

**PERSONAL FUNDING ACCOUNT  
ENROLLMENT AND CHANGE APPLICATION**

<b>1. GROUP INFORMATION (to be completed by the group)</b>					
Group ID	Group name	New Change	Reason	Date of event	
Employee class (if applicable)	Employee job title	Employee date of hire	Date employee entered eligible class Same as hire date    Other date:		Effective date
<b>2. EMPLOYEE INFORMATION (employee to complete sections 2 through 4)</b>					
Employee name (Last)	(First)	(MI)	Gender Male    Female	Married Unmarried	Home phone    Work phone
Home address (no P.O. Box)		City	State	ZIP	Check here if this is a new home address
Mailing address — if different than home address		City	State	ZIP	Check here if this is a new mailing address
Date of birth	Social security number (REQUIRED)	Is Premera also your medical carrier? No    Yes — please provide your Premera member identification number:			
<b>3. FUNDING ACCOUNT ELECTIONS</b>					
<b>Plan Choices</b>	<b>Employee's Annual Election Amount</b>	<b>FOR EMPLOYER USE ONLY Annual Contribution Amount (if applicable)</b>			
Health Flexible Spending Account (Health FSA) Please choose appropriate health plan coverage: I am also enrolled in a Standard Medical plan (PPO) I am also enrolled in a Qualified High Deductible Health plan	\$	\$			
Dependent Care Flexible Spending Account (DCFSA)	\$	\$			
Health Savings Account (HSA) Note: HSA is provided by UMB Bank, n.a., which has no affiliation with Premera. Your employer should provide you with UMB Bank's terms and conditions. You should review and understand these prior to signing this application.	\$	\$			
Health Reimbursement Arrangement (HRA)		\$			
Retirement Reimbursement Account (RRA)		\$			
<b>4. EMPLOYEE SIGNATURE</b>					
In applying for enrollment as indicated on this application, I declare that to the best of my knowledge, all of the information on this form is true and complete. I have read and understand the terms and conditions of the Personal Funding Account as received from my employer. If enrolling in an HSA, I authorize the sharing of my information to establish a bank account. The changes on this form supersede all previous forms submitted for Personal Funding Account enrollment and changes.					
Employee signature _____ Date signed _____					
<b>INSTRUCTIONS: Return your completed <i>Personal Funding Account Enrollment and Change Application</i> to your employer.</b>					