



SECURE BENEFITS
SYSTEMS

HRA Employee Enrollment Form

Employer:			
First Name:	MI:	Last Name:	
Address:	City:	State:	Zip:
SS#:	Beneficiary:	Relationship:	
E-Mail Address:			

Hire date: _____	Effective Date: _____
Gender: Male _____ Female _____	Marital Status: Married _____ Single _____
Coverage Type: Single _____ Family _____	HRA Amount: _____
PLEASE NOTE: Reimbursement cannot be made for the same expenses from both the FSA and HRA. Please refer to your plan documents for further information.	

Authorization: <input type="checkbox"/> I hereby certify that the reimbursement requests I will be submitting are IRS eligible expenses and that I will not be, nor have been previously reimbursed for these expenses; nor am I eligible to receive reimbursement for these expenses from insurance. I also understand that Secure Benefits Systems, its agents, or employees will not be held liable if I submit non-IRS eligible expenses for reimbursement. I understand that reimbursement will be made from my Health Reimbursement Account first and my un-reimbursed medical account second. I will also be submitting qualifying medical expenses for my spouse and dependents as named below: 1. _____ 2. _____ 3. _____ 4. _____
Date _____ Employee Signature: _____