HRA VEBA Presentation
June 13, 2018
Brisbin Room, HNPSB

Call to Order  9:30 am

Present:  
Eric White, IAFF L804 Vice-President
Joel Baker, NFD Negotiator
Phil Roberts, NFD Chief
Eric Duke, NPD
Chad Shepard, NPD
Josh Schouman, NPD
Tyler Gray, NPD
Brad Daniels, NPD
Jason Kimball, NPD
Bobby Sanchez, Mayor’s Office

HRA VEBA Presentation – Rich Dickman

Rich Dickman started with a brief history of HRA VEBA. Three topics to cover today.

- What VEBA is
- How is it funded
- How to use

Rich Dickman went over how the system works, how it can be beneficial to its members

Questions asked of Rich Dickman from group
Rich answered all questions

Meeting adjourned at 10:50 am
Which option is right for you?

Are you comfortable making your own investment decisions?  

NO: Option A: Choose a pre-mix. Select a pre-mixed asset allocation portfolio designed and managed by investment professionals.


What you should know before choosing your investments

Asset allocation
Choosing the right combination of investments for your portfolio is called asset allocation. This is an important step that can help you reach your retirement goals. When you allocate your assets, you spread out your savings among stable value, bond, and stock investments in amounts that are reflective of your investment goals. Aggressive investors with long-term goals may prefer portfolios with more stocks, while more conservative investors are likely to use more stable value and bonds. As you build your investment portfolio, consider your personal situation. Your asset allocation decisions should be based on:

- When you will begin to file claims
- The amount of time you have to reach your goal
- Your own tolerance for risk
- Your other savings and investments

Determine your proper asset allocation strategy
Before making your investment decision, you should define your asset allocation strategy. A proper asset allocation strategy (i.e. choosing the right blend of asset classes for your financial situation) can help reduce risk and increase potential return over time.

What kind of investor are you?
Determining what kind of investor you are will help you define your asset allocation strategy. In other words, are you most interested in growing your account or preserving your account? If you are most interested in growing your account, you must be willing to tolerate more risk and accept potentially large fluctuations in value. Preserving your account generally involves less risk and should result in less fluctuation in value but with reduced potential for long-term returns.

What is your time horizon?
Your time horizon is the length of time until you anticipate filing claims. Investors with longer time horizons are often able to tolerate more risk; investors with shorter time horizons tolerate less risk.

Time is very important when determining your asset allocation strategy. Investments may increase in value over time assisted by the power of compounding, and time can help smooth the ups and downs of the financial market. Your asset allocation strategy should depend heavily on how much time you have until you expect to begin filing claims.

Risk vs. potential reward
Risk is generally thought of as the possibility of losing money on investments. If your investment’s value fluctuates significantly down and up, and you make a withdrawal (claim) for a qualified medical expense during a down market investment period, you may experience loss. You also need to consider inflation risk, the chance that your investments will not earn enough to keep pace with the rising cost of living which, in this case, is increasing healthcare costs. Consider the following general principles of risk:

- Reducing one type of risk generally requires you take on more of another
- The higher the risk, the higher the potential for reward; the lower the risk, the lower the potential for reward
- The shorter the time horizon you have for investing, the more you should reduce investment risk
Importance of rebalancing
Over time, some of your investment fund selections may grow more quickly than others. Some may even lose value and cause your portfolio to become out of alignment with your original allocation percentages.

Rebalancing periodically redistributes the assets in your account to your most recent allocation percentages. This process aids in maintaining the level of risk you are willing to take and helps you achieve the goals and objectives of your asset allocation strategy.

Periodic rebalancing is optional if you choose to build your own portfolio under Option B: Do-It-yourself. The pre-mixed asset allocation portfolios under Option A: Choose a pre-mix 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 strategy on track.

Asset class
Asset classes consist of three general types: stocks, bonds, and short-term investments (stable value). Your overall investment strategy will help you determine what percentage you should allocate to each asset class.

Diversification
You've heard the old saying, "Don't put all your eggs in one basket." With investing, this is known as diversification. It's the process of spreading your money among different asset classes. Mutual funds are diversified. If you invest your money in a stock mutual fund, you will hold stock in many different companies. Even if a few companies perform poorly, their losses may be offset by companies that perform well.

No guarantees
Keep in mind that the use of asset allocation or diversification as part of an investment strategy does not guarantee a profit or guarantee against a loss.

Funds are not FDIC insured, are not guaranteed by a bank, and may lose value. Even the most conservative investment fund option may lose value.

More information
Go to hareveba.org for more information, including historical fund performance, fund fact sheets, and prospectuses.

Option A: Choose a Pre-mix (managed by professionals)

HRA VEBA Trust offers a suite of low-cost Vanguard LifeStrategy® Funds to accommodate a variety of asset allocation strategies from conservative to aggressive. Many investment advisors recommend the use of pre-mixed portfolios because they are well diversified, designed to meet specific goals and objectives, and are automatically rebalanced.

The Vanguard LifeStrategy Funds are broadly diversified. Underlying funds invest in thousands of U.S. and international stocks and bonds to help spread out risk. The Vanguard LifeStrategy Funds 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.

Which Vanguard LifeStrategy Fund is right for you? The Vanguard LifeStrategy Funds are built to help you achieve any medium- or long-term goal. The four funds, each with a different allocation between stocks and bonds, target various risk-based objectives. Descriptions of the type of investor who may want to consider a given fund are contained in the chart to the right. You should carefully read these descriptions when deciding which fund is right for you.

Your allocation to a Vanguard LifeStrategy Fund must be 100%; allocations less than 100% are not allowed. Performance results are contained or the Investment Fund Overview, which is updated quarterly and available online at hareveba.org.
Option B: Do-It-Yourself (build your own portfolio)

Listed below are the available asset classes and funds you can use to build your own portfolio. Performance results are contained on the Investment Fund Overview, which is updated quarterly and available online at hraveba.org.

- **Stable Value**
  - HRA VEBA Stable Value
    - www.gsam.com/stablevalue
  - Seeks to provide a stable rate of return with preservation of principal and liquidity.

- **Total Return Bond**
  - Metropolitan West Total Return Bond
    - www.mwamlic.com
  - Seeks to maximize long-term total return.

- **Balanced**
  - Vanguard Balanced Index Institutional
    - www.vanguard.com
  - With 60% of its assets, seeks to track the performance of a benchmark index that measures the return of the overall U.S. stock market. With 40% of its assets, seeks to track the performance of a broad, market-weighted bond index.

