



HARRISON TRUST
A FAMILY HEALTH PLAN
WWW.HARRISONBENEFITS.ORG

**HARRISON ELECTRICAL WORKERS TRUST FUND HEALTH PLAN RESERVE
ACCOUNT SHARING DONATION FORM**

The purpose of the Health Plan Reserve Account Sharing Policy (the Policy) is to permit Participants of the Harrison Electrical Workers Trust Fund Active Employee Plan (the Plan) to assist other Participants who would lose coverage under the Plan but for receiving transferred credit dollars from other Participants.

The minimum donation of credit dollars is equal to 40 hours of contributions. The maximum amount that may be donated is equivalent to three months (13 weeks) of coverage. Donations are made in one-week increments. The maximum cumulative amount that may be donated in a lifetime is 13 weeks.

Instructions: Please list your name, as the donor of reserve credits, the amount you wish to donate and the person whose reserve account is to receive your donated reserve credits. Then sign the acknowledgment below and return to the Administrative Office.

Print Donor Name: _____

Last 4 Digits of SSN: _____

Donated Amount: _____

Print Recipient Name: _____

Acknowledgment I am the above Donor of a portion of my Plan reserve account. I have received and read the Health Plan Reserve Account Sharing Policy and agree to the terms of the Policy. I am affirming that I have not received anything of value in exchange for the donated credits. I understand that this donation is permanent, that the credits will be placed in the Recipient's reserve account, and I will not be able to request a return of the donated credits to my reserve account.

Signed: _____

Date: _____