



**Participant Information**

Employer Name \_\_\_\_\_  
 Employee Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Last Middle  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Day Telephone ( ) \_\_\_\_\_  
 Pay Frequency \_\_\_\_\_ Other \_\_\_\_\_  
 Email Address\* \_\_\_\_\_ Hire Date \_\_\_\_\_ Hours worked/week \_\_\_\_\_  
\*Email address is mandatory, account access is provided to participants through this address.  
 Gender (Please select one): Male Female Marital Status (Please select one): Married Single

**Enrollment**

Cause for Enrollment  Open Enrollment  New Hire  Status Change (marriage/birth/divorce/death)  
 Type of Coverage  Single  Family  Limited Family

**Dependent Information**

First Name	Last Name	Birth Date	Relationship	Gender (M or F)

Per IRS regulations, any expenses you incur must be within the plan year. Expenses you incur may not be reimbursed by any other source, such as insurance; You must provide proper documentation to receive payment. You cannot change or revoke your election during the plan year unless there is a specific change of status and your employer allows such changes.

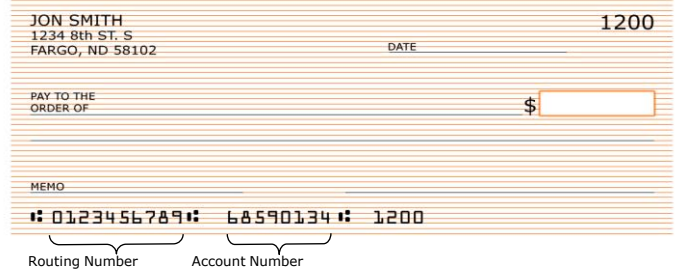
**Participant Banking Information**

Bank Name \_\_\_\_\_ Account Type  Checking  Savings  
 Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(This account information is used so that claim repayments can be made by direct deposit. If Banking information is not provided then repayments for items not purchased with the benefit debit card will be made via a paper check, mailed to the participant address listed in section one )

I hereby certify the information provided on this form is accurate. Further, I understand my completion and submission of this form authorizes Vimly Benefit Solutions to issue payment directly to the specified account unless I notify them otherwise.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_



**Employer Information (employer completes this section)**

Plan Effective Date \_\_\_\_\_ Termination Date \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy  
 HRA Annual Individual Total \$ \_\_\_\_\_ HRA Annual Family Total \$ \_\_\_\_\_  
 This is the amount the employer will fund in the current plan year per employee, and then per dependent

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

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_