



HCM Users Group Meeting

Spring 2024

Your Presenter



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Topics

- **What is the VEBA Plan and how does it benefit your employees?**
- **Your role in administering VEBA**
 - Funding
 - Compliance
 - Ongoing administration tasks
 - Enrollments
 - Contributions
 - Participant status changes & COBRA

What is the VEBA Plan?

Health Reimbursement Arrangement

**Tax-free money
for out-of-pocket
medical costs**

Can be used for spouse
and dependents, too

Eligibility and funding sources vary by
employer and by employee group

Sick leave cash out is most common

No individual choice (IRS rule)

Group decision—all employees defined as
eligible must participate

Key Benefits

Tax free

Pay no tax (federal income or FICA)

Use anytime

Account can be used anytime
(once claims eligible)

Investments

Choose from available portfolios or funds

No HDHP

No high-deductible health plan (HDHP) required

Carries over

Unused balance carries over
(no “use-it-or-lose-it” carryover limitations)

Beneficiaries

Account can transfer to spouse, children, beneficiaries, or other eligible survivors

Retiree Medical Premiums

Projected cost if you retire today at:

Age 55\$207,000

Age 60\$156,000

Age 65\$91,000

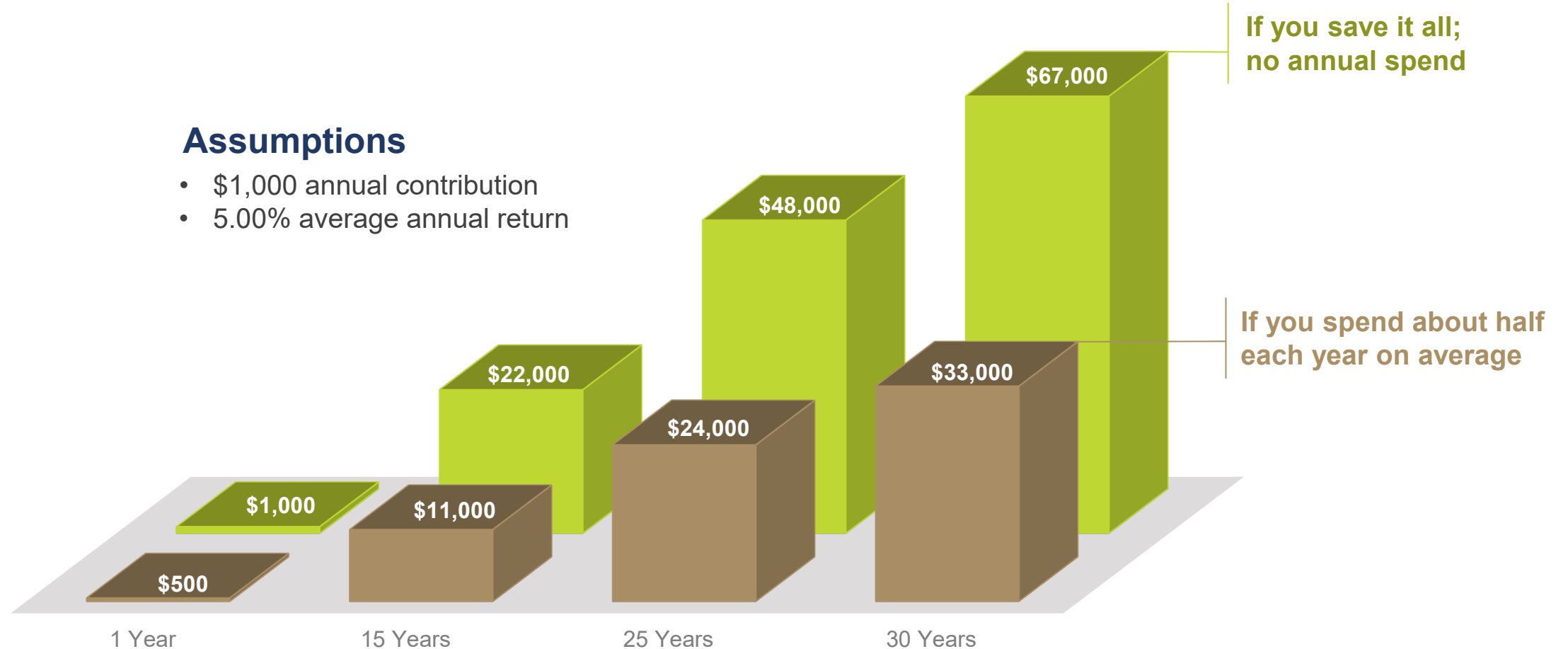
These are retiree-only cost projections for 2024. The basic assumptions are: (1) employee retires at age 55, 60, or 65 and lives to age 84; (2) retiree enrolls in the PEBB-sponsored UMP Select medical plan for non-Medicare retirees until age 65 (\$766.61/month); (3) retiree enrolls in Medicare Supplement Plan G at age 65 (\$101.99/month); (4) retiree becomes covered by Medicare Part B at age 65 (\$174.70/month standard); and (5) annual inflation of 5% for UMP Select and Medicare Supplement premiums and 2% for Medicare Part B premium. The medical coverage assumptions used for these cost projections are merely examples, not recommendations. Your individual circumstances may warrant different coverage choices.