- **Large Cap Equity**
  - Vanguard Institutional Index (S&P 500)
    - www.vanguard.com
  - Seeks to track the performance of a benchmark index that measures the investment return of large-capitalization stocks.

- **Mid Cap Equity**
  - Scout Mid Cap
    - www.scoutinv.com
  - Seeks to provide long-term growth of capital by investing in a diversified portfolio consisting primarily of equity securities of mid-cap companies.

- **Small Cap Equity**
  - Champlain Small Company Fund
    - www.cipvt.com
  - Seeks capital appreciation by investing mainly in small-capitalization U.S. common stocks.

- **International Equity**
  - American Funds EuroPacific Growth
    - www.americanfunds.com
  - Seeks to provide long-term growth of capital by investing in companies of all sizes based primarily in Europe and the Pacific Basin.

*The HRA VEBA Stable Value fund is a custom portfolio (separate account) managed by Goldman Sachs Asset Management exclusively for HRA VEBA Trust. Unlike a mutual fund, it is not publicly traded and is available only to HRA VEBA Plan participants.*

Not FDIC insured. No bank guarantee. May lose value.
Other investment information

**Contributions**
Contributions received are allocated per your current investment allocation election on file with the Plan. If no investment allocation election is on file, funds will be allocated to the Stable Value fund.

**Investment allocation changes**
You may transfer among the investment funds as often as once each calendar month. You can make investment allocation changes after logging in to your account online or by submitting a completed and signed Investment Change form. Investment allocation changes are generally effective within two to three business days. 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.

**Reimbursements**
If your account is allocated among multiple investment funds, reimbursements (claims) from your account will be deducted proportionately based on your fund allocation election on file with the Plan.

**Investment risk**
The Stable Value fund is the most conservative fund choice. The remaining funds are invested in securities and bonds that will fluctuate in value on a daily basis, and withdrawals from these funds may be worth more or less than your original employer contribution. Prior to submitting your Enrollment form or Investment Change form to the Plan, please carefully review your selected investment fund choice(s).

Should your investment objectives change, you should reevaluate your fund selection(s) and make appropriate changes. Remember, any investment that contains stock market investments entails the risk of loss. We must stress that investment returns, particularly over shorter time horizons, are highly dependent on trends in various investment markets. Thus, investing in stocks and bonds is suitable primarily as a longer-term strategy and should not be used by participants who will begin filing claims immediately.

**Using multiple investment funds**
You may use a single fund or multiple funds when building your own portfolio. You may choose only one pre-mixed portfolio. You may not choose both a do-it-yourself portfolio and a pre-mixed portfolio.

**Fund management expenses**
Fund management expenses vary from fund to fund. Each investment fund’s expense ratio can be found on the Investment Fund Overview updated quarterly at hraveba.org, or by visiting each fund’s respective website.

**Investment advice**
Please read this information carefully and consult with your personal financial advisor before making an investment decision. The trustees, plan consultant, and Trust service providers do not give investment advice.

### Investment terms

**Asset Allocation:** An investment strategy with a goal of balancing risk and reward by investing a portfolio’s assets according to an investor’s predetermined goals, risk tolerance, and time horizon. Money invested is allocated among different asset classes that do not all react the same to events in order to meet the investment goals of the individual investor.

**Bond:** A debt investment in which an investor lends money to an entity (corporate or government) that borrows the funds for a defined period typically at a fixed interest rate. Bonds may also have variable interest rates. The bondholder does not have ownership rights to the bond issuer, unlike a stockholder. Bonds offer a higher level of credit protection than stocks and therefore are a more conservative investment.

**Capitalization:** The collective market value of the stock of a corporation. The market price of a share of stock, multiplied by the number of shares outstanding, equals the market capitalization of a corporation.

**Diversification:** Mixing a wide variety of investments within a portfolio.

**Large Cap:** Refers to companies with a “large market capitalization,” generally with capitalization valued at more than $10 billion.

**Mid Cap:** Refers to companies with market capitalization of between $2-$10 billion.

**Mutual Fund:** Investment vehicle made up of a pool of money collected from different investors to invest in securities. Mutual funds are operated by money managers who invest the fund’s capital and attempt to produce capital gains and income for the fund’s investors.

**Principal Value:** The amount of the original investment.

**Prospectus:** Document that provides details about an investment offering for sale to the public. Required by Securities Exchange Commission (SEC).

**Rebalancing:** The process of buying or selling assets in a portfolio to maintain the investor’s desired levels of investment allocation between asset classes.

**Security:** An instrument representing ownership, a debt agreement, or the rights to ownership. Examples of a security are Treasury Bills, Commercial Paper, Certificates of Deposit (CDs), bonds, stocks, and derivative contracts.

**Separate Account:** A private investment account opened through a brokerage or financial advisor that is used to buy individual assets.

**Stock:** A type of security that signifies ownership in a corporation and represents a claim on part of the corporation’s assets and earnings.

**Time Horizon:** The length of time over which an investment is made or held before it is liquidated.

**Total Return:** The actual rate of return of an investment over a given evaluation period, includes interest, capital gains, dividends, and distributions.

**Volatility:** Statistical measure of dispersion of returns for a given security or market index.
Investment Fund Overview

March 31, 2018 (updated quarterly at hraveba.org) Page 1 of 2

Returns are net of fund operating expenses, which are deducted from fund assets and include management fees, distribution (12b-1) fees, and other expenses. Returns are not adjusted to reflect HRA VEBA Trust’s annualized administrative fee of approximately 1.10% for this reporting period. Past performance does not guarantee future results. Current performance may be higher or lower than the performance shown below. The investment return and principal value of an investment will fluctuate so that your account value, when withdrawn, can be worth more or less than its original value. More information, including fund fact sheets, is available at hraveba.org.

