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TrustSecure™ Suspension Election Form

In order to contribute to a health savings account (HSA), you must suspend your ability to receive reimbursements from your TrustSecure account for qualified medical expenses for a particular tax year. Complete this form if this situation applies to you.

Upon completion, fax the form to (763) 552-6055 or mail it to the following address:
Educators Benefit Consultants, LLC, 3125 Airport Parkway, NE, Cambridge MN 55008

I am currently enrolled in a high deductible health plan which qualifies as a high-deductible plan under Code Section 223(c)(2), which makes me eligible to contribute to a health savings account. In order to be eligible to contribute to my health savings account, I understand that I must suspend my eligibility to be reimbursed for qualified medical expenses from my TrustSecure account.

By completing this form, I hereby suspend my ability to receive reimbursements from my TrustSecure account for qualified medical expenses incurred during the upcoming tax year, beginning on January 1, 20____, and ending on December 31, 20____.

I understand that:

- By suspending my TrustSecure account for the upcoming tax year, I will not be able to receive reimbursements from my TrustSecure account for any qualified medical expenses incurred by myself, my spouse, or my dependent(s) during the tax year (except as described below), regardless of whether I submit those medical care expenses during the upcoming tax year or any other tax year.
- I will still be able to be reimbursed for any qualified medical expenses incurred during the upcoming tax year that are related to dental or vision expenses.
- I will still be able to be reimbursed for any qualified medical expenses incurred in the tax year before my suspension election becomes effective.
- My employer will continue to contribute to my TrustSecure account during the upcoming tax year.
- I may not modify or revoke this form during the upcoming tax year.
- I must complete this form and return it to Educators Benefit Consultants by fax or mail before January 1 of the year for which I am requesting suspension.

Participant name (please print)

Social Security No.

Participant signature

Date

For EBC Use Only

RECEIPT OF FORM	Form received: ____/____/____	INITIALS:
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TrustSecure is administered on behalf of the WEA Trust by:
Educators Benefit Consultants, LLC, 3125 Airport Parkway, NE, Cambridge MN 55008
Toll-free: (888) 507-6053 Fax: (763) 552-6055 Web site: weatrustsecure.com