

**NORTH ATLANTIC STATES CARPENTERS HEALTH BENEFITS FUND
HRA Enrollment Form**

*Before you can begin receiving reimbursements from your HRA account,
this form must be completed and on file with the Funds' Office.*

If you have any changes to your marital status, spouse's coverage or any other coverage, or if you have to add or remove a dependent, a new form must be completed within 30 days of the event. Otherwise, you will have to wait to enroll your dependents at the next Open Enrollment. You will **NOT** receive reimbursements for any dependents not listed on this form and only up to age 26 years. In addition, **ALL** social security #'s and other coverage information **MUST** be completed below. The Funds' office **MUST** have copies of the following documents on file: **Birth Certificates, Marriage Certificates, Social Security Cards and Divorce Documents.**

SECTION 1 – MEMBER INFORMATION (Please Print) Email _____

Name _____ SS# _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____ Date of Birth ____/____/____

(Circle one) Married Single Divorced Marriage/Divorce Date: ____/____/____

SECTION 2 – SPOUSE'S INFORMATION (please print)

Name _____ SS# _____

Date of Birth ____/____/____

SECTION 3- OTHER COVERAGE (please print)

Do you, your spouse or your dependent(s) have other insurance benefits? ____ Y OR N (Circle one)

If yes, coverage is through: Self: _____ Spouse: _____ Dependent: _____

Name of the insurance company _____

Effective Date: ____/____/____ Term date: ____/____/____

Medical - Single: ____ Two Person: ____ Family: ____ who does plan cover?: _____

Dental - Single: ____ Two Person: ____ Family: ____ who does plan cover?: _____

Optical - Single: ____ Two Person: ____ Family: ____ who does plan cover?: _____

SECTION 4 – DEPENDENT CHILDREN INFORMATION (please print)

Name (include last name if different)	Date of Birth	Relationship to Member	Social Security Number

By signing below, I certify that the above information I have provided is true and correct.

Signature of Member _____ **Date** ____/____/____