



Are you or a dependent 65 years of age or older AND receive an HRA Account from your Employer of \$5,000 or more?



Yes - complete this form



No -nothing to do

## MSP Employee Reporting Form

All fields must be completed and returned to HR/Payroll

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

City State Zip

Social Security Number: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

List all Dependents and relationship: \_\_\_\_\_

Are you or any of your covered dependents on your HRA plan 65+?

Yes  No

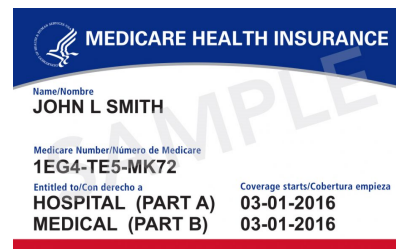
Are you or any of your covered dependents currently receiving kidney dialysis or have received a kidney transplant?

Yes  No

Are you or any of your covered dependents under age 65 and are known to be entitled to Medicare? (Example: spouse of an employee that is on Medicare due to disability).

Yes  No

\*\*If you answered yes to any of the questions above, please provide a copy of your Medicare ID Card (front and back) along with this completed form and return to your HR/Payroll Department.\*\*



Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Or by signing below, you are declining to complete this form, therefore, suspending your HRA benefits.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_