**Health Reimbursement Arrangement Application**

|  |  |  |
| --- | --- | --- |
| Name | Soc. Sec. # | Date of Birth |
| Address | City | State  | Zip |
| Home Phone | Business Phone | E-Mail Address |

**Application and Agreement for Employer Contributions to HRAs**

|  |  |
| --- | --- |
| Company Name  | Tax ID# |
| Address  | City  | State | Zip Code |
| Contact Person  | Phone Number |
| **Designation of Beneficiary(ies):** If allowed by my employer, I hereby certify that if I die before distribu- tion has been completed, the value of my HRA shall be distributed to the Beneficiary(ies) named below. |
| Primary Name | Address | City, State, Zip Code |
| Percent | Soc. Sec. # | Relationship | Date of Birth |
| Primary Name | Address | City, State, Zip Code |
| Percent | Soc. Sec. # | Relationship | Date of Birth |
| Contingent Name | Address | City, State, Zip Code |
| Percent | Soc. Sec. # | Relationship | Date of Birth |
| **Optional:** I hereby designate the following individual as an additional signor on my HRA to sign checks or use my Debit Card. |
| Authorized Signor Printed Name | Signature |
| Social Security # | Date of Birth |
|  ❒ Yes, I would like to receive reimbursements via Direct Deposit Amount Day of MonthDirect Deposits made from the HRA. If "Yes" please include a voided check from the account $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ you wish to use.  |
| Effective Date: |
| **Plan Limits:** |
| Other Plan Limits imposed by your Employer:  |
| **Instructions**You can name one or more persons to be the primary and contingent beneficiaries of your account, including your estate or a trust. Please provide complete information about each beneficiary. If the beneficiary is a trust, please provide the names of the trustees, the date of the trust and the trust's tax ID number. If you designated more than one primary or contingent beneficiary, please be sure that you indicated the percentage share each is to receive and that the percentages add up to 100%.If permitted by your employer, any balance left in your account at your death will be paid to the primary beneficiaries in accordance with the share percentages you designate. If the primary beneficiary should predecease you and there are primary beneficiaries who are still living, the deceased beneficiary's share will be distributed to the remaining primary beneficiaries, in proportion to their payment percentage. If not primary beneficiary is living at the time of your death, the valance will be distributed to your contingent beneficiary. If no primary or contingent beneficiary survives you, the balance will be paid to your surviving spouse. If you are not survived by a spouse, we will pay the balance to your estate. If no percentages are indicated for primary or contingent beneficiaries, equal percentages will be assumed.If permitted by your employer, and as disclosed in the HRA Disclosure Statement, your surviving spouse can continue his or her interest in your HRA as his or her own HRA at your death only if he or she is named beneficiary under your HRA. This is the case even if your surviving spouse ultimately obtains a right to assets under your HRA (e.g., your surviving spouse is the sole beneficiary or your estate). If any person other than your spouse is named beneficiary, or any person (including your surviving spouse) otherwise acquires your interest in your HRA on account of death, the HRA portion of the HRA with respect to which there is a non-spouse beneficiary will cease to be a HRA as of the date of your death. |
| Other information you should know: |

❒ Yes, I want to be granted secure online internet access to my HRA information. You will receive an e-mail from Name of TPA once your account has been opened with your login information

**Sign Here** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature of Primary Account Holder** Date