**How much will you
spend on health care
during retirement?**

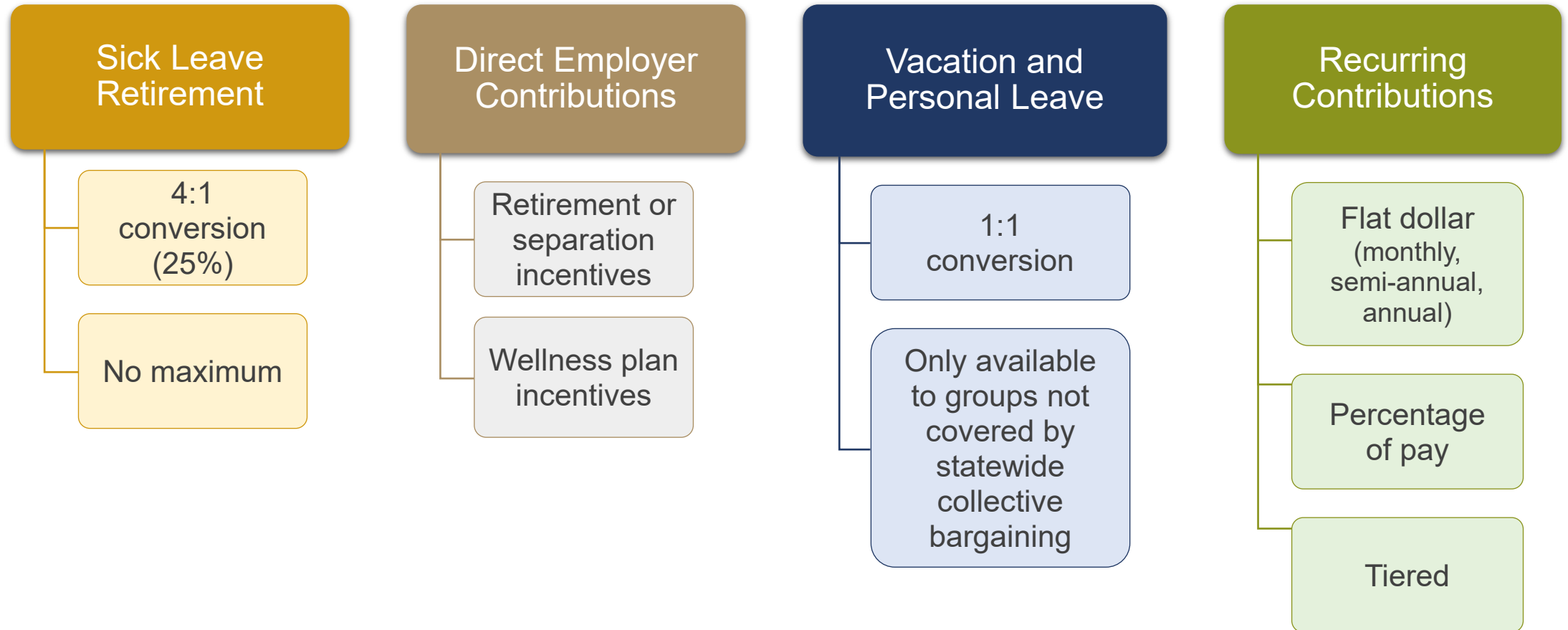
Accumulation Examples

Assumptions

- \$1,000 annual contribution
- 5.00% average annual return



Funding Sources



Compliance Reminders

No individual choice

Employees cannot choose whether to participate or have control over how much is contributed.

