SIHRA Enrollment Form

EMPLOYER INFORMATION

Employer Name: Laitram

Please mail, e-mail or fax completed form to:

Catilize Health
2605 Nicholson Road, Suite 1140
Sewickley, PA 15143

Email: memberservices@catilizehealth.com
Telephone: 877-872-4232
Toll Free Fax: 877-599-3724

I am enrolling in the SIHRA for (Please check one): ☐ **Self Only** ☐ **Self & Child(ren)** ☐ **Child(ren) Only**
☐ **Spouse Only** ☐ **Self & Spouse** ☐ **Self & Family** ☐ **Spouse & Child(ren)**

PARTICIPANT INFORMATION

Employee Name:	Birthdate:	Hire Date:
Social Security No:	Gender: ☐M ☐F	Date Eligible for SIHRA:
Home Street Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		

SPOUSE INFORMATION

Spouse Name:	Birthdate:	Gender: ☐M ☐F
Social Security No:	Spouse's Employer:	

DEPENDENT INFORMATION: (Attach a separate sheet if additional space is needed for additional dependents)

Name:	Date of Birth:	Gender: ☐Male ☐Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐Male ☐Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐Male ☐Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐Male ☐Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐Male ☐Female
Social Security No:		

PARTICIPANT AUTHORIZATION

* If the other coverage is a HDHP and your spouse is not enrolled in the SIHRA, your spouse may contribute to the HSA and use the HSA funds. The HSA funds CANNOT be used for medical expenses for members enrolled in the SIHRA. All members may use the HSA funds for dental and/or vision as long as those expenses are not covered by the SIHRA. Also, if your primary health coverage is through Medicare, Tricare, VA health care, or Medicaid, you are not eligible for the SIHRA.

I hereby authorize my employer to enroll me into the employer sponsored SIHRA. I agree to comply with the terms and conditions of the plan. You may be prosecuted for fraud for knowingly using health insurance benefits for which you are not eligible. It is YOUR responsibility to know when you or a family member is no longer eligible for SIHRA benefits.

Employee Signature: **Date:**

©Catilize Health® All Rights Reserved