



# HARRISON TRUST

A FAMILY HEALTH PLAN  
WWW.HARRISONBENEFITS.ORG

**Harrison Trust Flex Plan**  
**Automatic Reimbursement from Medical Reimbursement Account Opt-In Form**

The Harrison Electrical Trust Fund encourages you to opt-in for automatic reimbursement from your Flex Medical Reimbursement Account for medical and dental claims processed through the Harrison Trust Health insurance. By filling out and signing below you are authorizing the Trust to automatically request reimbursement from your Harrison Flex Medical Reimbursement Account. Funds will be mailed to you by check weekly, if you or your Dependents have had claims processed with out of pocket costs. If you want to further expedite the reimbursement process, please sign up for direct deposit.

Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

- ☐ **By checking the box, you are opting into automatic reimbursement and confirm that you have no other insurance coverage outside of Harrison.**

The undersigned participant ("Participant") hereby authorizes and directs the Administrative Office for the Harrison Electrical Trust Fund Flex plan ("Plan"), to automatically process, weekly reimbursement from my Flex Medical Reimbursement Account. Said funds shall be in full payment, satisfaction, and discharge of amounts due Participant under the Plan.

This authority is to remain in full force and effect until the Harrison Electrical Trust Fund has received written notification from me of its termination in such time and in such manner as to afford the Harrison Electrical Trust Fund.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructions for returning the form to the Trust office:**

- Upload the signed form to the SECURE portal on the Harrison Trust website  
[www.harrisonbenefits.org](http://www.harrisonbenefits.org)
  - Login with your unique ID and Password
  - Click on Member Benefit
  - Click on Documents to Submit
- Mail into the Trust  
**PMB #116 5331 S Macadam Avenue, Suite 258**  
**Portland, OR 97239**
- Fax to the Trust Office: 503-208-9223

Opt In- Medical Flex\_04.2025  
Route to Specialty Claims Department