



Are you or a dependent on Medicare AND receive an HRA Account from your Employer of \$5,000 or more?



Yes - complete this form



No - print your name on top line, sign at bottom

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

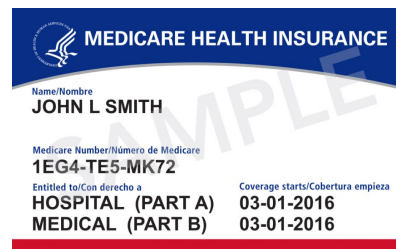
Are you or any of your covered dependents currently receiving kidney dialysis or have received a kidney transplant?

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: _____