



BLUE CROSS BLUE SHIELD OF ALASKA

PERSONAL FUNDING ACCOUNT ENROLLMENT AND CHANGE APPLICATION

P. O. Box 91059
Seattle, WA 98111-9159

Employer completes this section. All fields are required.

General Information				
Group Number	Group name	<input type="radio"/> New <input type="radio"/> Change	Employee class (if multiple)	Employee date of hire MM/DD/YYYY
Enrollment reason	Date of event MM/DD/YYYY	Enrollment reason date – select one	Plan start date MM/DD/YYYY	
		<input type="radio"/> Same as hire date <input type="radio"/> Other date: _____		

Employee completes the rest of the form. All fields are required.

Employee information				
Employee last name	Employee first name	Area code & phone number	Email address	
Mailing address		City	State	ZIP code
Social Security number – required	Gender – select one	Date of birth MM/DD/YYYY	Is Premera also your medical carrier?	
	<input type="radio"/> Male <input type="radio"/> Female		<input type="radio"/> No <input type="radio"/> Yes – please provide your Premera member identification number: _____	
Primary language – select one	Race/Ethnicity – select all that apply (optional)			
<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> White			

Funding account elections

Plan choices	Employee's annual election amount	Employer's annual election amount
<input type="checkbox"/> Health Flexible Spending Account (Health FSA) Please choose appropriate health plan coverage: <input type="radio"/> I am also enrolled in a Standard Medical plan (PPO) <input type="radio"/> I am also enrolled in a Qualified High Deductible Health plan	\$	\$
<input type="checkbox"/> Dependent Care Flexible Spending Account (DCFSA)	\$	\$
<input type="checkbox"/> Health Savings Account (HSA) Note: HSA may be provided by ConnectYourCare, LLC (the "Custodian"). Premera is not affiliated with the Custodian. Your employer should provide you with the Custodian's terms and conditions. You should review and understand these prior to signing this application.		
<input type="checkbox"/> HSA on Demand (for self-insured, if applicable)		\$
<input type="checkbox"/> Health Reimbursement Arrangement (HRA)		\$
<input type="checkbox"/> Retirement Reimbursement Account (RRA)		\$

Employee signature

In applying for enrollment as indicated on this application, I declare that all the information on this form is true and complete to the best of my knowledge. I also declare that each person I am requesting enrollment for is eligible for coverage. I have read and understand the provisions as stated in the Notices section of this document. The changes on this form supersede all previous forms submitted.

INSTRUCTIONS: Return your completed *Personal Funding Account Enrollment and Change Application* to your employer.

Employee signature	Print name	
X _____	Print title	Date signed MM/DD/YYYY

Notice of availability and nondiscrimination 800-508-4722 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Hu thov kev pab txhais lus pub dawb thiab lwm yam khoom pab dawb thiab kev pab cuam ua tsim nyog.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Vala'au mo auaunaga tau fesoasoani mo gagana e leai ni tologi ma fesoasoani fa'aopo'opo talafeagai ma auaunaga.

ไทเพื่อรับການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ໝາະສົມແບບບໍ່ເສຍຄ່າ.

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

Tumawag para kadagiti libre a serbisio iti tulong iti pagsasao ken dagiti nakanada nga aid ken serbisio iti komunikasion.

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

Звертайте за безкоштовною мовною підтримкою та відповідними додатковими послугами.

ติดต่อขอบริการช่วยเหลือด้านภาษาฟรีพร้อมความช่วยเหลือและบริการอื่น ๆ เพิ่มเติม

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. Premera Blue Cross Blue Shield of Alaska (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.