1901 Chestnut Avenue
Glenview, Illinois 60025-1604
1-800-851-2201
wespath.org

Choose one: ❑ Enrollment ❑ Change HRA ❑ Terminate Coverage

Via Benefits Enrollment/Change Form

For newly eligible participants, please provide complete information on each eligible dependent. When making changes for enrolled participants, please provide only the information that has changed.

Part 1 – Participant/Plan Sponsor Information

Name ______________________ Participant # ______________

Address ______________________ Primary phone # ______________

______________________ Alternate phone # ______________

______________________ E-mail address ______________

Conference/Plan Sponsor/Employer(s) ______________ Employer(s) # ______________

____

Membership: ❑ Clergy ❑ Lay

Appointment/Employment status ______________ Status effective date ______________

Part 2 – Processing Event

Please check the processing event below. Event effective date ______________

❑ Newly eligible
❑ New dependent
❑ Retiree death
❑ Dependent death
❑ New retiree
❑ Retiree to active
❑ No longer eligible forMedicare Secondary Payer Small Employer Exception (MSPSEE)

Please list any special notes regarding the event:

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a general agency of The United Methodist Church

5201/051518

Part 3 – Enrollment Information

- List new participant and all newly eligible dependents, including spouse, even if declining coverage. If participant is currently enrolled and adding/removing a dependent, list only that dependent's information.
- Indicate who will be covered in Via Benefits. ***Important:*** *If you do not choose "yes" or "no" under the* ***Cover*** *column for each dependent listed, we will assume you* ***do not*** *want to cover that dependent(s) in Via Benefits.*

Name	Birth Date	Relationship	Gender		Disabled		Cover		Annual HRA Amount*
			F	M	Yes	No	Yes	No	

*Via Benefits will prorate for partial year

Part 4 – Plan Sponsor Authorization

Plan sponsor signature__________________________________ Date ____________________