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>Fund Name Objective</th>
<th>Share Class</th>
<th>Fund Operating Expenses YTD 2018</th>
<th>Calendar Year 2015</th>
<th>Calendar Year 2016</th>
<th>Calendar Year 2017</th>
<th>1-Year as of 3/31/16</th>
<th>3-Year as of 3/31/16</th>
<th>5-Year as of 3/31/16</th>
<th>10-Year as of 3/31/16</th>
<th>Inception Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable Value</td>
<td>HRA VEBA Stable Value¹</td>
<td>NIA</td>
<td>0.36%</td>
<td>0.44%</td>
<td>1.42%</td>
<td>1.52%</td>
<td>1.64%</td>
<td>1.72%</td>
<td>1.56%</td>
<td>1.51%</td>
<td>1.83%</td>
</tr>
<tr>
<td>Total Return Bond</td>
<td>Metropolitan West Total Return Bond²</td>
<td>Plan</td>
<td>0.38%</td>
<td>-1.30%</td>
<td>0.25%</td>
<td>2.56%</td>
<td>3.49%</td>
<td>1.18%</td>
<td>1.18%</td>
<td>2.07%</td>
<td>5.26%</td>
</tr>
<tr>
<td>Balanced</td>
<td>Vanguard Balanced Index</td>
<td>Institutional</td>
<td>0.06%</td>
<td>-0.67%</td>
<td>0.52%</td>
<td>6.81%</td>
<td>13.86%</td>
<td>8.75%</td>
<td>6.65%</td>
<td>6.52%</td>
<td>7.60%</td>
</tr>
<tr>
<td>Large Cap Equity</td>
<td>Vanguard Institutional Index (S&amp;P 500)</td>
<td>Institutional</td>
<td>0.035%</td>
<td>-0.77%</td>
<td>1.37%</td>
<td>11.93%</td>
<td>21.79%</td>
<td>13.96%</td>
<td>10.75%</td>
<td>13.28%</td>
<td>9.50%</td>
</tr>
<tr>
<td>Mid Cap Equity</td>
<td>Carillon Scout Mid Cap ³</td>
<td>No Load</td>
<td>1.03%</td>
<td>-0.58%</td>
<td>1.41%</td>
<td>18.31%</td>
<td>24.02%</td>
<td>17.24%</td>
<td>11.77%</td>
<td>13.54%</td>
<td>12.66%</td>
</tr>
<tr>
<td>Small Cap Equity</td>
<td>Champlain Small Company</td>
<td>Institutional</td>
<td>1.05%</td>
<td>1.95%</td>
<td>-1.21%</td>
<td>28.22%</td>
<td>10.81%</td>
<td>10.52%</td>
<td>11.55%</td>
<td>12.41%</td>
<td>11.24%</td>
</tr>
<tr>
<td>International Equity</td>
<td>American Funds EuroPacific Growth</td>
<td>R-6</td>
<td>0.50%</td>
<td>1.03%</td>
<td>-0.48%</td>
<td>1.01%</td>
<td>31.17%</td>
<td>21.18%</td>
<td>7.93%</td>
<td>8.80%</td>
<td>4.67%</td>
</tr>
</tbody>
</table>

¹The HRA VEBA Stable Value fund is a custom portfolio (separate account) managed by Goldman Sachs Asset Management exclusively for HRA VEBA Trust. Unlike a mutual fund, it is not publicly traded and is available only to HRA VEBA Plan participants.
²Performance prior to the inception of this share class (July 29, 2011) is provided by Morningstar.
³The Scout family of funds was rebranded to Carillon Scout Funds effective 11/20/17. This was a name change only.

Continued on reverse ▶
### Vanguard LifeStrategy Income

**www.vanguard.com**

<table>
<thead>
<tr>
<th>Pre-mix Name</th>
<th>Fund Operating Expenses</th>
<th>YTD 2018</th>
<th>Calendar Year 2015</th>
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<th>1-Year as of 3/31/16</th>
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<th>Inception Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanguard LifeStrategy Income</td>
<td>0.11%</td>
<td>-0.77%</td>
<td>0.22%</td>
<td>4.56%</td>
<td>6.96%</td>
<td>4.25%</td>
<td>2.97%</td>
<td>3.85%</td>
<td>4.21%</td>
</tr>
</tbody>
</table>

Seeks to provide current income and some capital appreciation. The fund invests in other Vanguard mutual funds according to a fixed formula that over time should reflect an allocation of approximately 60% of the fund’s assets to bonds and 20% to common stocks.

### Vanguard LifeStrategy Conservative Growth

**www.vanguard.com**

<table>
<thead>
<tr>
<th>Pre-mix Name</th>
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<th>Inception Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanguard LifeStrategy Conservative Growth</td>
<td>0.12%</td>
<td>-0.65%</td>
<td>-0.17%</td>
<td>5.96%</td>
<td>10.92%</td>
<td>6.91%</td>
<td>4.53%</td>
<td>5.64%</td>
<td>5.11%</td>
</tr>
</tbody>
</table>

Seeks to provide current income and low to moderate capital appreciation. The fund invests in other Vanguard mutual funds according to a fixed formula that over time should reflect an allocation of approximately 60% of the fund’s assets to bonds and 40% to common stocks.

### Vanguard LifeStrategy Moderate Growth

**www.vanguard.com**

<table>
<thead>
<tr>
<th>Pre-mix Name</th>
<th>Fund Operating Expenses</th>
<th>YTD 2018</th>
<th>Calendar Year 2015</th>
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<th>10-Year as of 3/31/16</th>
<th>Inception Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanguard LifeStrategy Moderate Growth</td>
<td>0.13%</td>
<td>-0.56%</td>
<td>-0.57%</td>
<td>7.13%</td>
<td>15.04%</td>
<td>9.60%</td>
<td>6.33%</td>
<td>7.38%</td>
<td>6.01%</td>
</tr>
</tbody>
</table>

Seeks to provide current income and low to moderate capital appreciation. The fund invests in other Vanguard mutual funds according to a fixed formula that over time should reflect an allocation of approximately 60% of the fund’s assets to common stocks and 40% to bonds.

### Vanguard LifeStrategy Growth

**www.vanguard.com**

<table>
<thead>
<tr>
<th>Pre-mix Name</th>
<th>Fund Operating Expenses</th>
<th>YTD 2018</th>
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<th>10-Year as of 3/31/16</th>
<th>Inception Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanguard LifeStrategy Growth</td>
<td>0.14%</td>
<td>-0.56%</td>
<td>-1.17%</td>
<td>8.33%</td>
<td>19.21%</td>
<td>12.28%</td>
<td>7.44%</td>
<td>9.07%</td>
<td>6.60%</td>
</tr>
</tbody>
</table>

Seeks to provide capital appreciation and some current income. The fund invests in other Vanguard mutual funds according to a fixed formula that over time should reflect an allocation of approximately 80% of the fund’s assets to common stocks and 20% to bonds.