Non-discrimination rules – IRC § 105(h)

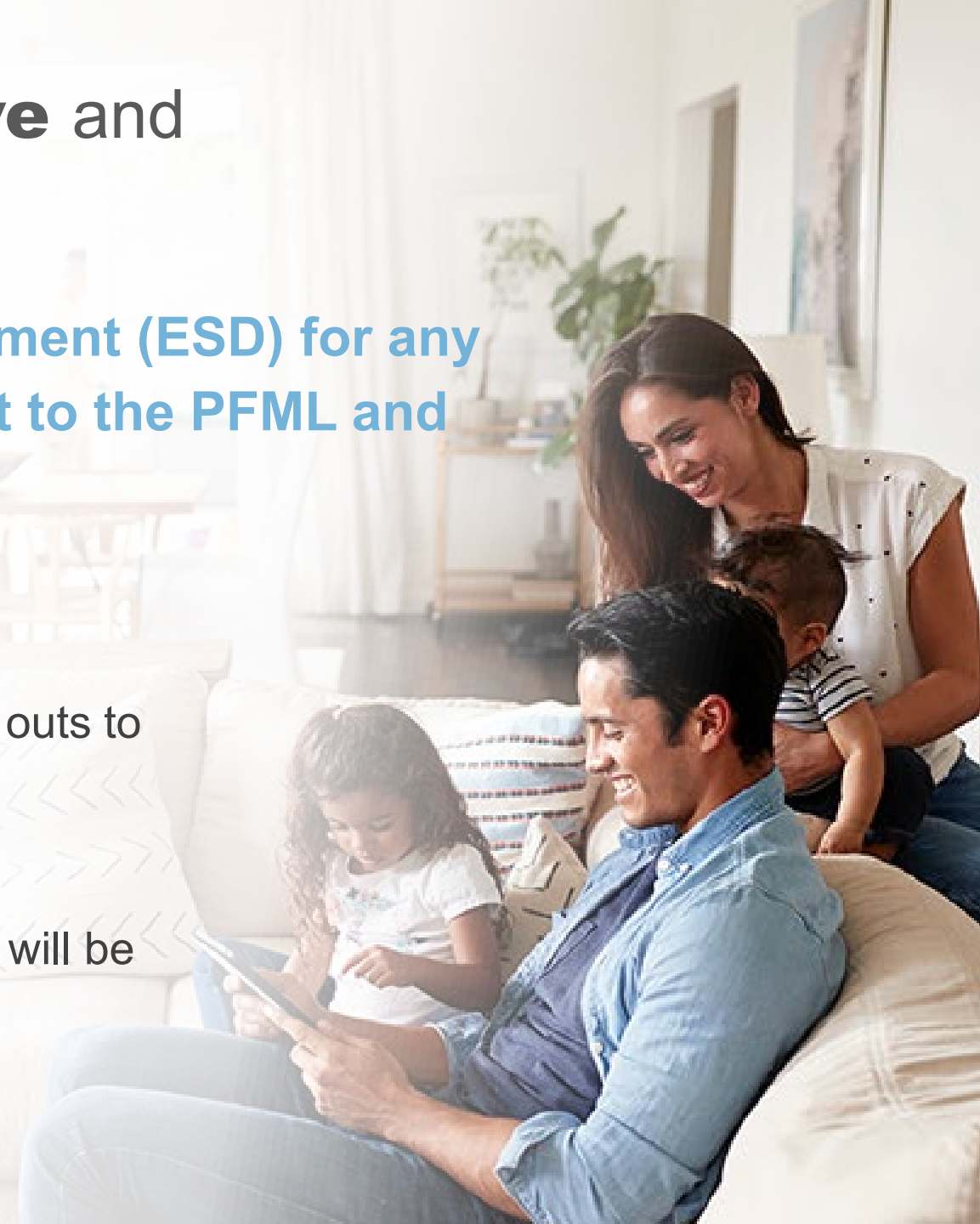
- Eligibility and funding should not favor your top 25%
- Flat-dollar contributions are recommended; percent-of-pay may be considered discriminatory

Please discuss any funding changes or additions with your Gallagher representative before implementing. Submit [Plan Design Change](#) form.

Paid Family and Medical Leave and WA Cares Act

Contact the Employment Security Department (ESD) for any specific questions about “wages” subject to the PFML and WA Cares premiums

- “Gross Wages” are defined in RCW 50A.05.010
- The ESD has provided direction that leave cash outs to VEBA are subject to PFML premium while direct employer contributions are not
- It is believed the same “Gross Wages” definition will be applied to WA Cares premiums



Enroll Employees

From your online portal, you can securely:

- Upload **Enrollment Spreadsheets** or
- Manually enter employee enrollment information



Enroll Employees

Important!

- ✓ **Enroll all eligible employees** before making contributions.
- ✓ **Only enroll employees** who do not already have an account under your Plan.
- ✓ **Avoid upload errors:** Don't change tab names, column titles, or preset cell formatting.

The default investment allocation will apply until the participant makes a change

Enrollment Spreadsheet

Enrollment Spreadsheet (Excel Upload File) Employer Information

Employer ID Number: *Required
Employer Name:

Enrollment Report Date (MM/DD/YYYY):

Submitted By:
Contact Phone:

Receipt Date (DD/MM/YYYY): *For plan use only*

SSN	FirstName	LastName	DOB	Address1	Address2	City	StateAbbrev	ZIP	Phone	E-mail	SeparationDate	ClaimsEligDate

Avoid upload errors: Don't change tab names, column titles, or preset cell formatting

Enrollment Options

Home Contributions Deposits **Participants** Reports Accounts Resources Users

Actions

- Enter Participant Information
- Upload Enrollment/Status Change File
- Process Participant Status Change

Recent Uploads

There are currently no enrollment/status change files.

