

Step 1: Participant Information

*=Required Fields

<input type="text"/>	<input type="text"/>
*Employer Name (Do not abbreviate)	*Department
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
*Participant Name (First, MI, Last)	*Social Security Number
<input type="text"/>	<input type="text"/>
*Participant Mailing Address	Email Address (If provided, all notifications will be sent via email)
<input type="text"/>	<input type="text"/>
*City	*State *Zip
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
Day Telephone	*Birth Date (mm/dd/yyyy) *Hire Date (mm/dd/yyyy)

Step 2: Spouse and Dependent Information

*Name (Last, First)	*Date of Birth	*Social Security Number
Spouse:		
Dependent:		
Dependent:		
Dependent:		
Dependent:		

Step 3: Authorization or Refusal

*Please select only one.

<input type="checkbox"/> <p>Participant Authorization I hereby enroll in the HRA benefit provided by my employer. I understand that this election is binding and cannot be revoked or modified until the next plan year, except under the limited circumstances that are described in detail in the SPD that I have received from my employer (i.e. marriage, divorce, birth). I further understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the period of coverage will be forfeited in accordance with the current plan provisions and tax laws.</p>
<input type="checkbox"/> <p>Participant Refusal I do not want to participate. I understand that by refusing to participate, I will be unable to enroll this plan year unless I experience a qualifying event in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the event.</p>

SIGNATURE OF PARTICIPANT _____ DATE _____

Step 4: Employer Authorization

<input type="text"/>	\$ <input type="text"/>
Effective Date	HRA Contribution Amount

SIGNATURE OF EMPLOYER _____ DATE _____