

# HRA VEBA Plan Contact Information



January 2016

## Employers

### Employer Help Desk:

1-888-659-8828 or [employercare@hraveba.org](mailto:employercare@hraveba.org)

Submit **Enrollment forms** via email or fax:  
[enroll@hraveba.org](mailto:enroll@hraveba.org) or (206) 577-3020

Submit all **other forms** via email or fax:  
[forms@hraveba.org](mailto:forms@hraveba.org) or (206) 577-3020

Submit **contribution reports** via email or fax:  
[admin@hraveba.org](mailto:admin@hraveba.org) or (206) 577-3020

Mailing address for all **paper forms, contribution reports, etc.**:  
HRA VEBA Plan  
PO Box 80587  
Seattle, WA 98108

Lockbox address for **paper checks only** (has not changed):  
HRA VEBA Trust Contributions  
PO Box 807  
Spokane, WA 99210

Online access:  
[www.hraveba.org](http://www.hraveba.org)

## Participants

### Customer Care Center:

1-888-659-8828 or [customercare@hraveba.org](mailto:customercare@hraveba.org)

Submit **Claim Forms** via email or fax:  
[claims@hraveba.org](mailto:claims@hraveba.org) or (206) 577-3020

Submit all **other forms** via email or fax:  
[forms@hraveba.org](mailto:forms@hraveba.org) or (206) 577-3020

Mailing address for all **paper forms, etc.**:  
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