Upload Enrollment/Status Change File

Get the latest version of our **Enrollment/Status Change** page. The latest version lets you submit participant information that may not include status changes.

Click the **Select File** button and choose the file you want to upload. The file will be displayed. If you do not have any **Error Records**, click the **Successful Records** button.

If you do have **Error Records**, click the **Download Error Records** button to download the error records. After fixing the errors, save the validated file.

Select File

File Selected*

Upload Progress

Enter Participant Information

Participant Information	Contact Information
First Name*	U.S. Address? <input checked="" type="radio"/> Yes <input type="radio"/> No
Middle Initial	Address*
Last Name*	Address 2
Date of Birth*	City*
SSN*	State* <input type="text" value="Select State"/>
Plan Information	Zip Code*
Claims Eligibility Date ?	Phone Number*
Separation Date	E-Mail Address

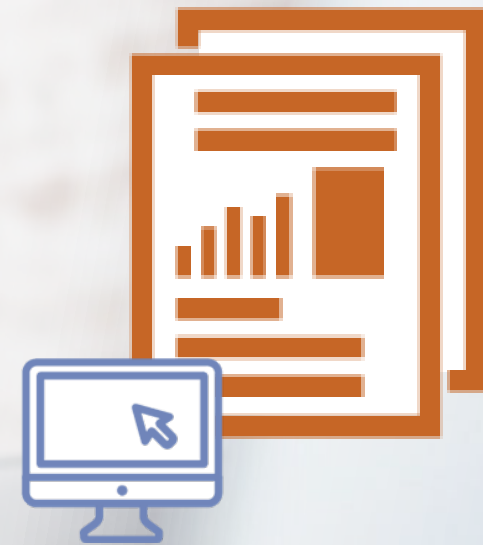
Cancel Save

Cancel Upload

Contribution Reports

From your online portal, you can securely:

- Upload Contribution Spreadsheets;
- Copy and update previous reports; or
- Build new reports from your Participant Roster



Contribution Reports

Important!

- ✓ All eligible employees should be enrolled before receiving a contribution
- ✓ Proper division codes are required
- ✓ Make sure your **Contribution Report Total** matches the amount you will be sending
- ✓ Mistakes happen sometimes, and we're here to help

Required Contribution Data



Required information:

- Employer ID number
- Division code
- Participant account number or Social Security number
- Participant first and last name
- Contribution amount

Please send funds within
FIVE BUSINESS DAYS
of submitting contribution reports.

Contribution Spreadsheet Template

Contribution Report (Excel Upload File)		Version 1
Employer Information		Revision 1
Employer ID Number:	<input type="text"/>	*Required
Employer Name:	<input type="text"/>	
Contribution Report Date (MM/DD/YYYY):	<input type="text"/>	
Contribution Report Total:	<input type="text"/>	*Required
Submitted By:	<input type="text"/>	
Contact Phone:	<input type="text"/>	

DivisionCode	AccountNumber	SSN	FirstName	LastName	Amount

#1 Is the employee **ELIGIBLE** for your major medical plan?

YES

NO

Use
Post-separation HRA Plan
(002)

#2 Is the employee **ENROLLED** for your major medical plan?

YES

Use
Standard HRA Plan
(001)

NO

#3 Has the employee **certified** to you that he or she is enrolled in or covered by another Qualified Group Health Plan? See What is a **Qualified Group Health Plan** for more information.
NOTE: Medicare and TRICARE are not considered Qualified Group Health Plans.

YES

Use
Standard HRA Plan
(001)

NO

Use
Post-separation HRA Plan
(002)

Contribution Report Options

Home **Contributions** Deposits Participant

Actions ⓘ

- Create a Contribution Report From Roster
- Upload a Contribution Report
- Copy a Previous Contribution Report

Create a Contribution Report

Report Details

Report Description

Report Total*

Cancel

Upload a Contribution Report

Report Details


Report Description

Report Total*

Make sure all employees are enrolled before uploading. To help avoid upload errors, your report should contain only enrolled participants. You can easily enroll new participants by uploading an **Enrollment Spreadsheet** or by entering their enrollment data directly into our system from the [Participants](#) page. Get the latest version of our **Enrollment Spreadsheet** template from the [Resources](#) page.

Click the **Select File** button and choose the file you want to upload. Click the **Upload** button. If you do not have any **Error Records**, the **Create Contribution Report** window will be replaced by the **Submit** button to submit your report.

