Cincinnati Retirement System
HRA Enrollment Form

EMPLOYER INFORMATION

Employer Name: Cincinnati Retirement System

Please mail, e-mail or fax completed form to:

Cincinnati Retirement System
801 Plum Street, Suite 328
Cincinnati, OH 45202

Fax: 513-352-1520

For questions, contact CRS at 513-352-3227 or CRSHealthcare@cincinnati-oh.gov

I am enrolling in the CRS HRA for (Please check one): ☐Single ☐Family

PARTICIPANT INFORMATION

Retiree Name:	Birthdate:	Hire Date:
Social Security No:	Gender: ☐M ☐F	Date Eligible for CRS HRA:
Home Street Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		

SPOUSE INFORMATION

Spouse Name:	Birthdate:	Gender: ☐M ☐F
Social Security No:	Spouse's Employer:	

DEPENDENT INFORMATION: (Attach a separate sheet if additional space is needed for additional dependents)

Name:	Date of Birth:	Gender: ☐Male ☐Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐Male ☐Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐Male ☐Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐Male ☐Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐Male ☐Female
Social Security No:		

PARTICIPANT AUTHORIZATION

* If the other coverage is a HDHP and your spouse is not enrolled in the CRS HRA, your spouse may contribute to the HSA and use the HSA funds. The HSA funds CANNOT be used for medical expenses for members enrolled in the CRS HRA. All members may use the HSA funds for dental and/or vision as long as those expenses are not covered by the CRS HRA. Also, if your primary health coverage is through Medicare, Tricare, VA health care, or Medicaid, you are not eligible for the CRS HRA.

I hereby authorize my employer to enroll me into the employer sponsored CRS HRA. I agree to comply with the terms and conditions of the plan. You may be prosecuted for fraud for knowingly using health insurance benefits for which you are not eligible. It is YOUR responsibility to know when you or a family member is no longer eligible for CRS HRA benefits.

Retiree Signature: **Date:**