

RETIREE BENEFIT ENROLLMENT FORM

☐ New enrollment ☐ Mid-year change ☐ Open enrollment

A. PERSONAL INFORMATION

Retiree name: _____ DMBA ID number: _____

Medicare number: _____ Social Security number: _____

Birth date: _____ Phone: _____ Email: _____

Home address: _____

City: _____ State: _____ ZIP code: _____

Mailing address (if different): _____

City: _____ State: _____ ZIP code: _____

Marital status: ☐ Married ☐ Widowed ☐ Single ☐ Divorced Sex: ☐ Male ☐ Female

B. CHOOSING YOUR BENEFITS

CHOOSE WHO TO ENROLL:

☐ Myself ☐ Myself and one dependent ☐ Myself and two or more dependents

IF YOU OR YOUR DEPENDENTS ARE ELIGIBLE FOR MEDICARE, CHOOSE YOUR MEDICAL PLAN:

☐ Deseret Alliance ☐ Kaiser Senior Advantage Hawaii* ☐ Kaiser Senior Advantage California*

IF YOU OR YOUR DEPENDENTS ARE NOT ELIGIBLE FOR MEDICARE, CHOOSE YOUR MEDICAL PLAN:

Preferred Provider Organization: ☐ DMBA PPO 90 ☐ DMBA PPO 70 ☐ Deseret Choice Hawaii*

High Deductible Health Plan (HSA eligible): ☐ DMBA HSA 80⁺ ☐ DMBA HSA 60⁺

Outside Health Maintenance Organization: ☐ Kaiser of California*

* Plan availability based on location. If you choose Kaiser, please complete the appropriate Kaiser application for where you live.

⁺ For more information about HSA-eligible plans, see the attached document.

CHOOSE YOUR VISION PLAN:

☐ VSP *with* an annual eye exam ☐ VSP *without* an annual eye exam ☐ Waiving vision

Check the box if you wish to waive medical benefits:

☐ I wish to waive medical benefits. (If you are eligible, you will retain your Retiree Group Term Life.)

I understand I may not apply for medical benefits later, except in certain circumstances.

C. DEPENDENT INFORMATION

For dependent coverage, complete the following information. List your spouse and all legal dependents from oldest to youngest. **If you omit any dependents or don't add new dependents, they will not be covered.**

RELATIONSHIP TO EMPLOYEE	NAME (FIRST, MIDDLE INITIAL, LAST)	BIRTH DATE (MM/DD/YYYY)	SEX	SOCIAL SECURITY NUMBER (REQUIRED)
S – Legal Spouse N – Natural or Adopted Child SC – Stepchild MC – Married Child GC – Grandchild O – Other (Specify in comments)			M F	
			M F	
			M F	
			M F	
			M F	
			M F	
			M F	
			M F	
			M F	

D. OTHER MEDICAL COVERAGE

Are you or your dependents covered by any medical plan other than a DMBA plan? ☐ Yes ☐ No

If yes, provide the following information:

Carrier name: _____

Carrier address: _____

Carrier telephone number: _____

Policy holder: _____

Policy number: _____

E. BENEFICIARY INFORMATION

To designate your primary and alternate beneficiaries for life benefits, complete a [Beneficiary Form](#) or log onto www.dmba.com.

F. WAIVER OF BENEFITS (SIGN ONLY IF YOU REJECT ALL BENEFITS)

I understand the benefits of this program include medical coverage and Group Term Life. I choose not to participate in these benefits for myself and my dependents and hereby waive such coverage. **I also understand that in waiving this coverage, I am not eligible to enroll at a later date.**

Your name (please print): _____

Signature: _____ Date: _____

G. RETIREE AUTHORIZATION

By completing this enrollment application, I agree to the following:

PREMIUM DEDUCTION: I hereby apply for the benefits specified and authorize the deduction of my portion of the premiums from my Master Retirement Plan benefit. If my Master Retirement Plan benefit is not large enough to cover the premium, I'll be billed individually for this coverage and agree to pay the premium to DMBA. I understand the benefits of this program, including the various options and conditions given herein.