If you do have **Error Records**, **Upload** validation file in which you can fix the errors. Click the **upload** button. If you have at least one **Create Contribution Report** window. If you have at least one **Create Contribution Report** window, you can click the **Submit** button to submit your report or delete line items as necessary. When you are done, click the **Done** button to save your report and try again later.

 **Select File**

File Selected*

Upload Progress

Cancel

Upload

Copy a Contribution Report

Report Details

Report Description

Report Total*

Select Report* 

View Details

Cancel

Create

Automatic Funding Available

Quick and easy setup for ACH funding:

- When uploading Contribution Spreadsheets (reports), we can automatically debit your employer bank account on file—**all in one easy step.**
- Simply submit a completed Automatic Funding Authorization form through our Secure Message Center. We'll process your form and have you up and running within three to five business days.

Automatic Funding Authorization
Pre-authorization of ACH transactions (debits) for VEBA Plan contributions

veba.

Submit completed form through our Secure Message Center. It's faster and more secure.
(1) Log in at veba.org; (2) Click the envelope icon (); and (3) Click Compose New Message.
Or, mail to: VEBA Plan, PO Box 4389, Clinton, IA 52733-4389.

Use this form to provide us with bank account information and set up automatic funding. Then, when you upload Contribution Spreadsheets (reports) from your online employer portal, we will automatically initiate an automated clearing house (ACH) debit that will pull funds from the bank account on file. You don't have to separately send electronic funds transfers (EFTs) or mail paper checks.

Note that you can turn off automatic funding for a given report, if needed. You can also turn off automatic funding altogether. Additionally, you have the option to automatically fund only a portion of a report and remit the remaining funds separately. You can change your bank account information with us over the phone or by submitting a new Automatic Funding Authorization form.

1 EMPLOYER INFORMATION Clear Form

EMPLOYER NAME _____ EMPLOYER ID NUMBER _____
MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

2 BANKING INFORMATION

Enter information below for the checking or savings account ("Account") you are authorizing the Plan to use for automatic funding. A voided check is not required. **IMPORTANT:** Information you provide will replace any previous Account information on file. **This Account will be used for automatic funding of contributions (direct debit) and the return of mistake-of-fact contributions in the event of a contribution error (direct deposit).** If a future mistake-of-fact contribution should be direct deposited to a different account, please contact us at that time to discuss available options.

This is: NEW request
 UPDATED information

Account type:
 CHECKING
 SAVINGS

NAME OF BANKING INSTITUTION _____
9-DIGIT ROUTING/TRANSIT NUMBER (see sample check) _____ ACCOUNT NUMBER (do not include check number) _____

Sample check
Memo _____
123456789 9876543210 1001
9-digit routing/transit number Account number Check number

3 AUTHORIZING SIGNATURE (REQUIRED)

By signing below, I certify that I am an authorized signatory for the Employer (also referred to herein as "Account Owner") named above. On behalf of the Account Owner, I hereby authorize the Plan to initiate electronic funds transfers (debits) from the Account as directed by the Employer when uploading contribution data reports from the Employer's online employer portal.

I have read, understand, and hereby make the attestations and authorizations listed on the reverse side of this Automatic Funding Authorization form.

AUTHORIZED SIGNATURE on behalf of Employer _____ DATE MM/DD/YYYY _____
PRINTED NAME _____ TITLE _____
EMAIL ADDRESS _____ AREA CODE and PHONE NUMBER _____

Read additional attestations and authorizations on the reverse. >>>

More Information veba.org | Ask Questions 1-888-828-4953

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Send Funds Electronically

Make sure the amount you send matches your Contribution Report Total.

Automated Clearing House (ACH)

Bank: Washington Trust Bank
Routing Number: 125100089
Account Number: 1008540700
Address: PO Box 2127
Spokane, WA 99210

Wire Transfer

Bank: Washington Trust Bank
Routing Number: 125100089
Account Number: 1008540700
FBO: VEBA Trust
Address: 7147 W. Sprague Ave.
Spokane, WA 99201

CAN'T SEND FUNDS ELECTRONICALLY? Make paper checks payable to: VEBA Trust. Include your Employer ID Number on the memo line. Mail paper checks to: VEBA Trust Contributions, PO Box 1074, Spokane, WA 99210. This address is for checks only. DO NOT enclose original or duplicate contribution reports with your paper checks.

Submit Participant Status Changes

From your online portal, notify us when enrolled employees/participants:

- Are voluntarily or involuntarily terminated (separation, retirement, etc.)
- Experience a position change or hours reduction affecting eligibility for ongoing contributions (monthly, quarterly, etc.)
- Are rehired
- Pass away

Participant Status Change Template

Enrollment Spreadsheet (Excel Upload File) Employer Information

Employer ID Number: *Required

Employer Name:

Enrollment Report Date (MM/DD/YYYY):

Submitted By:

Contact Phone:

Receipt Date (DD/MM/YYYY): For plan use only

Avoid upload errors:

Don't change tab names,
column titles, or preset
cell formatting.

