MissionSquare RETIREMENT

MissionSquare Retirement Health Savings (RHS) Plan

Employee Benefit Eligibility Form Instructions

Once your employer has indicated you are eligible for benefits and you submit this completed form, you will be able to request payment for benefits covered by your employer's RHS plan. This form is used by the claims administrator (Meritain Health, Inc.) to set up your account and process claims.

In order for us to efficiently process your benefits, you must fully complete this form and submit it to Meritain Health, Inc. Keep a copy of all forms and documentation for your records. **Alternatively, you can update or add your spouse and dependent information online.** To ensure your information is current on both systems, first log into your account (www.missionsq.org) to review/update your information. Then remain in your RHS plan and select Benefits Reimbursement to get to the Meritain Health claims portal to complete your spouse and dependent information on the Meritain side. Accuracy and completeness will expedite your claims.

After your submitted claim has been processed, review your Explanation of Benefits from Meritain Health, Inc. to confirm the accuracy of your benefit eligibility and enrollment information. If you discover a discrepancy, contact Meritain Health, Inc. at (888) 587-9441 as soon as possible.

Note: *If you are able to access funds from your RHS plan in the same year in which you contribute to your Health Savings Account (HSA) administered through another provider, consult your tax advisor prior to submitting reimbursement to your RHS account. There are specific rules governing HSAs when an employee is also enrolled in a Health Reimbursement Arrangement (HRA), like the RHS plan, that may affect the tax treatment of the HSA contributions.*

Instructions:

1. **Participant Information**

   Complete this section carefully. The employer plan number is available from your employer or MissionSquare Retirement's Plan Services staff at (800) 669-7400.

2. **Spouse and Dependent Information**

   An eligible dependent is (a) the Participant's lawful spouse; (b) the Participant's child under the age of 27, as defined by IRC Section 152(f)(1) and Internal Revenue Service Notice 2010-38; or (c) any other individual who is a person described in IRC Section 152(a), as clarified by Internal Revenue Service Notice 2004-79. In general, dependents consist of your spouse, qualifying child, qualifying relative, and those who meet each of the following three criteria:

   A. The person is related to you OR lived with you for the entire year as a member of your household.

   B. The person was a U.S. citizen or resident (or resident of Canada or Mexico) for some part of the calendar year.

   C. You provided over half of the person's total support for the year.

   See IRS Publication 502, Medical and Dental Expenses, for more information.

   For your spouse and each dependent, indicate the full name, birth date, and relationship to you.

   If you need to add or delete eligible spouse or dependents, contact Meritain Health, Inc. at (888) 587-9441.

3. **Participant's Signature**

   Once you have completed this form, sign it, retain a copy for your records, and submit it to Meritain Health, Inc.

   Your signature on the form certifies all information provided is accurate, and all dependents meet the IRS criteria outlined in the instructions for Section 2.

   Please Note: *Your employer must also submit your benefit eligibility date to MissionSquare before benefits can be paid. Check with your employer to be sure this notification has occurred prior to submitting claims to Meritain Health, Inc.*

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Employee Benefit Eligibility Form

- Complete this form once you become eligible to receive benefits in your employer's RHS plan. Please print legibly in blue or black ink.
- Read instructions before completing this form.
- Return this form to: **MissionSquare RHS Plan, c/o Meritain Health, Inc., P.O. Box 30136, Lansing, MI 48909-7611**

1 PARTICIPANT INFORMATION

EMPLOYER PLAN NUMBER:	EMPLOYER PLAN NAME:	STATE:
PARTICIPANT FULL NAME: *LAST, FIRST, MI*		

SOCIAL SECURITY NUMBER:	DATE OF BIRTH: *MM/DD/YYYY*	PREFERRED PHONE NUMBER:	GENDER: ☐ Female ☐ Male	MARITAL STATUS: ☐ Married ☐ Single

MAILING ADDRESS:

STREET *CITY* *STATE* *ZIP*

2 SPOUSE AND DEPENDENT INFORMATION *(Complete this section if you have a spouse and/or eligible dependents. See instructions.)*

FULL NAMES OF SPOUSE AND ELIGIBLE DEPENDENTS	DATE OF BIRTH: *MM/DD/YYYY*	RELATIONSHIP
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

3 PARTICIPANT SIGNATURE

I certify the information provided on this form is accurate and all listed dependents are eligible to receive benefits under the RHS plan *(see instructions)*.

Participant Signature: _____ Date: *MM/DD/YYYY* _____

Important Note: Your employer must also submit your eligibility information to MissionSquare Retirement to establish your benefit eligibility. Confirm notification has occurred prior to submitting claims to Meritain Health, Inc.

Retain a copy for your records.

MissionSquare Retirement Health Savings (RHS) Plan
c/o Meritain Health, Inc.
P.O. Box 30136
Lansing, MI 48909-7611
(888) 587-9441 ■ Fax: (888) 665-8495