

HRA Employee Direct Submission Authorization

Congregational Employee Plan for Mennonite Church USA

This form must be completed to authorize direct submission of your out-of-pocket deductible expenses incurred under the Congregational Employee Plan for Mennonite Church USA to the Mennonite Church USA Health Reimbursement Arrangement. With this authorization, your out-of-pocket deductible expenses not paid by the Congregational Employee Plan will automatically be paid by your health reimbursement account according to the reimbursement percent chosen by your employer/congregation, up to the maximum annual funding amount designated by your congregation/employer. Return the completed form to TPA Services, Everence Association, Inc., P.O. Box 483, Goshen, IN 46527, Attn: Barb Jones.

Employee name _____

Date of birth _____

Congregation/employer _____

I authorize the Congregational Employee Plan to submit all out-of-pocket deductible expenses I incur under the Congregational Employee Plan to the Mennonite Church USA Health Reimbursement Arrangement directly for automatic payment. The *Explanation of Benefits* issued by the Congregational Employee Plan will serve as proof of my out-of-pocket deductible expenses.

I understand that:

1. I will be required to return to the congregation/employer any amount paid to me by the HRA that is later determined to be an ineligible expense.
2. By sending a written notice to the Congregational Employee Plan (through the HRA administrator), I may revoke this authorization at any time – except to the extent that action has been taken in reliance on this authorization.
3. If I revoke this authorization, I will be responsible to submit my out-of-pocket deductible expenses to the HRA for payment by completing and submitting a *Reimbursement Request* form to the HRA administrator.
4. This authorization will expire on the date my enrollment in the Congregational Employee Plan terminates.

Employee's signature

Date