ELIGIBILITY REQUIREMENTS: Because Deseret Alliance is a Medicare supplement plan, you must be properly enrolled in both Medicare Part A and Part B. In other words, you're covered by Medicare and you also receive Deseret Alliance benefits after Medicare pays. Medicare is your primary coverage and Deseret Alliance is your secondary coverage. But remember, while the plan is designed to work with Medicare Parts A and B, it is not intended to pay all amounts Medicare does not cover. Deseret Alliance is not a "Medigap" plan.

INFORMATION RELEASE: The information on this enrollment form is correct to the best of my knowledge. If I intentionally provide false information on this form, I'll be disenrolled from the plan. My signature on this application (or the signature of the person authorized to act on my behalf under the laws of the state where I reside) means I have read and understand the contents of this application. If signed by an authorized individual as described above, this signature certifies that: 1) this person is authorized under state law to complete this enrollment, and 2) documentation of this authority is available upon request by DMBA or by Medicare.

Your name (please print): _____

Signature: _____ Date: _____

Your spouse's name (please print): _____

Signature: _____ Date: _____

If you are an authorized representative, provide the following information:

Name: _____

Address:

Telephone number: _____ Relationship to enrollee: _____

H. COMMENTS

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Please return this completed form to enrollmenthelp@dmba.com. You may also mail it to DMBA, Attention: Member Services, P.O. Box 45530, Salt Lake City, UT 84145-0530 or fax it to 801-578-5933. For questions, visit www.dmba.com or call us at 801-578-5600 or 800-777-3622.

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HEALTH SAVINGS ACCOUNT



A Health Savings Account (HSA) is available to participants who enroll in DMBA HSA 80 or DMBA HSA 60. An HSA allows you to set aside money before taxes are deducted to pay for qualified medical, dental, and vision expenses.

SPECIAL CONSIDERATIONS FOR YOU

Because of your employment status, you are eligible for an HSA but your participation is limited.

Paid Leave of Absence

- You can make contributions and receive employer contributions if you meet the eligibility requirements.
- If you are eligible to set up payroll deductions for your HSA, you may participate through DMBA's contracted provider, Alegeus.

Unpaid Leave of Absence

- You can make after-tax contributions from a personal account if you meet the eligibility requirements.
- You will not receive employer contributions to your account.

Disability

- You can make after-tax contributions from a personal account and receive employer contributions if you meet the eligibility requirements.

COBRA

- You can make after-tax contributions from a personal account if you meet the eligibility requirements.
- You will not receive employer contributions to your account.

Retired

- You can make after-tax contributions from a personal account if you meet the eligibility requirements (you must be younger than age 65 and not enrolled in Medicare).
- You will not receive employer contributions to your account.



Surviving Spouse

- You can make after-tax contributions from a personal account if you meet the eligibility requirements.
- You will not receive employer contributions to your account.

IRS RULES FOR HSAs

In 2026, the IRS will allow you and other contributors (such as a family member) to set aside up to \$4,400 combined for qualified expenses if you have health coverage just for yourself or \$8,750 combined if you have coverage for your family. Starting the year you turn 55, you can contribute an additional \$1,000 per year.

Not all healthcare expenses are qualified for reimbursement through an HSA. Qualified expenses include doctor visits, prescription medications, certain medical procedures, and medical plan deductibles, copayments, and coinsurance. Funds cannot be used to pay premiums for an employer-based medical plan (except under special circumstances). For guidance on HSA-qualified expenses, see [IRS Publication 969](#) and [IRS Publication 502](#).

