

CRS HRA ENROLLMENT FORM

EMPLOYER INFORMATION

Employer Name: Cincinnati Retirement System

Please mail, email or fax completed form to:

Catilize Health®
2605 Nicholson Road, Suite 1140
Sewickley, PA 15143

Email: memberservices@catilizehealth.com
Telephone: 877-872-4232
Toll Free Fax: 877-599-3724

I am enrolling in the MERP for (please check one):

☐ Self Only

☐ Self & Children

☐ Children Only

☐ Spouse Only

☐ Self & Spouse

☐ Self & Family

☐ Spouse & Children

PARTICIPANT INFORMATION

Name:

D.O.B:

Hire Date:

Social Security #:

Gender: ☐ M ☐ F

Eligibility Date:

Home Street Address:

City:

State:

Zipcode:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

SPOUSE INFORMATION

Name:

D.O.B:

Gender: ☐ M ☐ F

Social Security #:

Spouse Employer:

DEPENDENT INFORMATION (attach a separate sheet if additional space is needed)

Name:	D.O.B:	Gender: ☐ M ☐ F
Social Security #:		
Name:	D.O.B:	Gender: ☐ M ☐ F
Social Security #:		
Name:	D.O.B:	Gender: ☐ M ☐ F
Social Security #:		
Name:	D.O.B:	Gender: ☐ M ☐ F
Social Security #:		
Name:	D.O.B:	Gender: ☐ M ☐ F
Social Security #:		
Name:	D.O.B:	Gender: ☐ M ☐ F
Social Security #:		

PARTICIPANT AUTHORIZATION

* If the other coverage is a HDHP and your spouse is not enrolled in the CRS HRA, your spouse may contribute to the HSA and use the HSA funds. The HSA funds CANNOT be used for medical expenses for members enrolled in the CRS HRA. All members may use the HSA funds for dental and/or vision as long as those expenses are not covered by the spouse. Also, if your primary health coverage is through Medicare, Tricare VA health care, or Medicaid, you are not eligible for the CRS HRA.

I hereby authorize my employer to enroll me into the employer sponsored CRS HRA. I agree to comply with the terms and conditions of the plan. You may be prosecuted for fraud for knowingly using health insurance benefits for which you are not eligible. It is YOUR responsibility to know when you or a family member is no longer eligible for CRS HRA benefits.

Retirees Signature:	Date:
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