Generally, higher potential returns involve greater risk and short-term volatility. For example, small-cap and mid-cap funds can experience significant price fluctuation due to business risks and adverse political developments. International funds can experience price fluctuation due to changing market conditions, currency value, and economic and political climates. Bond funds invest in “fixed income instruments” and share prices and/or yields can be affected by periods of declining or rapidly rising interest rates. Funds are not insured and are not backed by the U.S. government, and their value and yield will vary with market conditions.

In most cases, prospectuses are available at each fund’s respective website. Prospectuses contain more complete information, including fund risks and objectives, fees, charges, expenses, and other information about the investment company that should be considered before investing. Please read prospectuses carefully before making an investment decision. You should consult with your personal financial advisor before making an investment decision. HRA VEBA Trust’s Board of Trustees, plan consultant, and customer care center do not give investment advice.

Questions? Go to hraveba.org, email customercare@hraveba.org, or call 1-800-655-8828.
Beneficiary Designation

If you already have beneficiary designations listed on your account, by submitting this form we understand you intend to replace your existing designations with the individual(s) listed below. To view and update your most current beneficiary designations online, log in at hraveba.org, click My Profile on the menu bar, and then click the Beneficiaries tab. You can update this information at any time.

① Important Information About Designating Beneficiaries

If you pass away with a surviving spouse, remaining funds in your account will be transferred to your surviving spouse. Your surviving spouse can use the account to reimburse qualified medical care expenses incurred by:

- You, prior to your passing;
- Your surviving spouse; and
- Any of your other surviving dependents.

After you and your spouse have passed away, remaining funds will be transferred in equal shares to your surviving dependents and non-dependent children, if any remain.

If you have no surviving dependents or non-dependent children after you and your spouse have passed away, any remaining balance may be transferred, in equal shares, to your designated beneficiaries, or if no designated beneficiaries survive or can be located, then to certain of your heirs according to Plan rules.

Read our Survivor Benefits handout to learn more about the progression of benefits after death. To get a current copy, log in at hraveba.org and click Resources on the menu bar.

Please note the following:

1. Do not designate your spouse or any of your qualified dependents or non-dependent children as beneficiaries. These individuals will have continued rights to any remaining account balance after your death. Name one or more beneficiaries other than your spouse, qualified dependents, or non-dependent children.

2. If you name more than one beneficiary, your remaining account balance will be split equally among your designated beneficiaries.

3. After you and your spouse have passed away, your remaining balance will transfer only once in equal shares to the first eligible group of survivors in the following order of priority:
   - All of your adult and minor children and other qualified dependents, if any
   - Designated beneficiaries, if any
   - Certain of your heirs according to Plan rules, if any

4. Coverage for designated beneficiaries and all other non-dependent survivors is taxable.

5. You should review your named beneficiaries at least annually or as your circumstances change.

6. You can update or delete your beneficiary designations at any time.

To view the above in a visual form, see our Progression of Benefits After Death flow chart. Log in at hraveba.org and click Resources on the menu bar to get a current copy.

Complete Beneficiary Designation on reverse >>>

QUESTIONS? 1-888-659-8828 | customercare@hraveba.org | hraveba.org
Page 1 of 2
Beneficiary Designation

Use this form to designate a beneficiary or beneficiaries on your HRA VEBA Plan account.

Submit this form to: forms@hraveba.org | HRA VEBA Plan, PO Box 80587, Seattle, WA 98108

1 CERTIFICATIONS: READ BEFORE SUBMITTING

By completing and submitting this form, you agree to the Terms and Conditions, as amended from time to time, which can be found in the Plan Summary. To get a current copy of the Plan Summary, log in at hraveba.org and click Resources on the menu bar or contact our Customer Care Center at customercare@hraveba.org or 1-888-659-8828.

2 PARTICIPANT ACCOUNT AND CONTACT INFORMATION

ACCOUNT NUMBER or SSN | DATE OF BIRTH mm/dd/yyyy

LAST NAME _______________ FIRST NAME _______________ M.I. _______________

MAILING ADDRESS ___________________________ CITY ___________________________ STATE _______________ ZIP _______________

AREA CODE and PHONE NUMBER _______________ EMAIL ADDRESS (use home or personal email address) _______________

3 BENEFICIARY DESIGNATIONS

Your designated beneficiaries may be entitled to any remaining balance from your HRA account under certain circumstances described on the reverse side of this form.

To designate a beneficiary, enter the required information below. In order to ensure we are able to locate your designated beneficiaries, it is important that all of the information requested below is complete and accurate.

If you wish to add more beneficiaries than the space provided below, please provide the required information on a separate sheet of paper. If you name more than one beneficiary, your account will be split equally among all of your locatable beneficiaries.

Beneficiary’s Full Legal Name and Information

LAST NAME _______________ FIRST NAME _______________ M.I. _______________

SOCIAL SECURITY NUMBER ___________________________ DATE OF BIRTH mm/dd/yyyy

MAILING ADDRESS ___________________________ CITY ___________________________ STATE _______________ ZIP _______________

AREA CODE and PHONE NUMBER _______________ EMAIL ADDRESS (use home or personal email address) _______________ RELATIONSHIP _______________

Beneficiary’s Full Legal Name and Information

LAST NAME _______________ FIRST NAME _______________ M.I. _______________

SOCIAL SECURITY NUMBER ___________________________ DATE OF BIRTH mm/dd/yyyy

MAILING ADDRESS ___________________________ CITY ___________________________ STATE _______________ ZIP _______________

AREA CODE and PHONE NUMBER _______________ EMAIL ADDRESS (use home or personal email address) _______________ RELATIONSHIP _______________

QUESTIONS? 1-888-659-8828 | customercare@hraveba.org | hraveba.org
Automatic Premium Reimbursement

Use this form to set up a recurring reimbursement for your eligible premiums

Skip this form! Log in at hraveba.org and submit your request online.
Submit paper forms to: claims@hraveba.org | HRA Veba Plan, PO Box 80587, Seattle, WA 98108 | 206-577-3020 fax

Claims-eligible participants who are actively-employed and receiving monthly employer contributions must have a minimum account balance of $2,000 to begin/renew an automatic premium reimbursement.

Make sure your documentation has everything we need!
The documentation you submit needs to contain all four of the following:

1. Name of covered individual(s);
2. Coverage period or effective date;
3. Name of insurance carrier; and
4. Premium amount.

Common forms of documentation include your statement of insurance, open enrollment notice, or premium billing statement. If you are requesting reimbursement for tax-qualified long-term care insurance premiums, be sure to include a copy of your policy’s Declarations page. The Declarations page usually contains confirmation that the policy is tax-qualified.

