



Miami Nation

P.O. Box 1326
Miami, OK 74355
Phone: 918.541.1300

Health Limited HSA Plan

Initial Enrollment Request for 2020-2021 Tribal Member – Individual

Instructions:

1. If you are enrolled as a member of the Miami Nation, please complete this form. Please print and use ink.
2. Mail all completed forms in your packet and a copy of your Tribal Membership card to Miami Nation at the address above.
3. **You must include a copy of your Tribal Membership Card in order to be eligible for the Limited HSA Plan.**

TRIBAL MEMBER

Name (Last, First)	Birthdate (MM/DD/YYYY)	Tribal Membership Enrollment No. (REQUIRED-NOT CDIB)
Home Address (Street, City, State, Zip)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Please check ALL that apply: <input type="checkbox"/> Age 65 or over <input type="checkbox"/> 100% Permanent Disability (documented) <input type="checkbox"/> Veteran (must provide discharge papers) <input type="checkbox"/> Active Duty Military
Email address	Daytime Phone	

AUTHORIZATION

I am electing to participate in the Miami Nation Health Limited HSA Plan for the year of 2020-2021. I understand my enrollment in the Miami Nation Health Limited HSA Plan for 2020-2021 will end on September 30, 2021.

As a Miami Tribal Member and Health Limited HSA Plan participant, I certify that any expense paid with the debit card has not been reimbursed by any other health plan and I will not seek reimbursement under any other plan covering health benefits. I also agree to acquire and retain sufficient documentation of all claims and provide pertinent documentation to Bay Bridge Administrators when requested. If I should purchase items using my debit card that are not eligible expenses, I authorize the Miami Nation to collect the improper payment from my Health Limited HSA Plan money remaining in my account. If this option is unsuccessful, I understand that I will be denied access to the card's usage until the debt is paid by me.

Tribal Member Signature	Date
----------------------------	------

Please make sure all forms, i.e. "Consent and Release" are complete and you have included all the requested information. Incomplete forms will be returned and the processing of your benefit card will be delayed.

Remember to enclose a copy of your Tribal Membership Card.

Once you've enrolled should you have any questions concerning your account, please contact Bay Bridge Administrators, LLC at 800-845-7519, ask for 125 Department.

PLEASE READ - IMPORTANT INFORMATION**Look for your Debit Card in the Mail.**

Once enrolled for this plan year 2020-2021, you will receive a debit card for your use to purchase items shown on the List of Eligible Expenses. If you are a tribal member over 65, 100% disabled, on active military duty or a veteran the benefit amount on your debit card will be \$500. If you are over 65 or 100% disabled **and a veteran**, the amount on your debit card will be \$750.00. Your Debit Card will be mailed directly to your address entered on this form.

Keep your Debit Card.

Please keep this card after using all of your available funds for the year. When you re-enroll for the following year, this same card will be re-loaded with additional funds.