



# MissionSquare Retirement Health Savings (RHS)

## Plan Request for Automated Payment of Insurance Premiums

Employer Plan Number: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

I authorize the employer group listed above to notify MissionSquare Retirement c/o Meritain Health to begin and make necessary monetary changes to automatic reimbursement(s) of my health, dental, and vision insurance premiums on my behalf, paid to me on a monthly basis.

I would like recurring payments to begin for the coverage effective (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

I understand that I am eligible to be reimbursed until I no longer pay qualifying premiums or my balance is depleted, whichever comes first.

I understand if I ever obtain insurance premiums outside of the employer group (e.g. through the Marketplace, or becoming Medicare eligible) it is my responsibility to request reimbursement of those insurance premiums, and to submit the proper documentation to be reimbursed.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_