Is my premium eligible?
The below list of qualified premiums is not a complete list, but it does contain many examples of the types of premiums eligible for reimbursement.

- Medical*
- Dental
- Vision
- Long-term care (tax-qualified; subject to IRS limits)
- Medicare
- Medicare supplement plans
- TRICARE premiums (medical and dental plans)

* Includes marketplace exchange premiums that are not or will not be subsidized by the premium tax credit.

As a reminder, premiums are not eligible for reimbursement if they are:

1. Paid by an employer;
2. Deducted pre-tax through a Section 125 cafeteria plan;
3. Eligible for pre-tax deduction from your (the participant’s) paycheck through your employer’s Section 125 cafeteria plan; or
4. Subsidized by the premium tax credit.

What should I do next?

- When your premium amount(s) change or stop, it is your responsibility to notify us to adjust or cancel your automatic premium reimbursement. Failure to update this information may result in your reimbursement(s) being cancelled and/or excess reimbursement amounts being reported as taxable income.
- Be sure to notify us if your direct deposit information or mailing address changes.

Cut the paper clutter! Elect e-communication in Section 1 of this form.
e-Communication is faster and more convenient than waiting to receive paper information in the mail. Electronic documents we will provide include e-statement notifications and newsletters, explanation of benefits (EOB) notices, and other important Plan information.

Complete Automatic Premium Reimbursement form on reverse

QUESTIONS? 1-888-659-8828 | customercare@hraveba.org | hraveba.org
Page 1 of 2
Automatic Premium Reimbursement

Use this form to set up a recurring reimbursement for your eligible premiums

Skip this form! Log in at hraveba.org and submit your request online.
Submit paper forms to: claims@hraveba.org | HRA VEBa Plan, PO Box 80587, Seattle, WA 98108 | 206-577-3020 fax

Claims-eligible participants who are actively-employed and receiving monthly employer contributions must have a minimum account balance of $2,000 to begin/renew an automatic premium reimbursement.

1 PARTICIPANT ACCOUNT AND CONTACT INFORMATION

If you are claims-eligible under more than one participant account, enter the participant account number of the account from which you want your automatic reimbursement. Otherwise, your automatic reimbursement will be taken from the account with the earliest claims-eligibility date. All information in this section is required to process your automatic premium reimbursement request.

ACCOUNT NUMBER or SSN

DATE OF BIRTH mm/dd/yyyy

LAST NAME

FIRST NAME

M.I.

MAILING ADDRESS

CITY

STATE

ZIP

AREA CODE and PHONE NUMBER

EMAIL ADDRESS (use home or personal email address)

E-COMMUNICATION

☐ E-communication. For your e-communication election to become and remain effective, you must: (1) provide your email address in Section 1 above; (2) let us know right away if your email address changes; and (3) check the box below indicating you have read the E-communication Terms & Conditions located in the Plan Summary.

☐ Yes, I want to go paperless and elect e-communication.

IMPORTANT: Have you previously separated or retired from the employer that made or is making contributions to this account?

☐ YES

☐ NO

DATE OF SEPARATION or RETIREMENT mm/dd/yyyy

EMPLOYER NAME

2 CERTIFICATIONS: READ BEFORE SUBMITTING

By completing and submitting this form, you agree to the Terms and Conditions, as amended from time to time, which can be found in the Plan Summary. To get a current copy of the Plan Summary, log in at hraveba.org and click Resources on the menu bar or contact our Customer Care Center at customercare@hraveba.org or 1-888-659-8828.

The following certification applies only to major medical premiums. It does not apply to dental, vision, and tax-qualified long-term care premiums:

• Any major medical premium was either (a) for an employer-sponsored group health plan (for coverage provided through an employer) and not for individual market coverage, or (b) incurred while you were separated or retired (not employed or re-employed) with the employer that contributed funds to your account.

3 AUTOMATIC PREMIUM REIMBURSEMENT INFORMATION

This is a: ☐ NEW request

☐ CHANGE to existing reimbursement

Amount of each reimbursement:

NEW AMOUNT $________

OLD AMOUNT (If this is a change) $________

Frequency: ☐ Monthly ☐ Quarterly

BEGIN mm / yyyy: ________

END mm / yyyy: ________

(optional)

If you do not enter an end date, your reimbursement will continue until you make a change or your account runs out.

Due date of first reimbursement:

☐ 1st or ☐ 15th day of the month

☐ Please make my first reimbursement retroactive to my requested due date, if the due date is in the past, or if this request is not received in time.

Is the policy in your name? ☐ YES

☐ NO

NAME

SSN or POLICY NUMBER

DATE OF BIRTH

4 DIRECT DEPOSIT ENROLLMENT (RECOMMENDED)

Direct deposit is faster and more convenient than waiting to receive paper check reimbursements in the mail. Information you provide below will supersede any previous direct deposit enrollment on file. A voided check is not required.

☐ New request

☐ Use direct deposit already on file

NAME OF BANK OR CREDIT UNION

☐ Checking

☐ Savings

9-DIGIT ROUTING NUMBER (see sample check) ACCOUNT NUMBER (do not include check number)

Sample check

[Redacted]

9-digit routing/branch number Account number Check number

QUESTIONS? 1-888-659-8828 | customercare@hraveba.org | hraveba.org

Page 2 of 2
Claim Form
Use this form to reimburse your qualified out-of-pocket medical expenses

Skip this form! Log in at hraveba.org to submit your claims and supporting documentation online.

Submit paper forms to: claims@hraveba.org | HRA VEBA Plan, PO Box 80587, Seattle, WA 98108 | 206-577-3020 fax

Make sure your documentation has everything we need!
Be sure to attach proof of each expense. Missing, incomplete, or illegible supporting documents are the most common reasons claims are denied. You can help avoid denied claims by making sure the proof you submit is legible and contains all five of the following:

1. Name of covered individual;
2. Date item was purchased or service was provided or Policy Periods for insurance premiums;
3. Service Provider name (doctor, pharmacy, hospital, etc.);
4. Description of the item purchased or service received; and
5. Amount of out-of-pocket expense

Cancelled checks, carbon copy checks, credit or debit card receipts, bank statements, and balance forward or payment on account statements do not contain all of the required information and are not acceptable. Common forms of acceptable documentation include:

1. Explanation of benefits (EOB) from your insurance company (recommended);
2. Itemized statement of services from your doctor or other service provider;
3. Stub or “bag tag” from a prescription (not the cash register receipt); or
4. Detailed receipt and prescription for over-the-counter medicines.

