

**IAFF MEDICAL EXPENSE REIMBURSEMENT PLAN**Administered by *Vimly Benefit Solutions*

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E: [IAFF-MERP@vimly.com](mailto:IAFF-MERP@vimly.com)[IAFFMERP.org](http://IAFFMERP.org)**IAFF MERP**  
MEDICAL EXPENSE  
REIMBURSEMENT PLAN

# Participant Data Form

**Instructions:** Use this form to update your personal information including your eligible dependents, mailing address, and any name changes.Return to the IAFF MERP Trust Office by email to [IAFF-MERP@vimly.com](mailto:IAFF-MERP@vimly.com).Personal information can also be updated by logging into your IAFF MERP Member Portal at [IAFFMERP.org](http://IAFFMERP.org).

Check One: <input type="checkbox"/> Dependent Change <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change					
Are you: <input type="checkbox"/> Active <input type="checkbox"/> Retired					
<b>EMPLOYER NAME (Current or Previous, if retired):</b>					
<b>PERSONAL INFORMATION:</b>					
Member Name:					- -
	<i>Last</i>	<i>First</i>	<i>MI</i>	Social Security Number	
Address:					
City:		State:		Zip:	Effective Date:
Phone:			Email:		
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Marital Status:	Date of Marriage/Divorce:		
<b>FAMILY MEMBER INFORMATION:</b>					
<b>Full Name</b>	<b>Birthdate</b>	<b>Relationship to Employee</b>	<b>Gender</b>	<b>SSN</b>	
1).		<input type="checkbox"/> Spouse	<input type="checkbox"/> M <input type="checkbox"/> F	- -	<input type="checkbox"/> Add <input type="checkbox"/> Delete
2).			<input type="checkbox"/> M <input type="checkbox"/> F	- -	<input type="checkbox"/> Add <input type="checkbox"/> Delete
3).			<input type="checkbox"/> M <input type="checkbox"/> F	- -	<input type="checkbox"/> Add <input type="checkbox"/> Delete
4).			<input type="checkbox"/> M <input type="checkbox"/> F	- -	<input type="checkbox"/> Add <input type="checkbox"/> Delete
5).			<input type="checkbox"/> M <input type="checkbox"/> F	- -	<input type="checkbox"/> Add <input type="checkbox"/> Delete
6).			<input type="checkbox"/> M <input type="checkbox"/> F	- -	<input type="checkbox"/> Add <input type="checkbox"/> Delete

\*If you have additional dependents, you may list them on the back of this form.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_