FIFTH THIRD BANK

administered by

CHARDSNYDER™ Benefit Solutions

Dependent Data Collection Form

If you are enrolled in an HRA and have additional covered family members on the plan, please complete this form and return it to your Human Resources Department.

Additional dependents may be added on the back of this form or by using an additional form.

Company Name	**Division** (if applicable)
PARTICIPANT INFORMATION – *Please Print Legibly*	
First Name	Gender ☐ Female ☐ Male
Last Name	Marital Status ☐ Married ☐ Single
Social Security Number	Medicare Beneficiary ☐ Yes ☐ No
Date of Birth (mm/dd/yyyy) / /	Medicare HICN (if applicable)
SPOUSE INFORMATION	
First Name	Gender ☐ Female ☐ Male
Last Name	Marital Status ☐ Married ☐ Single
Social Security Number	Medicare Beneficiary ☐ Yes ☐ No
Date of Birth (mm/dd/yyyy) / /	Medicare HICN (if applicable)
DEPENDENT INFORMATION	
First Name	Gender ☐ Female ☐ Male
Last Name	Marital Status ☐ Married ☐ Single
Social Security Number	Medicare Beneficiary ☐ Yes ☐ No
Date of Birth (mm/dd/yyyy) / /	Medicare HICN (if applicable)
DEPENDENT INFORMATION	
First Name	Gender ☐ Female ☐ Male
Last Name	Marital Status ☐ Married ☐ Single
Social Security Number	Medicare Beneficiary ☐ Yes ☐ No
Date of Birth (mm/dd/yyyy) / /	Medicare HICN (if applicable)
DEPENDENT INFORMATION	
First Name	Gender ☐ Female ☐ Male
Last Name	Marital Status ☐ Married ☐ Single
Social Security Number	Medicare Beneficiary ☐ Yes ☐ No
Date of Birth (mm/dd/yyyy) / /	Medicare HICN (if applicable)

PARTICIPANT AUTHORIZATION

I understand that the requested information is to assist Chard Snyder in accurately processing my HRA claims. Furthermore, I understand that this information may be needed to report to CMS if my plan meets requirements.

Signature	Date / /

REFUSAL TO PROVIDE REQUESTED INFORMATION

For the reason(s) listed below, **I have not provided the requested information**. I understand that if I am a Medicare beneficiary and I do not provide the requested information, I may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay my claims accurately and promptly. Furthermore, I understand that my HRA claims may not be accurately or efficiently processed by Chard Snyder without this requested information.

Reason(s)

Signature	Date / /

Additional Dependents

DEPENDENT INFORMATION	
First Name	Gender ☐ Female ☐ Male
Last Name	Marital Status ☐ Married ☐ Single
Social Security Number	Medicare Beneficiary ☐ Yes ☐ No
Date of Birth (mm/dd/yyyy) / /	Medicare HICN (if applicable)
DEPENDENT INFORMATION	
First Name	Gender ☐ Female ☐ Male
Last Name	Marital Status ☐ Married ☐ Single
Social Security Number	Medicare Beneficiary ☐ Yes ☐ No
Date of Birth (mm/dd/yyyy) / /	Medicare HICN (if applicable)

Dependent Data Collection And CMS Reporting (if applicable): Frequently Asked Questions

TERMINOLOGY

What is an HRA?

HRA stands for Health Reimbursement Arrangement and is an employer-funded plan designed to help employees pay for eligible healthcare expenses.

What is a Medicare HICN?

The Medicare Health Insurance Claim Number (HICN) is printed on the front of all Medicare cards. It is also known as the Medicare ID number. If no one in your family has ever participated in Medicare, you may ignore that section on the form. If you or a member of your family is currently or has ever been on Medicare, please provide the ID number from the card.

What is CMS?

CMS stands for the Centers for Medicare and Medicaid Services and is a federal agency that oversees the Medicare program for all eligible Health Reimbursement Arrangement (HRA) enrollees.

ADDITIONAL INFORMATION

Why am I being asked to provide this information?

Section III of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA) requires Chard Snyder to provide dependent data to CMS for anyone enrolled in a qualifying HRA.

Do I still need to complete the form if I don’t have anyone enrolled in Medicare?

Yes. Everyone who is enrolled in an HRA, like the one sponsored by your employer, must provide the requested information.

How will my family’s information be used?

Chard Snyder will only report your information to CMS if your HRA qualifies. The CMS agency will be used to help prevent Medicare from making payments in error. Any information reported to CMS will follow current HIPAA regulations.