



Annual Enrollment Application – 2024 Benefits Income-Based Health Reimbursement Arrangement (HRA)

Please complete this form and attach it with your tax documents in a **MyTech** ticket for **HR Benefits**.

Documentation must be received no later than November 10, 2023 if applying during the 2024 Annual Enrollment period and within 30 days of your hire date or status change date. Please redact or black-out any Social Security Numbers on your form prior to sending.

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Questions? Call (877) 458-9699

Program Guidelines

You must be eligible to participate in our medical plans.

This arrangement only applies to associates enrolled in the Red, White, or Blue medical plans.

Your annual household income must be less than or equal to the amounts listed below and is based on the income reported on your **2022** federal income tax return (Form 1040).

- If you are single and file a single tax return or are married and file a joint tax return, please include your federal income tax return with this application.
- **If you are married and file separate returns, please include both your and your spouse's 2022 federal income tax return with this application.**

| Number of individuals on Form 1040 | 1 | 2 | 3 | 4 | 5 | 6 |
|------------------------------------|----------|----------|----------|----------|----------|----------|
| Annual household income less than: | \$32,616 | \$43,944 | \$55,272 | \$66,600 | \$77,928 | \$89,256 |

*For more than 6 individuals, please reach out to the HR Solutions Service Center for income requirements.

You will be notified by email once your application and required documentation have been reviewed and a determination has been made.

I certify that I meet the established household income guidelines and that the information I have provided is true and accurate.

Name: _____
please print

ID (4 or 5 digits): _____

Signature: _____

Date: ____ / ____ / ____