

HealthSecure HRA® Automatic Premium Reimbursement

Use this form to set up recurring reimbursement for your eligible premiums

The Variable Annuity
Life Insurance Company (VALIC)
Houston, Texas



Set up or change your automatic premium reimbursement online: (1) Log in at **HRAgo®** (mobile app) or **HealthSecureHRA.com**; (2) Click **Claims**; and (3) Click **Set Up an Automatic Premium Reimbursement**.

Or, mail completed form and supporting documentation to: HealthSecure HRA, PO Box 4389, Clinton, IA 52733-4389.

Claims-eligible participants who are actively-employed and receiving monthly employer contributions must have a minimum account balance of \$2,000 to begin/renew an automatic premium reimbursement.

Make sure your documentation has everything we need!

The documentation you submit needs to contain all four of the following:

1. Name of covered individual(s);
2. Coverage period or effective date;
3. Name of insurance carrier; and
4. Premium amount

Common forms of acceptable documentation include your statement of insurance, open enrollment notice, or premium billing statement.

If you are requesting reimbursement for tax-qualified long-term insurance premiums, be sure to include a copy of your policy's Declarations page. The Declarations page usually contains confirmation that the policy is tax-qualified.

Is my premium eligible?

The below list of qualified premiums is not a complete list, but it does contain many examples of the types of premiums eligible for reimbursement.

- Medical*
- Dental
- Vision
- Long-term care (tax-qualified; subject to IRS limits)
- Medicare
- Medicare supplements plans
- TRICARE premiums (medical and dental plans)

* Includes marketplace exchange premiums that **are not or will not be** subsidized by the *Premium Tax Credit*.

As a reminder, premiums are not eligible for reimbursement if they are:

1. Paid by an employer;
2. Deducted pre-tax through a Section 125 cafeteria plan;
3. Eligible for pre-tax deduction from your (the participant's) paycheck through your employer's Section 125 cafeteria plan; or
4. Subsidized by the *Premium Tax Credit*

What should I do next?

- When your premium amount(s) change or stop, it is your responsibility to notify us to adjust or cancel your automatic premium reimbursement. Failure to update this information may result in your reimbursement(s) being cancelled and/or excess reimbursement amounts being reported as taxable income.
- Be sure to notify us if your direct deposit information or mailing address changes.

GO GREEN! Sign up for **e-communication** and avoid the paper clutter: Make your election online. After getting your welcome packet in the mail, login at **HealthSecureHRA.com** and click **My Profile** to update your **Account Preferences**.

Complete Automatic Premium Reimbursement form on reverse ►►

More Information HealthSecureHRA.com | **Ask Questions** 1-888-364-5027

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1. PARTICIPANT ACCOUNT AND CONTACT INFORMATION

If you are claims-eligible under more than one participant account, enter the participant account number of the account from which you want your automatic reimbursement to apply. Otherwise, your automatic reimbursement will be taken from the account with the earliest claims-eligibility date. **All information in this section is required to process your automatic premium reimbursement request.**

Participant Account No. or SSN _____ Date of Birth (mm/dd/yyyy) _____

Last Name _____ First Name _____ M.I. _____

Mailing Address _____ City _____ State _____ Zip _____

(_____) _____
Area Code and Phone Number _____ E-mail Address _____

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2. CERTIFICATIONS: READ BEFORE SUBMITTING

By completing and submitting this form, you agree to the **Terms and Conditions**, as amended from time to time, which can be found in the **Plan Summary**. To get a current copy of the Plan Summary, log in at **HealthSecureHRA.com** and click **Resources**, or contact our Customer Care Center at 1-888-364-5027.

The following certification applies only to major medical premiums. It does not apply to dental, vision, and tax-qualified long-term care premiums:

- Any major medical premium was **either** (a) for an employer-sponsored group health plan (for coverage provided through an employer) and not for individual market coverage, **or** (2) incurred while you were separated or retired (not employed or re-employed) with the employer that contributed funds to your account.

3. AUTOMATIC PREMIUM REIMBURSEMENT INFORMATION

THIS IS A: **NEW** request
 CHANGE to current reimbursement

FREQUENCY: Monthly Quarterly
BEGIN mm/yyyy: _____ END mm/yyyy: _____
(optional)*

*If you do not enter an end date, your reimbursement will continue until make a change or your account runs out.

<p>AMOUNT OF EACH REIMBURSEMENT:</p> <p>NEW AMOUNT \$ _____</p> <p>OLD AMOUNT (if this is a change) \$ _____</p>	<p>DUE DATE OF FIRST REIMBURSEMENT: (To occur on time, request must be received at least 10 days prior to due date.)</p> <p><input type="checkbox"/> 1st or <input type="checkbox"/> 15th day of the month</p> <p><input type="checkbox"/> Please make my first reimbursement retroactive to my requested due date, if this due date is in the past, or if this request is not received in time.</p>
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IS POLICY IN YOUR NAME?
 YES
 NO

If reimbursement is for a policy not in your name (such as your spouse's), please list his/her name, social security number or policy number, and date of birth.

Name

SSN or Policy Number

Date of Birth

4. DIRECT DEPOSIT ENROLLMENT (RECOMMENDED)

Direct deposit is faster and more convenient than waiting to receive paper check reimbursements in the mail. Information you provide below will supersede any previous direct deposit enrollment on file. A voided check is not required.

New request
 Use direct deposit already on file

Name of Financial Institution (bank or credit union)

Checking
 Savings

9-Digit Routing/Transit Number

Account Number (do not include check number)

