



Choose one: Enrollment Change HRA Terminate Coverage

Via Benefits Enrollment/Change Form

For newly eligible participants, please provide complete information on each eligible dependent. When making changes for enrolled participants, please provide only the information that has changed. Please ensure this form is sent at least 30 days prior and within 180 days of the intended effective date to ensure timely processing.

Part 1 – Participant/Plan Sponsor Information

Name _____ Participant # _____

Address _____ Primary phone # _____

_____ Alternate phone # _____

_____ E-mail address _____

Conference/Plan Sponsor/Employer(s) _____ Employer(s) # _____

Membership: Clergy Lay

Appointment/Employment status _____ Status effective date _____

Part 2 – Processing Event

Please check the processing event below. Event effective date _____

- Newly eligible
- Retiree death
- New retiree
- No longer eligible for Medicare Secondary Payer Small Employer Exception (MSPSEE)
- New dependent
- Dependent death
- Retiree to active

Please list any special notes regarding the event:

Part 3 – Enrollment Information

- List new participant and all newly eligible dependents, including spouse, even if declining coverage. If participant is currently enrolled and adding/removing a dependent, list only that dependent’s information.
- Indicate who will be covered in Via Benefits. **Important:** *If you do not choose “yes” or “no” under the **Cover** column for each dependent listed, we will assume you **do not** want to cover that dependent(s) in Via Benefits.*

Name	Birth Date	Relationship	Gender		Disabled		Cover		Annual HRA Amount*
			F	M	Yes	No	Yes	No	

*Via Benefits will prorate for partial year

For participants and spouses enrolled in Via Benefits: please qualify these individuals for the following well-being programs (plan sponsor must have elected this on Exhibits B and E):

- Virgin Pulse®
- Blueprint for Wellness

Part 4 – Plan Sponsor Authorization

Plan sponsor signature _____ Date _____