Certain types of expenses listed below may require a prescription, letter of medical necessity, or EOB:

- Massage therapy
- Weight loss programs
- Health club or gym fees
- Personal trainers
- Vitamins, supplements, and over-the-counter drugs
- Transportation and lodging on medical care
- Orthodontia (prepayment contract)

Four easy ways to get your money back faster!
Try using our convenient electronic services.

1. Submit your claims online. Simply log in at hraveba.org, click Claims on the menu bar, and follow the instructions.
2. Use our mobile app. Keep track of your account and submit claims on the go. Download HRAgo® from the App Store or Google Play. To use HRAgo, you must be registered for online account access.
3. Set up an automatic premium reimbursement (APR). You don’t have to submit a claim every month for your qualified insurance premiums. To set up an APR, log in at hraveba.org and click Claims on the menu bar, or complete and submit a paper Automatic Premium Reimbursement form.
4. Elect direct deposit. Direct deposit is faster and more convenient than waiting to receive paper check reimbursements in the mail. To sign up, log in at hraveba.org, click My Profile on the menu bar, then click Account Preferences.

Go Green! Sign up for e-communication and avoid the paper clutter. Make your election online. Log in at hraveba.org and click My Profile to update your Account Preferences.

Need a form or any of the resources listed above? Log in at hraveba.org and click Resources on the menu bar.
Claim Form
Use this form to reimburse your qualified out-of-pocket medical expenses.

Skip this form! Log in at hroveba.org to submit your claims and supporting documentation online.

Submit paper forms to: claims@hraveba.org | HRA Veba Plan, PO Box 80587, Seattle, WA 98108 | 206-577-3020 fax

1 PARTICIPANT ACCOUNT AND CONTACT INFORMATION

If you have more than one claims-eligible account, enter the participant account number of the account from which you want to be reimbursed. Otherwise, your claim will be reimbursed from the account with the earliest claims-eligibility date.

ACCOUNT NUMBER or SSN

DATE OF BIRTH mm/dd/yyyy

LAST NAME

FIRST NAME

MI.

MAILING ADDRESS

CITY

STATE

ZIP

AREA CODE and PHONE NUMBER

EMAIL ADDRESS (use home or personal email address)

GO GREEN! Sign up for e-communication and avoid the paper clutter. Make your election online. Log in at hroveba.org and click My Profile to update your Account Preferences.

IMPORTANT: Have you previously separated or retired from the employer that made or is making contributions to this account?

☐ YES

☐ NO

DATE OF SEPARATION OR RETIREMENT mm/dd/yyyy

EMPLOYER NAME

2 CERTIFICATIONS: READ BEFORE SUBMITTING

By completing and submitting this form, you certify all of the following is true:

• You agree to the Terms and Conditions, as amended from time to time, which can be found in the Plan Summary. To get a copy, log in at hroveba.org and click Resources on the menu bar, or contact our Customer Care Center at customercare@hraveba.org or 1-888-659-8828.

The certifications below apply to major medical claims only. They do not apply to dental, vision, and tax-qualified long-term care claims.

• For Standard HRA plan participants who are still employed: Any major medical expense for your spouse or dependent was incurred while he or she was covered by an employer-sponsored group health plan. Also, any premium expense listed in Section 3 of this form is for group coverage (purchased through an employer) and not for an individual plan or private market medical coverage.

• For Post-separation HRA plan participants: Any major medical expense to be reimbursed from a post-separation HRA was incurred while you were separated or retired (not employed or re-employed) from the employer that made or is making contributions to your HRA.

3 EXPENSE INFORMATION

Submitting expenses for your spouse or a dependent? Please enter his or her name, Social Security number, and date of birth in the Covered Individual column.

<table>
<thead>
<tr>
<th>Covered Individual</th>
<th>Date of Service</th>
<th>Expense Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Self ☐ Spouse ☐ Dependent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse/Dependent Name: ____________________________</td>
<td>____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>SSN: _______ DOB: _______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Self ☐ Spouse ☐ Dependent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse/Dependent Name: ____________________________</td>
<td>____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>SSN: _______ DOB: _______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Self ☐ Spouse ☐ Dependent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse/Dependent Name: ____________________________</td>
<td>____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>SSN: _______ DOB: _______</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have more expenses? Use another form or include an itemized list on a separate sheet of paper.

QUESTIONS? 1-888-659-8828 | customercare@hraveba.org | hroveba.org

Page 2 of 2
Common examples

The below list of qualified expenses and premiums is not a complete list, but it does contain many examples of the types of expenses and premiums eligible for reimbursement from your HR A Veba account. The most common include co-pays, coinsurance, deductibles, retiree insurance premiums (including Medicare Part B and Part D and Medicare supplement plans), and tax-qualified long-term care insurance premiums (subject to annual IRS limits).

Internal Revenue Code § 213(d) defines qualified expenses, in part, as “medical care” amounts paid for insurance or “for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body…” Expenses solely for cosmetic reasons generally are not considered expenses for medical care (e.g. facelifts, hair transplants, hair removal (electrolysis)). Expenses that are merely beneficial to your general health, such as gym memberships, are not medical care expenses.

