

ICHRA EMPLOYEE ENROLLMENT FORM

Only used for **NEW** employees being added to existing groups if Census spreadsheet is **NOT** submitted.

(Group Name) has established an Individual Coverage Health
Reimbursement Arrangement Plan ("ICHRA Plan") to help employees pay a portion of their individual health insurance premiums. Please read and complete the form below to indicate your participation in ICHRA.

	(First)	(Middle)	// -	-4\	
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Birthdate	Gender	Social Secu	ity Number		
Physical Address		City	State	Zip	
Billing Address		City	State	Zip	
(If different then physical a	address)				
Phone Number		Email Address			
Individual enrollment comp	olete Yes No Typ	pe of coverage Individua	I ACA Medicare I	Medicare Supplement P	
If No, please provide the in	formation below:				
SEP Date		Are you covered by Medicare Yes No			
Individual ACA Plan Selec	eted		US Citiz	en US National	
marriadar, to, triam conco	<u> </u>				
Preferred Method of Comm	nunication	Are you enr	olling any dependent on you	r health plan	
	nunication erage with another Carrier, plea			r health plan	
If you have Individual cove	rage with another Carrier, plea	se provide the below informa		r health plan	
If you have Individual cove Coverage type: Ou	erage with another Carrier, plea	se provide the below informate. Other Carrier	ation:	r health plan	
If you have Individual cove Coverage type: Ou	rage with another Carrier, plea	se provide the below informate. Other Carrier	ation:	r health plan	
If you have Individual cove Coverage type: Ou Name of Carrier:	erage with another Carrier, plea	se provide the below informate	ation:		
If you have Individual cove Coverage type: Ou Name of Carrier: If you have one of these ty reimbursed.	erage with another Carrier, plea ut of State	e Other Carrier uired to submit proof of payr	nation:	Enrollment@paisc.com to be	
If you have Individual cove Coverage type: Ou Name of Carrier: If you have one of these ty reimbursed. Applicant's Signature	erage with another Carrier, plea	e Other Carrier uired to submit proof of payr	nent each month to <u>ICHRA.</u>		

^{*}By submitting this Enrollment Form, you permit Planned Administrator's Inc. (PAI) to draft the Group's bank account for the ICHRA contribution amount.