



**Southern California IBEW-NECA Health Trust Fund  
Health Reimbursement Arrangement (HRA)  
Administered by Coast Benefits, Inc.**



**ONE-TIME AUTHORIZATION OF HRA DEDUCTION FORM**

COBRA premiums for Continuation Coverage, Retiree Health Plan (RHP) self-payments and Buy-Up Program (Self-Payments) are permissible expenses payable through the Southern California IBEW-NECA Health Reimbursement Arrangement (HRA) account. Complete the authorization form to authorize the processing of a one-time COBRA, Retiree Health Plan Buy-Up Program Self-Payments using your HRA account funds. Contact Coast Benefits directly at (844) 739-7956 or visit the HRA web portal at <https://scibewneca.lh1ondemand.com> for additional assistance.

**A new authorization form must be completed for each month of COBRA, RHP, Buy-Up Program self-payment(s) you are requesting to be deducted from your HRA account.** If you do not have enough funds in your HRA account for the full amount due for the COBRA, RHP or Buy-Up Program self-payment, you must include the balance due with this form; or you can pay the full bill out-of-pocket and request a partial reimbursement from Coast Benefits. If additional funds are later contributed into your HRA account, you may re-submit the claim for additional reimbursement.

<b>PART 1: PARTICIPANT INFORMATION – YOU MUST COMPLETE PARTS 1-4 OF AUTHORIZATION FORM</b>				
FIRST NAME	MIDDLE INITIAL	LAST NAME	LAST 4 OF SOCIAL SECURITY NUMBER	
STREET ADDRESS – <b>DO NOT USE P.O. BOX</b>		APT #:	CITY	STATE ZIP CODE
DATE OF BIRTH	TELEPHONE NUMBER ( )			
<b>SIGNATURE REQUIRED</b>				
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE INFORMATION I PROVIDED ABOVE IS TRUE AND CORRECT. I AUTHORIZE MY ADDRESS AND PHONE NUMBER TO BE UPDATED, SHOULD THESE DIFFER FROM THE CURRENT INFORMATION ON FILE AT THE TRUST FUNDS OFFICE.				
PARTICIPANT SIGNATURE REQUIRED <b>X</b>			DATE SIGNED / /	
<b>INSTRUCTIONS ON COMPLETING PART 2 (BELOW)</b>				
1. Complete Part 2 (below), boxes A-C by reviewing your COBRA Election Form, Buy-up Program Election Form, Billing Statement or Retiree Health Plan Election Form. For further assistance, please contact the Southern California IBEW-NECA Administrative Trust Funds Office (323) 221-5861 or (800) 824-6935. 2. Enter amount to be deducted from your HRA account in box D. You may review your HRA balance at: <a href="https://scibewneca.lh1ondemand.com">https://scibewneca.lh1ondemand.com</a> . (Please see log-in instructions on the back of this form). You may also contact Coast Benefits at (844) 739-7956 to request log-in assistance and your HRA account balance information . 3. Complete box E by subtracting the amount from box C and D for remaining balance due. (If amount is other than zero, please mail your payment to the Southern California IBEW-NECA Trust Funds). The total amount due for your COBRA, RHP or Buy-up Program self-payment must be paid in full, in order to continue coverage.				
<b>PART 2: COBRA, RETIREE HEALTH PLAN OR BUY-UP SELF-PAYMENT INFORMATION</b>				
A. COVERAGE PERIOD:	B. COVERAGE TYPE: <input type="checkbox"/> COBRA <input type="checkbox"/> RHP <input type="checkbox"/> BUY-UP PROGRAM	C. TOTAL PREMIUM DUE:	D. HRA AMOUNT TO BE APPLIED:	E. REMAINING BALANCE DUE (C-D):
IS THIS A REOCCURRING CHARGE: <input type="checkbox"/> YES <input type="checkbox"/> NO      END DATE, IF APPLICABLE: _____				
NOTE: BENEFITS WILL <b>NOT</b> BECOME EFFECTIVE UNTIL PAYMENT IN FULL IS RECEIVED.				
<b>PART 3: HEALTH REIMBURSEMENT ARRANGEMENT (HRA) DEDUCTION AUTHORIZATION</b>				
PARTICIPANT INITIALS REQUIRED _____	I authorize a one-time deduction of the COBRA premium and/or Retiree Health Plan self-payment amount available from my Health Reimbursement Arrangement (HRA) account. A self-payment for any balance amount not satisfied by my HRA account will be mailed directly to the Administrative Trust Funds Office. The full COBRA , Retiree Health Plan and/or Buy-up self payment amount due must be paid timely to continue eligibility. <b>Partial payments are not acceptable and will be refunded. I understand I must complete a new deduction form for each additional payment.</b>			
<b>PART 4: PARTICIPANT'S SIGNATURE REQUIRED</b>				
PARTICIPANT'S SIGNATURE	PRINTED NAME		DATE SIGNED	



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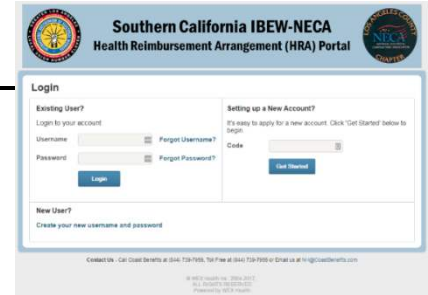
**ONE-TIME AUTHORIZATION OF HRA DEDUCTION FORM**

RETURN COMPLETED FORM TO:

**SOUTHERN CALIFORNIA IBEW-NECA ADMIN CORP**  
P.O. BOX 910918  
LOS ANGELES, CA 90091  
TELEPHONE: (800) 824-6935 OR FAX: (323) 726-3520

**Instructions for Logging into Your HRA Portal for the First Time**

- Go to <https://scibewneca.lh1ondemand.com>
- On the login screen, use the “Existing User” section on the left side of the screen
- Enter your username and password
- Click **Login**.



Your username is: **First Name Initial + Full Last Name + Last 4 digits of SSN** (example: *jsmith6789*)

The default password is: **Coast1** (case sensitive)

If you are unable to log in to the HRA portal, contact Coast Benefits, the third-party administrator hired by the Plan to process HRA benefits, at **(844) 739-7956**.

**Southern California IBEW-NECA HRA Portal Functions**

On the Southern California IBEW-NECA HRA Portal, you can:

- Manage your HRA Account, including checking your current balance;
- Request a check to your doctor or other medical provider; and
- Request a check sent to you for unreimbursed medical costs.

Your Mobile App – Log into the mobile app on your smart phone



**Get started with the SC IBEW-NECA HRA app in minutes.**



*Download the SC IBEW-NECA HRA app for your chosen device from the Apple App Store or Google Play and log in using the password you use to access the Health Reimbursement Arrangement consumer portal. Touch ID Log-In available for (iOS-Apple only) allows consumers to log into their Mobile App with only the touch of their finger.*