<table>
<thead>
<tr>
<th>General expenses</th>
<th>Over-the-counter (OTC)</th>
<th>Insurance premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>PRESCRIPTION REQUIRED (medicines and drugs):</td>
<td>Medical*</td>
</tr>
<tr>
<td>Alcoholism and drug treatment center costs</td>
<td>Acne medications</td>
<td>Dental</td>
</tr>
<tr>
<td>Birth control pills</td>
<td>Allergy medicines</td>
<td>Vision</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>Antacids</td>
<td>Long-term care (tax-qualified, subject to IRS limits)</td>
</tr>
<tr>
<td>Christian Science</td>
<td>Aspirin</td>
<td>Medicare Part B</td>
</tr>
<tr>
<td>Contact lenses, solutions, etc.</td>
<td>Cold medicines</td>
<td>Medicare Part D</td>
</tr>
<tr>
<td>Co-pays</td>
<td>Cough suppressants</td>
<td>Medicare supplement plans</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Dietary supplements</td>
<td></td>
</tr>
<tr>
<td>Deductibles</td>
<td>Eye products (e.g. Visine®)</td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>First aid creams/liquids</td>
<td></td>
</tr>
<tr>
<td>Eye glasses</td>
<td>Herbal medicines</td>
<td></td>
</tr>
<tr>
<td>Fertility treatments</td>
<td>Nicotine gum/patches</td>
<td></td>
</tr>
<tr>
<td>Gynecology/Obstetrics</td>
<td>Pain relievers</td>
<td></td>
</tr>
<tr>
<td>Hearing aids &amp; batteries</td>
<td>Sinus medications</td>
<td></td>
</tr>
<tr>
<td>Immunizations</td>
<td>Sleeping aids</td>
<td></td>
</tr>
<tr>
<td>Laser eye surgery</td>
<td>St. John’s Wort</td>
<td></td>
</tr>
<tr>
<td>Lifetime care at medical facility</td>
<td>Weight loss drugs</td>
<td></td>
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<tr>
<td>Medical supplies and equipment</td>
<td></td>
<td></td>
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<tr>
<td>Naturopathian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organ transplants</td>
<td></td>
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<tr>
<td>Orthodontia</td>
<td></td>
<td></td>
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<tr>
<td>Osteopathy</td>
<td></td>
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<tr>
<td>Physical therapy</td>
<td></td>
<td></td>
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<tr>
<td>Prescription medicines</td>
<td></td>
<td></td>
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<tr>
<td>Preventive care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric</td>
<td></td>
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</tr>
<tr>
<td>Retirement home (costs allocable to medical care)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stop smoking programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation (subject to IRS limits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccines</td>
<td></td>
<td></td>
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<tr>
<td>Vasectomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheelchair</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Questions?**
1-333-659-8828
customer care@hraveba.org
hravcha.org

*Includes marketplace exchange premiums that are not or will not be subsidized by the Premium Tax Credit.

<table>
<thead>
<tr>
<th>Medicare coverage</th>
<th>Military retiree coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-pays</td>
<td>Deductibles</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Medicare Part B premiums</td>
</tr>
<tr>
<td>Deductibles</td>
<td>Medicare Part D premiums</td>
</tr>
<tr>
<td>Home health care</td>
<td>Office visit copays</td>
</tr>
<tr>
<td>Hospice care</td>
<td>Miscellaneous medical, dental, and vision expenses</td>
</tr>
<tr>
<td>Hospital stay</td>
<td>TRICARE premiums (medical and dental plans)</td>
</tr>
<tr>
<td>Outpatient hospital services</td>
<td></td>
</tr>
<tr>
<td>Skilled nursing facility stay</td>
<td></td>
</tr>
</tbody>
</table>

HYQE (8/16 PRC)
Important notices

Proper documentation is required when requesting reimbursements. Submitting claims using our mobile app, HRAgo, or online after logging in at hraveba.org is recommended. You can also email or mail a fully-completed Claim Form (and proof of expense) as directed on the form. To learn more, read the How to File a Claim handout available online (log in to your account at hraveba.org and click Resources) or upon request from customercare@hraveba.org or 1-888-659-8828. Please note the following:

1. Only qualified expenses and premiums incurred after you become and remain a claims-eligible participant may be submitted for reimbursement.

2. If you are covered by a Section 125 healthcare flexible spending account (FSA), you must exhaust available FSA benefits before submitting eligible claims.

3. Qualified insurance premiums are reimbursable beginning with the month in which you become a claims-eligible participant.

4. IRS regulations provide that insurance premiums paid by an employer, or premiums that are or could be deducted from your paycheck pre-tax through your employer’s Section 125 cafeteria plan, are not eligible for reimbursement. When requesting reimbursement of premiums deducted from your paycheck after tax, you should include a letter from your employer that confirms a pre-tax option for the deduction of such premiums is not available to you. Premiums deducted from your spouse’s paycheck after tax may be eligible for reimbursement.

5. Automatic reimbursement of recurring qualified insurance premiums may be set up online after logging in to your account or by submitting an Automatic Premium Reimbursement form.

Regarding OTC drugs and medicines: To be eligible for reimbursement, federal healthcare reform requires that OTC medicines and drugs (except insulin and contact lens solution) be prescribed by a medical professional or accompanied by a note from a medical practitioner recommending the item or service to treat a specific medical condition. Thus, OTC medicines and drugs such as aspirin, antihistamines, and cough syrup must be prescribed. The prescription requirement applies only to medicines and drugs, not to other types of OTC items such as bandages and crutches.

Definition of dependent

Generally, dependents must satisfy the definition of Qualifying Child or Qualifying Relative as of the end of the calendar year in which expenses were incurred to be eligible for benefits. These requirements are defined by Internal Revenue Code § 105(b) and summarized below. To learn more, read the Definition of Dependent handout available online (log in to your account at hraveba.org and click Resources) or upon request from customercare@hraveba.org or 1-888-659-8828.

A Qualifying Child is a person who: (1) is the participant’s son or daughter, stepchild, or foster child; and (2) is a citizen, national, or resident of the U.S. or a resident of Canada or Mexico; and (3) either under age 26 at the end of the calendar year in which expenses were incurred or is permanently and totally disabled. Other individuals are subject to additional requirements.

Qualifying Child of Divorced or Separated Parents. A participant’s child is treated as the dependent of both parents for the purposes of health plan coverage if during the calendar year in which expenses were incurred: (1) the participant’s child is in the custody of the participant or their other parent for more than half the year; and (2) the participant’s child receives over half of his or her support during the year from the participant or their other parent.

A Qualifying Relative is a person who: (1) is the participant’s son or daughter, stepchild, foster child, or other relative as defined by the IRS (e.g. father, mother, brother, sister, niece, nephew, aunt, uncle or any other person (other than the participant’s legal spouse) who lived with the participant all year as a member of the household if such relationship did not violate local law; and (2) will not be a Qualifying Child of any other person as of the last day of the calendar year in which expenses were incurred; and (3) received over half of his or her support for the calendar year from the participant; and (4) has a gross income for the year that is less than the maximum identified in IRS Publication 501; and (5) is a citizen, national, or resident of the U.S. or a resident of Canada or Mexico.
My Care Card℠ Frequently Asked Questions

Easy to Use. Saves you time.
Use your My Care Card to instantly pay for medical care items and services directly from your health reimbursement arrangement (HRA). No more filing claims and waiting to get reimbursed!