To be eligible to contribute to an HSA, all of the following must be true:

- You cannot have an active healthcare Flexible Spending Account (FSA) or Health Reimbursement Account (HRA), including those of your spouse.
- You cannot be claimed as a dependent on someone else's tax return.
- You cannot be covered by other non-HSA eligible health insurance, including government-provided plans (e.g., Medicare, Medicaid, Tricare) or a spouse's non-HDHP plan.
- You must not have received certain types of care (broadly, care that is non-preventive and unrelated to your military service) from the Veterans Administration (VA) within the past three months, as this care is considered other health coverage.

While you are not required to submit substantiation documents to DMBA as with an FSA, you are responsible for maintaining physical or digital receipts and documents in the event you are audited by the IRS.

AVAILABILITY OF FUNDS

You can only be reimbursed from money that has been deposited to your account. If your claim exceeds the existing funds in your account, you cannot be reimbursed for the claim until more funds are deposited into your HSA.

If applicable, your employer may also contribute to your HSA. Employer contributions are made in equal installments throughout the year.

All funds in your HSA are yours to keep. Your balance rolls over from year to year, even if you change your job or health plan.

ACCESSING YOUR MONEY

If you are eligible to participate in an HSA through DMBA, you can access your HSA money through one of the following:



- **DMBA Benefits Card.** The DMBA Benefits Card works like a debit card but should only be used to pay for qualified expenses. You can present it wherever MasterCard is accepted—at the pharmacy, doctor's office, or other locations you incur qualified expenses. The amount will automatically be deducted from your HSA.

If you plan to use your card to pay your coinsurance, wait for DMBA to process the claim before you pay your healthcare provider. That way discounts can be calculated and applied before you take responsibility for your portion of the expense.

When you enroll in an HSA through DMBA, DMBA will send you a card automatically. You can request additional cards for your dependents. When the dependent's card arrives, you must call DMBA to link the card to your HSA before it can be used.

If we already sent you a card to use for Flexible Spending, you will not receive a new one until your current card expires.

- **DMBA FSA | HSA App.** Available in the [App Store](#) or [Google Play](#), this app allows you to manage your account, request reimbursements, submit claims, and more. After you download the app, enter DMBA as your employer and provide your DMBA ID (not your employee ID) to set up your account.
- **Online Portal.** Managed by Alegeus, this portal provides the same information and functions as the mobile app. Log in to www.dmba.com to access the portal via your dashboard.

PORTABILITY OF YOUR ACCOUNT

After turning 65, if you use your HSA funds for qualified healthcare expenses, they will remain tax free. If you use the funds for other purposes, they will be taxed as any retirement account, such as a 401(k). You can withdraw your HSA funds for any purpose without paying penalties.

If you change your job or health plan, you can keep your HSA open for up to 12 months or transfer it to another provider. You can continue to use it to pay for qualified medical expenses, even if you're no longer enrolled in an HSA-eligible plan. You can't make new contributions to the account if you are not enrolled in an HSA-eligible plan, but you can withdraw money tax-free for qualified expenses.

If you pass away, your HSA will go to your spouse to use tax-free for qualified medical expenses. If your designated beneficiary is not your spouse, the beneficiary must cash it out and pay applicable taxes.

THINGS TO REMEMBER

- If you are eligible to participate in an HSA through DMBA, please keep the following in mind:
- If you are contributing through payroll, your election will remain the same unless you request a change. You may change your contribution amount at any time and as often as you like. Any change you make will take effect on the next pay period.
- All reimbursements will be paid by direct deposit. When you set up your account, you must provide a bank account that can receive direct deposits.
- If you already have a DMBA Benefits Card, you will not receive a new one until your current card expires.

This document provides a brief description of benefits offered under the Deseret Healthcare Employee Benefits Plan. Full details are in the HSA summary information document. We have made every effort to accurately describe the benefits and ensure that information given to you is consistent with other benefit-related communications. If there is any discrepancy or conflict between the HSA summary information document and the information in this document, the terms outlined in the HSA summary information document will govern. To view the HSA summary information document, log in to www.dmba.com and send a request by secure message.