



Loyola University Chicago

Retiree Health Reimbursement Account Form (RHRA)

To utilize this Retiree Health Reimbursement Account you must be at least 60 years old with 10 or more continuous years of full-time university service prior to your retirement date. Please complete and return this form the Benefits@luc.edu or fax to 312-915-7612 30 days prior to retirement. DO NOT SEND VIA USPS OR CAMPUS MAIL

Retirement Information PLEASE PRINT CLEARLY

Employee Last Name	First Name	M.I.	Date of Birth	Employee ID
Permanent Residence Street Address	Apt/Unit	City	State	Zip
Phone Number	Personal Email Address	Adjusted Hire Date	Retirement Date	

Retiree Health Funding Option

I elect a Retiree Health Reimbursement Account that I may use to receive reimbursement for eligible healthcare expenses. I understand I may reduce my account balance for any qualified medical expenses including; Medicare/Medigap premiums, a spouse's plan, or any other health care coverage. When the account is depleted. I am responsible for paying 100% of any future healthcare costs.

The current value of my Retiree Health Account is: \$ _____

Surviving Spouse Designation

I am not married.

I am married. I understand that upon my death, my spouse is entitled to the Health Reimbursement Account as long as my spouse does not re-marry. My surviving spouse designation is as follows:

Spouse's Last Name	First Name	M.I.	Date of Birth	Full SSN
Spouse's Phone Number	Spouse's Personal Email Address			
Is spouse a Loyola Employee? If yes retiree accounts will be combined. <input type="checkbox"/> Yes or <input type="checkbox"/> No	If your spouse is a Loyola Employee which of you will be the primary account holder? <input type="checkbox"/> I will be primary account holder OR <input type="checkbox"/> My Spouse will be primary account holder			

Required Signatures

By signing below, I understand that my Retiree Health funding election is an irrevocable election, which means that I cannot change it in future years.

Retiree Signature

Date