South Burlington School District
Health Reimbursement Arrangement

********All Eligible Employees must complete this form********

Personal Information

WE NEED THE FOLLOWING INFORMATION FOR ALL EMPLOYEES PARTICIPATING IN HEALTH REIMBURSEMENT ARRANGEMENT. **DUE TO PRIVACY ISSUES, WE WILL ONLY DISCUSS YOUR ACCOUNT WITH YOU UNLESS YOU HAVE RETURNED THIS COMPLETED FORM.**

YOUR NAME:	SOCIAL SECURITY NUMBER:
MAILING ADDRESS:	DATE OF BIRTH:
CITY, STATE, ZIP CODE:	PHONE:
E-MAIL :	**HICN #:

MARITAL STATUS:
(PLEASE CIRCLE) SINGLE MARRIED CIVIL UNION * DOMESTIC PARTNER*

*** Due to Federal Income Tax Regulations, expenses for Civil Union, and Domestic Partners are <u>not</u> eligible for <u>tax-free</u> reimbursements under a Health Reimbursement Arrangement (HRA) unless the partner is considered a dependent and claimed as such on your federal income tax return.**

List your spouse and children who are covered under your group health plan

FULL NAME *(DO NOT INCLUDE YOURSELF)*	** HICN NUMBER	SOCIAL SECURITY #	Date of Birth	M/F	Relationship To You
JOHN/JANE DOE		00-00-0000	00/00/00	M/F	SPOUSE/PARTNER

*** If you or your dependents are receiving Medicare or Medicaid Benefits; please provide your/their HICN Number in the space(s) provided.*

If the status of your spouse or dependent changes during the plan year as your spouse or dependent, including a new spouse or dependent, you must contact the plan Administrator with these changes immediately.

Those named above, are ___, are not ___ (check one) authorized to discuss the status of my Health Reimbursement Arrangement, including payments of benefits, with Future Planning Associates, Inc.

SIGNATURE:	DATE:

PLEASE SIGN AND RETURN THIS FORM TO YOUR EMPLOYER

*****Did you remember to include the Medicare and Medicaid information?***
Yes ____ or Does Not Apply ____

Questions: Belinda Davison, 802-857-0685 or belinda@futureplanningassoc.com.

EMPLOYEE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF HEALTH REIMBURSEMENT ARRANGEMENT (HRA) and/or HEALTH and DEPENDENT CARE FSA PAYMENTS

I hereby authorize and request that Future Planning Associates, Inc. (contracted by South Burlington School District to provide administration services for the South Burlington School District Health Reimbursement Arrangement and Health and Dependent Care Flexible Spending Accounts) to make payment of any South Burlington School District Health Reimbursement Arrangement and/or Health and Dependent Care Flexible Spending Account Claims Reimbursement of any amounts to me by initiating credit entries to my account indicated below in the bank named below, hereinafter called BANK, and I authorize and request BANK to accept any credit entries initiated by Future Planning Associates, Inc. to such account and to credit the same to such account without responsibility for the correctness thereof.

I also authorize Future Planning Associates, Inc. to adjust any over deposits erroneously credited to my account if prior to the initiation of the correcting entry, Future Planning Associates, Inc. has sent or delivered to me written notice of the correction.

It is understood that this agreement may be terminated by me at any time by written notification to Future Planning Associates, Inc. Any such notification to Future Planning Associates, Inc. shall be effective only with respect to entries initiated by Future Planning Associates, Inc. after receipt of such notification and a reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited to my account by BANK after receipt of such notification and a reasonable time to act on it.

I recognize, acknowledge and accept that this service is being provided for my convenience. As such, I agree not to hold South Burlington School District and or Future Planning Associates, Inc. liable for errors made by them or the financial institution.

ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR SAVINGS ACCOUNTS

Name of Bank or Credit Union ***** _____

Account # _____ Routing # _____

***** Contact your Credit Union to verify your "Account" and "Routing" Numbers

Account Type: _____ Checking **(attach a voided check only, a deposit slip does not provide sufficient information)**

_____ Savings **(attach a deposit slip)**

Employee Name (Print): _____

Employee's E-mail: _____

Employee Signature: _____

NOTE: Any changes in Bank or Account Numbers must be made in writing and sent to:

South Burlington School District Plan Administrator
Future Planning Associates, Inc.
P.O. Box 905
Williston, VT 05495-0905

Questions: Belinda Davison, 802-857-0685 or belinda@futureplanningassoc.com.