



VEBA Plan Change Form

Use this form to change your VEBA enrollment.

*=Required Fields

Step 1: Accountholder Information

*Participant Name (First, MI, Last)

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*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.

☐ **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.

Step 3: Effective Date of Plan Change

Provide the effective date of the plan change. Changes cannot be retroactive. Note: A request to freeze a VEBA must be effective on or before the start of the plan year to be eligible to contribute to an HSA during the frozen period.

*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