

Contra Costa Community College District – Health Reimbursement Arrangement (HRA) Enrollment Form

Employer Code: YDC

This is an employer sponsored reimbursement plan administered by Navia Benefit Solutions

Employee Information

Name (Last, First, Middle Initial)		SSN	Home Address (Street, City, State, Zip Code)		
Date of Birth (MM-DD-YYYY)	Email Address	Phone Number		Action <input type="checkbox"/> Add <input type="checkbox"/> Drop	Effective Date
Department: <input type="checkbox"/> Local 1 <input type="checkbox"/> United Faculty <input type="checkbox"/> Unrepresented/Executive					

Dependent Information

Name (Last, First, Middle Initial)	SSN	Date of Birth	Sex	Relationship	Action <input type="checkbox"/> Add <input type="checkbox"/> Drop	Effective Date
					<input type="checkbox"/> Add <input type="checkbox"/> Drop	
					<input type="checkbox"/> Add <input type="checkbox"/> Drop	
					<input type="checkbox"/> Add <input type="checkbox"/> Drop	
					<input type="checkbox"/> Add <input type="checkbox"/> Drop	
					<input type="checkbox"/> Add <input type="checkbox"/> Drop	

HRA Annual Benefit Amount: \$ _____

Direct Deposit Information

Reimbursements are electronically deposited into your bank account. If you've previously signed up for direct deposit with Navia your information will remain on file and you do not need to complete this section.	<input type="checkbox"/> Yes	<input type="checkbox"/> Checking	Routing # _____
	<input type="checkbox"/> No	<input type="checkbox"/> Savings	Account # _____

I understand that Health Reimbursement Arrangement reimbursements will be available only for qualifying expenses for myself, spouse, and dependents. I agree to notify the Employer if I have reason to believe that any expense for which I have obtained reimbursement are not a qualifying expense. I also agree to indemnify and reimburse the Employer for any liability incurred for my reimbursement of a non-qualifying expense.

YES, the above benefits have been explained to me and I elect to participate as indicated:

X _____
Employee Signature

Date

This enrollment form is to be authorized and submitted to Navia Benefit Solutions by your Human Resources / Benefit Department

Fax: 425-233-6366

Email: elections@naviabenefits.com

Mail: PO Box 53250 Bellevue, WA 98015