

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. Please be sure to keep a copy of all forms and documentation you submit for your records. **Alternatively, you may update or add your spouse and dependent information online.** To ensure your information is current on both systems, first log on to Account Access (www.missionsq.org/login) to review/update your information. Then remain in your RHS plan and select Claims to get to the Meritain Health claims portal to complete your spouse and dependent information on the Meritain side. Accuracy and completeness of the information you submit will expedite your claims.

After a claim you have submitted has been processed, always 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, please 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

Please complete this section carefully. The information will be used to set up your account for benefit payments. You will receive your reimbursements and Explanations of Benefits at the address you list. The employer plan number is available from your employer or MissionSquare Retirement's Participant Services staff at 800-669-7400. For privacy and security reasons, MissionSquare removed Social Security Number as an identifier on this form. Please provide your MissionSquare Reference Code instead of your Social Security Number. If you do not know your Reference Code, it is available through Account Access (www.icmarc.org/login) on the My Profile tab and on your MissionSquare statements.

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 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; and
- B. The person was a U.S. citizen or resident (or resident of Canada or Mexico) for some part of the calendar year; and
- 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, please 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 via EZLink before benefits can be paid. Check with your employer to be sure this notification has occurred prior to submitting claims to Meritain Health, Inc.

- 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 on the back before completing this form.
- Return this form to: **VantageCare 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: <i>LAST, FIRST, MI</i>			
REFERENCE CODE:	DATE OF BIRTH: <i>MM/DD/YYYY</i>	PREFERRED PHONE NUMBER:	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
MAILING ADDRESS:		MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	
<i>STREET</i>		<i>CITY</i>	<i>STATE</i> <i>ZIP</i>

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: <i>MM/DD/YYYY</i>	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 into the EZLink system to establish your benefit eligibility. Please confirm notification has occurred prior to submitting claims to Meritain Health, Inc.

KEEP ONE COPY OF THE FORM FOR YOUR RECORDS. RETURN ONE COPY TO THE PARTICIPANT.

VantageCare 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