

SecureBenefits

HRA Employee Enrollment Form

| | | | |
|------------------------|--------------|----------------------------------|-------------|
| Employer: | | | |
| First Name: | MI: | Last Name: | |
| Address: | City: | State: | Zip: |
| SS# (required): | | Date of Birth (required): | |
| E-Mail Address: | | Daytime phone #: | |

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:

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:

| | NAME | RELATIONSHIP | DATE OF BIRTH |
|----|-------|--------------|---------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

Date _____ **Employee Signature:** _____