SSN	ParticipantNumber	Address1	Address2	City	StateAbbrev	ZIP	EventType

COBRAQualifying	EventDate	LossOfCoverageDate	ProjectedMonthlyContribution	PercentVested	VestingDivisionCode	SuspenseAccount

Participant Status Change Options

Home Contributions Deposits **Participants** Reports Accounts Resources

Actions

- Enter Participant Information
- Upload Enrollment/Status Change File**
- Process Participant Status Change

Recent Uploads

There are currently no enrollment/status change uploads.

Upload Enrollment/Status Change File

Get the latest version of our **Enrollment/Status Change Spreadsheet** page. The latest version lets you submit participant enrollments and may not include status changes.

Click the **Select File** button and choose the file you want to upload. The file name will be displayed. If you do not have any **Error Records**, click the **Successful Records**.

If you do have **Error Records**, click the **Download** button to download errors. After fixing the errors, save the validation file. Then, click the **Upload** button.

Select File

File Selected: _____

Upload Progress: _____

Cancel Upload

Process Participant Status Change

To select a participant, enter his or her participant number, last name, or SSN in the "Select Participant" field below. Then, select the desired participant from the drop-down results. Alternatively, click the "Q" button to search for a Participant. After selecting the desired participant, enter the status change details. Then, click the "Add" button. Repeat the process to add additional participants. When finished, click the "Submit" button.

Select Participant: **Q**

Status Change Details

Participant Name: _____

Is this a COBRA Qualifying Event? Yes No

Event Type: Voluntary Termination

Event Date: mm/dd/yyyy

+ Add

Status Change Events

Participant Name	Participant Number	COBRA Event	Event Type	Event Date	Loss of Coverage Date	Projected Monthly Contribution	
Rory Grayson	700100000	Yes	Voluntary Termination	07/01/2020	07/01/2020	\$50.00	Edit Remove

Cancel **Submit**

Participant Roster

Home Contributions Deposits **Participants** Reports Accounts Resources Users

Actions

- Enter Participant Information
- Upload Enrollment/Status Change File
- Process Participant Status Change

Recent Uploads

There are currently no enrollment/status change uploads.

Participant Roster

Search Filter: All (dropdown menu: All, Enrolled - Last 30 Days, Employed, Separated, Claims Eligible, Not Claims Eligible, COBRA Event - Last 30 Days)

Last Name:

Participant Number:

25 Rows Per Page

Last Name	First Name	Participant Number	Date of Birth	Enrollment Date	Separation Date	
Grayson	Rory	700100000	10/14/1987	10/21/2010		View
Sunshine	Raymond	700103840	02/01/1980	08/05/2015		View
Ruiz	Maria	700100098	06/05/2001	01/31/2023		View

Participant Information

Information and Accounts

Contribution History

Rory Grayson

Participant Number 700100000 **Address** 123 My Street
SSN ***-**-7694 **Spokane, WA 90000**
Date of Birth 10/14/1998 **Phone Number** (509) 555-1212
Enrollment Date 10/21/2022 **E-Mail Address** Rory@email

Participant Account(s)

Account Number	Division	Description	Claims Eligible Date	Balance
700100000-001	001	Standard Plan	11/03/2022	\$93.45

Process Status Change

Done

- Process a status change
- Update participant information
- View contribution history

When might COBRA apply?

COBRA may apply when qualifying events cause participants to stop receiving contributions to which they would have otherwise been entitled.

- Example: Ongoing monthly contributions
- You provide the projected monthly contribution when reporting the status change
- VEBA Plan sends COBRA Election Notice to the participant
 - Can elect COBRA and make after-tax contributions

Participants do not have to elect COBRA to maintain access to their accounts.

Reports

Home Contributions Deposits Participants **Reports** Accounts Resources Users

Participant Roster Report

The Participant Roster Report contains detailed information for all of your participants. Report data is current as of the previous market date.

Format

Excel



Run Participant Roster Report

Participant Medicare Coordination Report

The Participant Medicare Coordination Report provides a list of participants that are currently or may soon be at risk of potential forfeiture of HRA funds due to the Coordination of Benefit Rules with Medicare. Help your employees by running this report and providing the Plan with separation dates, as applicable.

Format

Excel



Run Participant Medicare
Coordination Report

- Find account numbers
- Check separation dates
- Check for limited coverage

Limited Coverage

When might a participant need to elect limited HRA coverage?

Medicare coordination
Plan to work past 65?