- You pay no monthly fee (beginning January 1, 2018)
- You can spend up to 90% of your HRA balance every day (a $3,000 daily limit applies)
- Your provider or merchant gets paid when you swipe your card
- We’ll let you know when we need you to send in supporting documentation
- You can request separate cards for your spouse or dependents (a one-time charge of $1 per card will apply)

Save your supporting documentation.
Your HRA is tax-free, and the IRS requires us to verify that every transaction is for a qualified medical care expense. When the electronic transaction data we receive isn’t enough, we’ll ask you to submit copies of your documentation. We try really hard not to bug you. Hopefully, you’ll never hear from us!

How can I get a My Care Card?
You can request a My Care Card at any time. You must have at least $50 in your account and valid email and U.S. mailing addresses on file.

Is there a monthly fee?
No, there is no monthly fee beginning January 1, 2018.

What types of expenses can be paid with my card?
You can use your card to pay for qualified medical care expenses and premiums. This includes amounts you pay for office visits, prescriptions, lab work, hospital stays, dental and vision services, etc.

Can I use my card for my spouse or dependents?
Yes, you can use your card to pay medical care expenses for you, your spouse, and qualified dependents. If you want, you can request separate cards for your spouse or dependents (a one-time charge of $1 per card will apply).

How much can I spend each day?
You can spend up to 90% of your account balance every day (a $3,000 daily limit applies).

Do I need to keep a minimum balance in my account to use my card?
Yes, you must keep at least $50 in your account to use your card. Your card will not work if your account balance is less than $50.

Can I use my card for over-the-counter (OTC) drugs or medicines?
Yes, but OTC drugs or medicines must be prescribed by your doctor and filled through a pharmacy. You will need to:

1. Get a prescription or letter of medical necessity from your doctor;
2. Give a copy to the pharmacy;
3. Ask the pharmacy to fill the item as a prescription; and
4. Purchase the item through the pharmacy, not the regular checkout counter.

Also, we'll need copies of your detailed receipt and the prescription or letter of medical necessity if we don’t already have it on file.

Questions? Contact us at 1-888-659-8828 or customercare@hraveba.org
Should I save my supporting documentation?
Yes, you should always save your documentation in case we need copies.

Why might you need copies of my documentation?
Your HRA is tax-free, and the IRS has some pretty strict rules we have to follow. We’re required to verify that every amount paid or reimbursed from your HRA is for a qualified medical care expense. So, when the electronic transaction data we receive isn’t enough, we have to ask you for documentation.

When using your card, it’s always a good idea to request and hang on to supporting documentation in case we need you to send us copies. Your provider should be familiar with what’s required.

What types of transactions are usually verified automatically without documentation?
Most flat-dollar copays (in increments of $5) and prescription purchases are verified automatically. This means we usually don’t need you to provide documentation for these types of transactions.

How will I know if I need documentation, and how do I submit it?
We’ll notify you by email or regular mail within about 10 days if we need documentation.

You can submit documentation online or from our handy mobile app, HRGo®. Either option is quick and easy. We’ll give you instructions when we need you to send us something.

Can I submit documentation just once for an expense I pay all the time?
Yes, you can use our convenient “recurring payment” feature. You’ll need to submit documentation once up front, but not every time after that. To set this up, simply check the Recurring Payment box when uploading documentation. We can then automatically verify future transactions for the same dollar amount from the same provider or merchant.

What’s the best kind of supporting documentation?
As you might have guessed, the IRS requires more than just a receipt. The explanation of benefits (EOB) from your insurance provider usually works best. If you don’t have one of those, get an itemized statement or detailed receipt from your merchant or provider. Make sure it contains these five things:

1. Name of patient or covered individual;
2. Date item was purchased or service was received;
3. Service provider name (doctor, pharmacy, clinic, hospital, etc.);
4. Description of the item purchased or service received; and
5. Amount paid.

What happens if I don’t provide documentation when you ask me for it?
IRS rules will require us to eventually suspend your card, but don’t worry! We’ll give you plenty of time before that happens. We understand you might have to wait until you get your final EOB or other form of proper documentation.

What if my card gets suspended?
We’ll turn your card back on after all unsupported transactions have been resolved. To make that happen, you can either submit the documentation we need or pay back your HRA.

If these options don’t work, we’ll have to note an “overpayment” on your account equal to your unsupported transaction amounts.

What is an “overpayment,” and how can I resolve it?
An “overpayment” is an expense amount paid from your account for which we have not yet received proper documentation. If an “overpayment” is noted on your account, it will remain there until resolved.

To resolve an “overpayment,” you can either submit the documentation we need or pay back your HRA. You can also submit regular claims. But, instead of approved claim amounts being paid to you, they will be used to reduce your outstanding "overpayment" until it has been resolved.

What if my card is lost or stolen?
You should immediately call us at 1-888-659-8828. Our friendly customer care team is available to assist you during normal business hours. If calling after hours, follow the recorded instructions.

How can I cancel my card?
Just give us a call at 1-888-659-8828 during normal business hours and ask us to cancel your card. You will need to resolve any unsupported transactions before we can cancel your card.

Questions? Contact us at 1-888-659-8828 or customercare@hraveba.org.
HRAgo

HRA VEBA Plan’s mobile app

- Download HRAgo from the App Store or Google Play
  - Search HRAgo

- Take pictures of supporting documentation and submit claims from your smartphone
  - Particularly useful for My Care Card users who need to submit supporting documents

- Check your balance, view your investments, and update your contact information

- And more!

1-888-659-8828
customercare@hraveba.org
My Care Card℠

No more monthly fee!
Request your card today.

Easy to use. Saves you time.
Pay for medical care items and services directly from your health reimbursement arrangement (HRA). No more filing claims and waiting to get reimbursed!

- You pay no monthly fee (beginning January 1, 2018)
- You can spend up to 90% of your HRA balance every day (a $3,000 daily limit applies)
- Your provider or merchant gets paid when you swipe your card
- We’ll let you know when we need you to send in supporting documentation
- You can request separate cards for your spouse or dependents (a one-time charge of $1 per card will apply)

Save your supporting documentation.
Your HRA is tax-free, and the IRS requires us to verify that every transaction is for a qualified medical care expense. When the electronic transaction data we receive isn’t enough, we’ll ask you to submit copies of your documentation. We try really hard not to bug you. Hopefully, you’ll never hear from us!

For more details, go to hraveba.org and click the My Care Card button.

Make sure we have your current email and mailing addresses. Log in at hraveba.org and click My Profile on the menu bar, or contact our Customer Care Center at 1-888-659-8828.

Request a My Care Card today! Contact our Customer Care Center at 1-888-659-8828 or customercare@hraveba.org. Any one of our friendly—and award-winning—representatives will be happy to help you.