



1995 E. Rum River Dr. S., Cambridge, MN 55008  
 Metro: 763-552-6053 | Toll Free: 888-507-6053  
 Fax: 763-552-6055 | www.aviben.com  
 A Division of Educators Benefit Consultants, LLC ("EBC")

## Health Reimbursement Arrangement Employee Enrollment Form

<i><b>PARTICIPANT INFORMATION</b></i>			
Name:		Social Security Number:	
Home Street Address:		Phone:	
City, State, Zip:		Date of Birth:	
Date of Hire:	Date of Retirement/ Separation:	Medicare Status:	Eligible Enrolled
Employer:		Union Employee:	Yes    No
E-mail Address:		Marital Status:	Single Married
<i><b>SPOUSAL INFORMATION</b></i>			
Name:		Social Security Number:	
Home Street Address:			
City, State, Zip:		Date of Birth:	
<i><b>DEPENDENT INFORMATION</b></i>			
Name:	Birthdate:	Social Security Number:	
Name:	Birthdate:	Social Security Number:	
Name:	Birthdate:	Social Security Number:	
Name:	Birthdate:	Social Security Number:	
Name:	Birthdate:	Social Security Number:	
<i><b>Signature and Date</b></i>			
Signature:		Date:	