number)