**Sample Funded HRA / VEBA recurring individual premium request form.**

1. One form for each person requesting a recurring premium – one for the ppt and one for the spouse/listed dependent
2. One form with a total of the premium, but the total requested must be supported by the premium docs that they are attaching/supply.
   1. Docs need:
      1. PPT/Insured’s name
      2. Name of Insurance Carrier – example:  Medicare, BCBS, Aetna, etc.
      3. Premium amount
      4. Premium date – example, if ppt is requesting reimbursement for premium in 2021, the supporting doc should show a premium that is due within the 2021 plan year.

