



### HEALTH CARE REIMBURSEMENT ACCOUNT (HRA) ENROLLMENT FORM

#### INSTRUCTIONS: ONLY COMPLETE IF YOU ARE AGE 65

- Please complete all applicable sections of this form. You must type or print all information.
- Sign the form on the reverse side and return it with all required documentation to Group Administrators using the envelope provided.
- If you need assistance, contact Group Administrators at 800-487-1150 or ctahra@groupadministrators.com.
- Please provide a copy of a valid picture ID and your marriage license, if applicable.
- After your enrollment form is received, you will be notified if further information is required.

#### RETIREE OR SURVIVING SPOUSE INFORMATION

Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Street/Unit Number (Not P.O. Box) City/State/Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Status:  Retiree  Surviving Spouse  Former CTA Employee

Social Security #: \_\_\_\_\_ Gender:  M  F

Date of Birth: \_\_\_\_/\_\_\_\_/19\_\_\_\_ Date of Retirement or Separation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY MM DD YYYY

#### DEPENDENT INFORMATION

Please list only those dependents that you are eligible to have healthcare expenses paid by the HRA debit card. If you have more than two dependents, please list the additional dependents on a separate sheet of paper. **Please note that the term "spouse" is for a legally married spouse only.**

#### SPOUSE OF CTA RETIREE OR FORMER EMPLOYEE

Name: \_\_\_\_\_  
First Middle Last

Relationship to Retiree: \_\_\_\_\_ Gender:  M  F

Date of Birth: \_\_\_\_/\_\_\_\_/19\_\_\_\_ Social Security #: \_\_\_\_\_  
MM DD YY

#### ELIGIBLE CHILD

Name: \_\_\_\_\_  
First Middle Last

Relationship to Retiree: \_\_\_\_\_ Gender:  M  F

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_  
MM DD YYYY



**ATTESTATION AND SIGNATURE – DESIGNATED HRA ENROLLEE MUST SIGN**

I attest that (check applicable statement):

- I am a CTA retiree or former CTA Employee and I did not qualify for RHCT Coverage.
- I am a CTA Retiree or former CTA Employee and I qualified for RHCT Coverage but I have never enrolled in RHCT coverage and I would rather enroll in the HRA. I understand that if I enroll in the HRA, I will never be allowed to enroll in the RHCT Retiree Healthcare Plan, even if I am otherwise eligible.
- I am the surviving spouse of a CTA Retiree or former CTA Employee and neither my spouse nor myself have ever enrolled in health coverage from the RHCT.

I certify that, to the best of my knowledge, the information provided on this form is true and accurate and that any dependents listed are eligible for HRA coverage using the criteria below.

I understand that whether I enroll in the HRA or not, an annual fee of \$25 will be deducted from my HRA balance beginning on December 31, 2018 and every year thereafter.

I authorize Group Administrators to enroll me in the Healthcare Reimbursement Account (HRA).

Signature:

Date:

**Eligible Dependents**

The term "spouse" refers to a person of either gender with whom a former CTA employee or retiree has a legal marriage recognized by the State of Illinois. If you dissolve your spousal relationship, your spouse will lose eligibility as of the last day of the month of the date of dissolution.

A spouse is eligible for surviving spouse coverage in the HRA only if you had been legally married to your spouse for at least one year prior to separating from CTA employment and have been continuously married to that spouse until your death.

A child is eligible if the child is:

- The retiree's or former employee's natural, adopted (or placed for adoption) or stepchild through age 25, who:
  - Is unmarried;
  - Resides with the retiree (if the child is age 19 or older)\*; and
  - Is dependent upon the retiree for over half of his or her financial support.
  - A child named as an alternate recipient in a child support order, if the Plan Administrator determines the support order to be a Qualified Medical Child Support Order ("QMCSO"). You may contact the Claims Administrator to obtain a free copy of the Plan's QMCSO procedures.
- The retiree's or former employee's dependent child of any age who was disabled prior to age 26 and who, due to disability:
  - Is incapable of self-sustaining employment; and
  - Is dependent upon the retiree or other care provider for lifetime care and supervision because of the disability.

\* A child who is temporarily away at school but continues to have the same permanent address as the retiree is considered to reside with the retiree.