



NORTHERN CALIFORNIA SHEET METAL WORKERS HEALTH CARE PLAN
APPLICATION FOR HRA ACCOUNT BALANCE TRANSFERS

PLEASE READ CAREFULLY

INSTRUCTIONS:

1. If you have a Health Reimbursement Account (HRA) with a remaining balance, you may request to transfer out the account balance to an inter-district HRA account. You may also transfer into your District 2 HRA a balance from another inter-district HRA.
2. Please answer all questions applicable as this will avoid delay, in processing your application. **Please print all information.**
3. Please send the completed application and requested information to:

NORTHERN CALIFORNIA SHEET METAL WORKERS HEALTH CARE PLAN
P.O. Box 1677 San Ramon, CA 94583

PERSONAL DATA:

Name: _____
Last First Middle Initial

Address: _____
Street

City State Zip Code

Social Security No. _____ Phone No. _____

Date of Birth: _____

Transfer

Transfer HRA balance to an inter-district HRA
Inter-District HRA name: _____

Transfer inter-district HRA into District 1 HRA
Inter-District HRA name: _____

Please indicate the dollar amount of your transfer request: \$_____.

I hereby certify that all information contained in this application and the documents provided to support this application are true and correct.

Signature

Date