

PSSU LOCAL UNIT HEALTH AND WELFARE FUND

Health Reimbursement Arrangement (HRA)

RETIREE VERIFICATION FORM

Please complete and return this form with your **first** Health Reimbursement Arrangement (HRA) Claim Form. Your claim will not be processed without this form. **After submitting this form with your first claim, you will not need to send in another copy.**

Name (Please Print)

Social Security

Address

City

State

Zip

Phone Number

- 1) Date of your retirement: _____
- 2) What was your age on the date of your retirement? _____
- 3) How many years of credited service do you have with Bucks County per the Bucks County Employees Retirement System? _____

Requirements To Be Eligible:

At 55 years of age, you must have 20 years credited service with Bucks County.

At 60 years of age or older, you must have 10 years of credited service with Bucks County.

- 4) How many consecutive years have you been a member of the PSSU/SEIU 668 Collective Bargaining Unit immediately prior to retirement? _____

Requirements To Be Eligible:

At 55 years of age, you must have 15 consecutive years as a member with PSSU/SEIU 668 immediately prior to retirement.

At 60 years of age or older, you must have 10 consecutive years as a member with PSSU/SEIU 668 immediately prior to retirement.

- 5) If you are eligible for Medicare, have you enrolled in Medicare Part A and Part B?

- 6) If you are not yet eligible for Medicare, are you enrolled under your Spouse's group health plan if such coverage is available to you or any other group health plan available to you on account of your active employment? _____

Retiree Signature

Date