CMS

HSA contribution eligibility
Want to make or receive contributions to an HSA?

HSA

Premium Tax Credit eligibility
Do you need to qualify for the Premium Tax Credit (subsidy)?

PTC

Limited HRA Coverage Election

veba.

Submit completed form through our Secure Message Center. It's faster and more secure.
(1) Log in at HRAgo® (mobile app) or veba.org. (2) Click the envelope icon (✉); and (3) Click Compose New Message.
Or, mail to: VEBA Plan, PO Box 4389, Clinton, IA 52733-4389.

You can elect limited HRA coverage for you, your spouse, and/or a dependent for any one of the following reasons:

- Medicare coordination** - You are a current employee and you, your spouse, or a dependent have Medicare coverage that you want to be primary to (pay before) your HRA.
- HSA eligibility** - You, your spouse, or a dependent want to be eligible to make or receive contributions to a health savings account (HSA); or
- Premium Tax Credit (Subsidy) eligibility** - You, your spouse, or a dependent are purchasing insurance through a marketplace exchange and want to become eligible for the Premium Tax Credit. For more information, read Premium Tax Credit and Your HRA in the Plan Summary.

Please read the backside of this form for more details, including specific coverage limitations.

1 PARTICIPANT ACCOUNT AND CONTACT INFORMATION

ACCOUNT NUMBER OR SSN _____ DATE OF BIRTH (mm / dd / yyyy) _____ [Clear Form](#)

LAST NAME _____ FIRST NAME _____ MI _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

AREA CODE AND PHONE NUMBER _____ EMAIL ADDRESS (use home or personal email address) _____

IMPORTANT: Have you previously separated or retired from the employer that made or is making contributions to this account?

YES
 NO

DATE OF SEPARATION OR RETIREMENT (mm / dd / yyyy) _____ EMPLOYER NAME _____

2 LIMITED HRA COVERAGE ELECTION

Your limited HRA coverage election will remain in force until you make a change (see backside of this form for more details). Any automatic premium reimbursement from your account for medical insurance will stop immediately with your limited HRA coverage start date, unless it is for an HSA-qualified high-deductible health plan (HDHP), Medicare, or Medicare supplement plan and you are electing limited HRA coverage for HSA eligibility or Medicare coordination purposes. If you have more than one claims-eligible participant account, this election will apply to all of your claims-eligible participant accounts.

I am making this election for (check all that apply): Myself My Spouse My Dependent(s)

Spouse or Dependent Name(s):	FIRST NAME	MI	LAST NAME

Check the appropriate box below to Turn ON or Turn OFF limited HRA coverage. Your election will become effective on the day we process your form. Forms are usually processed within one to three business days after receipt.

Turn ON limited HRA coverage due to (check reason below):

- Medicare coordination: I am a current employee and want Medicare to pay before my claims-eligible HRA for the covered individual(s) listed above.
- HSA eligibility: I want the covered individual(s) listed above to become eligible to make (or receive) contributions to a health savings account (HSA).
- Premium Tax Credit: I want the covered individual(s) listed above to become eligible for the Premium Tax Credit.

Turn OFF limited HRA coverage.

Check the box below if you are turning off limited HRA coverage because you have met the statutory deductible for your HSA-qualified high-deductible health plan (HDHP): I am submitting documentation with this form to show that the deductible has been met.

3 CERTIFICATIONS: READ BEFORE SUBMITTING

By completing and submitting this form, you agree to the Terms and Conditions, as amended from time to time, which can be found in the Plan Summary. To get a current copy of the Plan Summary, log in at veba.org and click Resources.

More information veba.org | Ask Questions 1-888-828-4953

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Secure Message Center

The screenshot displays the Secure Message Center interface. At the top right, there is a notification bell icon, an envelope icon (labeled 1), a 'Help' dropdown, and a 'Log Out' link. Below this is a navigation menu with 'Home' (selected), 'Claims', 'Benefits Card', 'Account Activity', 'Investments', 'Resources', and 'My Profile'. The main content area shows account details for 'Green Valley Mountain' (Account: 70010000-001, Standard HRA Plan) and a 'Most Recent Claim' section (Claim Number: 35000000, Status: Paid). A 'Benefits Card' section shows a balance of \$5,000.00. A 'Secure Message Center' banner is overlaid on the page. Below the banner, there is an 'Actions' section with a 'Compose New Message' button (labeled 2) and a 'My Messages' section with a 'Rows Per Page' dropdown set to 10. A 'New Message' modal is open, showing a 'Topic' dropdown menu (labeled 3) with options: Account Balance or Statements, Benefits Card, Claims, Forms or Plan Literature, Investment Options, Mobile App (HRAgo@), Online Portal or Plan Web Site, and Other. The modal also includes a 'Message' text area, an 'Upload Documents' button, and 'Cancel' and 'Send' buttons at the bottom.

