

PLAN SPONSOR INFORMATION

Cincinnati Retirement System

Send Completed Form To: Cincinnati Retirement System, 801 Plum Street, Suite 328, Cincinnati, OH 45202 OR
 FAX: 513-352-1520. For questions contact CRS at 513-352-3227 or CRSHealthcare@cincinnati-oh.gov

I am enrolling in the Integrated HRA for (Please check one): **Single** **Family**

PENSIONER INFORMATION

Pension Name:	Birthdate:	
Social Security No:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date Eligible for HRA:
Home Street Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		

SPOUSE INFORMATION

Spouse Name:	Birthdate:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Social Security No:	Spouse's Employer:	

DEPENDENT INFORMATION: (Attach a separate sheet if additional space is needed for additional dependents)

Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security No:		
Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security No:		
Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security No:		

PENSIONER AUTHORIZATION

*** If the other coverage is a HDHP and your spouse/equal partner is not enrolled in the CRS HRA, your spouse may contribute to the HSA and use the HSA funds. The HSA funds CANNOT be used for medical expenses for members enrolled in the CRS HRA. All members may use the HSA funds for dental and/or vision as long as those expenses are not covered by the CRS HRA. Also, if your primary health coverage is through Medicare, Tricare(retiree only) or Medicaid, you are not eligible for the CRS HRA.**

I hereby authorize my employer to enroll me into the employer sponsored CRS HRA. I agree to comply with the terms and conditions of the plan. You may be prosecuted for fraud for knowingly using health insurance benefits for which you are not eligible. It is YOUR responsibility to know when you or a family member is no longer eligible for CRS HRA benefits.

Pensioner Signature:

Date: