Boilermakers Lodge No. 154 Welfare Fund
Administered by Wilson-McShane Corporation
3001 Metro Drive - Suite 500
Bloomington, MN 55425
Phone: (412) 800-7010

MEDICAL REIMBURSEMENT ACCOUNT ENROLLMENT FORM

Name: _____ Social Security Number: _____

Birth Date: _____ Gender: Male [ ] Female [ ]

Marital Status: *(Photocopy of Certified Marriage Certificate and Medical ID are required to add your spouse)*

Single [ ] Married [ ] Date of Marriage: _____ Divorced [ ] Date of Divorce: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Employer: _____

List Spouse and Dependents below:
(Photocopy of Certified Birth Certificate and Medical ID are required for each dependent you wish to add to your MRA account)

Name: _____

Relationship: _____ Birth Date: _____ SSN: _____

Name: _____

Relationship: _____ Birth Date: _____ SSN: _____

Name: _____

Relationship: _____ Birth Date: _____ SSN: _____

Name: _____

Relationship: _____ Birth Date: _____ SSN: _____

List Additional Dependents on Page 2.

The information I am providing herein is true and accurate to the best of my knowledge. I understand that if I provide false information, that is the basis not only for denial of my claim(s) but for expulsion from the plan as well as other penalties. All information must be completed & returned to the Plan administrative office address for coverage to be effective and claims processed.

Participant's Signature: _____ Date: _____

List Additional Dependents below:

Name: _____

Relationship: _____ Birth Date: _____ SSN: _____

Name: _____

Relationship: _____ Birth Date: _____ SSN: _____

Name: _____

Relationship: _____ Birth Date: _____ SSN: _____

Name: _____

Relationship: _____ Birth Date: _____ SSN: _____

Name: _____

Relationship: _____ Birth Date: _____ SSN: _____

Name: _____

Relationship: _____ Birth Date: _____ SSN: _____

Please note that since enrollment into the Plan for the MRA benefit is the same as if you were enrolling for health insurance coverage, we do have some requirements regarding dependent eligibility. As a result, the Plan must receive a photocopy of your Certified Marriage Certificate and Medical ID Card if you wish to submit reimbursement claims on behalf of your spouse. Additionally, if you wish to submit reimbursement claims on behalf of your dependent child(ren) up to the age of 26, the Plan must receive a photocopy of each child's Certified Birth Certificate and Medical ID Card. Generally, these requested documents will provide the Plan with the information to allow us to add each of your dependents for eligibility under your MRA account. However, please note that under certain circumstances, the Plan may need to ask you to provide additional information (i.e. adoption papers and proof of guardianship) as applicable, in order to extend MRA eligibility to your dependent(s) under your MRA account in the Plan.

Please return the completed Medical Reimbursement Account Enrollment Form and all required documentation to:

Boilermakers Lodge No. 154 Welfare Fund
3001 Metro Drive – Suite 500
Bloomington, MN 55425

Fax: 952-854-1632
Email: enrollment@wilson-mcshane.com