1. Click the envelope icon


2. Click the Compose New Message button

3. Select a topic from the drop down; type message and upload any documents

Resources Tab

Home Contributions Deposits Participants Reports Accounts **Resources** Profile

Find Resources

You can easily download any of the plan resources listed below. Click the  to view each item's description. Enter one or more keywords in the search bar, such as "benefits card", or "claims", and click the **Search** button to quickly find all related materials.

Contributions

- Automatic funding Available Now
- Case Studies
- Contribution Instructions
- Contribution Spreadsheet
- HRA Funding Sources
- HRA Non-discrimination Information
- Which Division code Should I Use?
- Enrollment/Status Change
- Enrollment/Status Change Instructions
- Enrollment/Status Change Spreadsheet
- HRA Enrollment (for new participants)
- Welcome Letter and HRA Dashboard Sample

Plan Administration

- Ballot Sample
- COBRA Reporting Requirements
- Contact Us (Employers)
- Employer Policy Sample
- Group Voting Guide
- HRA Funding Reminder
- Statutory Hold Harmless Agreement
- Legal References
- Memorandum of Understanding Sample
- Plan Administration Guide
- Resolution Sample
- Separation Date Reporting

Investments

- Choosing Your Investment Allocation
- Investment Fund Overview

Newsletters

- HRAtoday Employer Edition
- HRAtoday Participant Edition

Forms

Employer

- Automatic Funding Authorization
- Forfeiture Reallocation
- Mistake of Fact
- Participant Status Change
- Plan Design Change

Participant

- Account Change
- Automatic Premium Reimbursement
- Benefits Card Supporting Documents
- Claim Form
- COBRA Event Notice
- Direct Deposit Enrollment
- HIPAA Authorization
- Investment Change
- Limited HRA Coverage Election
- Repayment Form
- Survivor Benefit Elections Packet/Form

Benefits Card

- Benefits Card FAQ
- Online Repayment Available Now

Claims

- How to File a Claim
- Medical Care Expense Table
- Medical Care Expenses
- Proper Documentation
- What is a Letter of Medical Necessity?
- Coordination with Other benefits
- Don't risk Losing Your HRA Funds
- HSA Contribution Eligibility and Your HRA
- Medicare coordination and Your HRA
- Premium Tax Credit and Your HRA

Privacy and Security

- Multifactor Authentication for Your Protection
- Privacy Notice
- Your Privacy and Security Matter

Plan Information

- Plan Benefits Guide
- Check Out Our New Videos
- Contact Us (Participants)
- Coverage Type Descriptions
- Definition of Dependent
- HRA Basics
- HRA, HSA, FSA Comparison
- HRAs and Other Reimbursement Accounts
- Participant Statement Sample
- Plan Summary
- Standard vs. Post-separation HRA Plan Designs
- Summary of Benefits and Coverage
- Understanding IRS Form 1095-B
- What Happens If I Pass Away?
- HRA Plan Brochure
- What is a Qualified Group Health Plan

Video Library

- Participant Login
- Employer Login
- Plan Adoption & New Funding
- Videos**
- Enrollment
- Online Registration
- Mobile App (HRAgo®)
- Plan Overview
- Claims
- Benefits Card
- Investment Options



Take some time to click through these short videos. They contain a wealth of information to help you understand and get the most out of your VEBA Plan benefit.



- Welcome! HRA Overview
- Online Registration Instructions
- How to File a Claim
- Supporting Documentation for Claims (*and Benefits Card transactions*)
- Using Your Benefits Card
- How to Set Up an Automatic Premium Reimbursement
- How Your HRA Coordinates with Other Benefits

What's Next

Enrollment

- Electronic in your employer portal

Online Registration

- Personal email recommended

Contribution

- Communicate your timing to employees

Welcome packet

- Mailed to participants after first contribution

Debit Card

- Mailed to participants in plain white envelope



Customer Care Center

1-888-828-4953

- Located in Spokane
- Personalized help
 - Contributions
 - Enrollments
 - Separation dates
 - And more

*“Friendly,
knew information
immediately.”*

*“Walked me through
the steps in real time!”*

*“Always pleasant,
professional, and knowledgeable.
Communication is exemplary.”*

*“The representative
was amazing and solved
my problem much faster
than expected!”*

*“Nothing but great
things to say about
my call.”*



Reminders



Always enroll employees **before** sending contributions



Notify us when enrolled employees **separate from service, retire**

If you discover a mistake, contact our Customer Care Center right away at 1-888-828-4953 or through secure messaging.



Questions

Thank you!

1-888-828-4953

www.veba.org



◀ Scan with your mobile device to view VEBA Plan website

