

ELECTION OF RHCT HEALTHCARE BENEFITS / HEALTH REIMBURSEMENT ACCOUNT (HRA)

Effective January 1, 2018, the Board of Trustees for the Retiree Health Care Trust established a Health Care Reimbursement Account Plan (the "HRA"). The HRA is for the benefit of CTA retirees and former employees who contributed to the RHCT, but who do not satisfy the eligibility requirements to participate in the Retiree Health Care Plan or who decline coverage under the Retiree Health Care Plan. The HRA Plan reimburses participants, after age 65, for qualifying health care expenses.

YOU MAY HAVE A CHOICE

If you meet the eligibility requirements for health care coverage from the RHCT and you have never enrolled in health care benefits from the RHCT, you must choose between the HRA and health care benefits from the RHCT. If you choose the HRA, you and any dependents will never be allowed to enroll in health care benefits from the RHCT. If you choose health care benefits from the RHCT, you will no longer be eligible for the HRA. Consider this choice carefully.

If you do not meet the eligibility requirements for health care coverage from the RHCT, you are ONLY eligible for the HRA.

_____ I am an active employee or a retired participant.

_____ I am the surviving spouse of an active employee or of a retired participant.

I have reviewed the information above and certify that: (check only one).

_____ I do not meet the eligibility requirements for health care coverage from the RHCT, so I can only elect the HRA, which will begin at age 65.

_____ I meet the eligibility requirements for health care coverage from the RHCT, and I am electing to **IMMEDIATELY ENROLL** in health care coverage from the RHCT. I understand that I will no longer be eligible to enroll in the HRA.

_____ I meet the eligibility requirements for health care coverage from the RHCT, but I am declining those benefits to **ELECT THE HRA**, which will begin at age 65. I understand that if I change my mind and enroll in health care coverage before enrolling in the HRA at age 65, I will no longer be eligible to enroll in the HRA.

_____ I retired before I was 55 years old, but I had at least 25 years of service. I will be eligible for health care coverage on or after I reach age 55, or for the HRA at age 65.

PARTICIPANT'S INFORMATION

First Name	Middle Name	Last Name	
Badge Number	Social Security Number	Date of Birth	Current Age
Date of Hire	Last Day Worked		

SIGNATURES

Participant's Signature _____ Date _____

Signature of Plan Office Representative _____ Date _____