



HARRISON TRUST
A FAMILY HEALTH PLAN
WWW.HARRISONBENEFITS.ORG

**HARRISON ELECTRICAL WORKERS TRUST FUND HEALTH
RESERVE ACCOUNT SHARING POLICY AND DONATION
TEMPORARY FORM**

DONATION FORM
EFFECTIVE JUNE 1, 2020 THROUGH DECEMBER 31, 2020

The purpose of the Health Plan Reserve Account Sharing Policy (the Policy) is to permit Participants of the Harrison Electrical Workers Trust Fund (Trust) Active Employee Plan (the Plan) to assist other Participants who would lose coverage under the Plan but for receiving transferred credit dollars from other Participants.

Effective June 1, 2020 through December 31, 2020 one-time donations can be made to assist other Participants who would lose coverage under the Plan.

The minimum donation amount is \$350 with the maximum being \$3,750. You may only donate banked credits. Donations are limited to one (1) donation during this period. You may name the recipient of your donation or let the Trust know you wish to donate, and the donation will go to other Participants who would lose coverage under the Plan that are asking for donations.

Forms must be submitted to the Trust Office by Noon on Thursday for Friday donation, and you will be notified when the donation is complete.

After donation a credit balance of at least one month of coverage must be available in your Reserve Account.

2020 Monthly Cost of Coverage		
Plan Type	#Hours	Cost of 1 Month of Coverage
Harrison Trust Medical	143	\$1250
Kaiser Medical	151	\$1315
Providence Medical	163	\$1420

Please complete the Donor Application on the next page and return to the Trust Office via fax or email:

Email: eligibility@harrisonbenefits.org

FAX: (503) 208-9227



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**RESERVE ACCOUNT SHARING DONOR APPLICATION
EFFECTIVE JUNE 1, 2020 THROUGH DECEMBER 31, 2020**

Print Donor Name: _____ Last 4 of SSN: XXX-XX- _____

Donor Email Address (if available) _____

Donation Amount (Minimum \$350/Maximum \$3750): \$ _____

Print Recipient Name: _____

No specific donation recipient, add my information to the donor list

Acknowledgment

I am the above Donor of a portion of my Plan Reserve Account. I am affirming that I have not received anything of value in exchange for the donated credits. I understand that this donation is permanent, that the credits will be placed in the Recipient's Reserve Account, and I will not be able to request a return of the donated credits to my Reserve Account. I understand that this is a one-time donation, and my donation is not subject to a permanent reduction in the maximum amount of credits that can accumulate in my Reserve Account.

Signed: _____ Date _____

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