



HRA Activation Form

The HRA Activation Form is required to be completed in order to activate your HRA, after your employee financial responsibility has been met. Please complete the form below and provide it along with your Explanation of Benefits (EOB) indicating that your employee deductible amount has been met in order for Pro-Flex to activate your Health Reimbursement Account (HRA). This form is only required for initial activation, and once active, your HRA funds will remain available until depleted or until the end of the plan year.

Step 1: Participant Information

*=Required Fields

*Employer Name (Do not abbreviate)

*Participant Name (First, MI, Last)

*Participant Mailing Address Check here if change of address

*City

Department

*Social Security Number

Email Address (If provided, all future notifications will be sent via email)

*State

*Zip

Step 2: Pro-Flex Debit Card Activation

Please activate my Health Reimbursement Account (HRA) on my Pro-Flex Debit Card. I have met the employee deductible under my health plan, and I am attaching my Explanation of Benefits (EOB).

Step 3: Authorization

To the best of my knowledge and belief, my statements in this activation request are complete and true. I will use my HRA to seek reimbursement for only those expenses incurred after my employee deductible has been met. I certify that these expenses WILL NOT BE CLAIMED AS AN INCOME TAX DEDUCTION. I authorize my account be activated as requested.

SIGNATURE OF PARTICIPANT _____ DATE _____

Please fax this completed form to Pro-Flex Administrators, LLC: 716-929-2013 or toll free 1-855-214-8987 or mail to: Pro-Flex Administrators, LLC, 8321 Main Street, Williamsville, NY 14221 Visit our website to access account information at www.proflextpa.com