



# VEBA Plan Change Form

Use this form to change your VEBA enrollment.

\*=Required Fields

## Step 1: Accountholder Information

\*Participant Name (First, MI, Last)

\*Social Security Number

\*Employer Name

Employee ID

\*Birth Date (mm/dd/yyyy)

## Step 2: Plan Change

Select one of the below options. Note: You will remain enrolled in the selected plan until or unless you submit a new form.

**Freeze my VEBA.** I understand I will be unable to file claims for services incurred while my plan is frozen. Choose this option if you want to save your VEBA funds and reimburse expenses from your other plan(s) instead.

**Enroll in a Combination VEBA.** This plan reimburses dental, vision, and preventive care expenses until you meet the IRS Statutory Deductible. Once you meet the IRS Statutory Deductible, submit the Deductible Verification Form, available in your online account, to convert your plan to reimburse all Section 213(d) expenses.

**Enroll in a Full VEBA.** This plan reimburses all Section 213(d) expenses. You cannot be enrolled in a Full VEBA and also contribute to an HSA during the same period.

## Step 3: Effective Date of Plan Change

Changes cannot be retroactive and will be effective the date WEX receives your form or the date you provide below, whichever is later. Note: A request to freeze your VEBA or change to a Combination VEBA must be effective before HSA contributions can be made. WEX recommends that you consult with a tax advisor to determine your eligibility to contribute to an HSA upon the effective date of the change.

\*Date of plan change (mm/dd/yyyy)

## Step 4: Participant Authorization

To the best of my knowledge, all of the information provided on this form is accurate, and I certify I am eligible for the plan in which I'm enrolling.

\*Signature

\*Date