

FlexMagic® Consulting, Inc. Health Reimbursement Arrangement (HRA) Enrollment / Verification Form

I acknowledge that I have been informed of the availability of my employer-provided Health Reimbursement Arrangement (HRA) and that I have been provided with the Information and Rules Page along with a Summary Plan Description of the Plan. I have been given the opportunity to see the full Plan Document, if I choose. The following person(s) listed below are eligible for participation in the HRA.

Employee Name	Date of Birth	Social Security Number	E-Mail Address
Home Address	City	State	Zip Code
Home Phone		Work Phone	
Are you currently enrolled in Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Provide HICN#	
Have you ever had or currently have Kidney Renal Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Kidney Dialysis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Kidney Transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Spouse Name (if covered under HRA)	Date of Birth	Social Security Number	E-Mail Address
Is spouse currently enrolled in Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Provide HICN#	
Has spouse ever had or currently has Kidney Renal Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Kidney Dialysis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Kidney Transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Dependent Name (if covered under HRA)	Date of Birth	Social Security Number	E-Mail Address
Is Dependent currently enrolled in Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Provide HICN#	
Has dependent ever had or currently has Kidney Renal Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Kidney Dialysis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Kidney Transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Dependent Name (if covered under HRA)	Date of Birth	Social Security Number	E-Mail Address
Is Dependent currently enrolled in Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Provide HICN#	
Has dependent ever had or currently has Kidney Renal Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Kidney Dialysis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Kidney Transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Dependent Name (if covered under HRA)	Date of Birth	Social Security Number	E-Mail Address
Is Dependent currently enrolled in Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Provide HICN#	
Has dependent ever had or currently has Kidney Renal Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Kidney Dialysis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Kidney Transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No			

(Use additional sheet if necessary)

Signature: _____ Today's Date: _____
 Effective Date of Coverage: _____ Approved by Employer: _____
 Comments: _____

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**** Plan Administrator/Coordinator Use Only ****

Termination **COBRA Elected** Yes No Effective Date of Change _____ No. of Contributions _____
 Approved By: _____ Date Approved: _____



Health Reimbursement Arrangement (HRA) Summary Plan Description

A Health Reimbursement Arrangement (HRA) is an IRS Code Section 105(h) qualified health plan provided by an Employer. Health benefits under the plan are paid to the participant as a tax-free company-paid benefit and are funded exclusively with Employer dollars.

Benefits paid from an HRA must be for eligible Code 213(d) expenses such as dental or vision expenses, deductibles and co-payments etc. Dollars cannot be distributed for non-health care expenses. Expenses eligible for reimbursement are limited to the specific medical, dental, and/or vision expenses as defined in the Employer's HRA Plan Document. Tax-free benefit payments are paid to the eligible participant and may include the employee, employee's spouse and/or dependents, former employees and/or retirees as specified in the Plan Document.

The maximum dollar amount eligible for reimbursement each plan year is defined in the Adoption Agreement and explained on the Information & Rules Page specific to each company. The rules are consistent for all eligible participants. Dollars available for reimbursement may be limited based on the group health insurance selected, hours worked (part-time versus full time), and the number of persons covered under the insurance plan (single versus family coverage). Based on plan design, payment of available HRA benefit dollars may be paid as accrued (as earned, like vacation pay); prorated for a short plan year (less than a 12-month plan year) and/or prorated for newly benefit-eligible employees during the plan year.

Eligible reimbursements for health care expenses are paid after the participant submits a signed claim form along with documentation that an eligible expense was incurred by an eligible person. The participant must be active in the Plan when the eligible expense is incurred. (See the claim form and reimbursement instructions for details and claim denial appeal procedures).

Since the Health Reimbursement Arrangement (HRA) is a qualified health plan sponsored by the employer it is subject to continuation rules under COBRA. Read your COBRA Notice for details on continuation requirements.

NOTE: You cannot participate in a Health Savings Account (HSA) if you are a participant in a general use HRA that conflicts with HSA regulations. Ask your HRA Plan Coordinator for details if this applies to you. This Summary Plan Description is only intended as an overview of your HRA Plan. Please read the HRA Plan Document for full details (available upon request from your HRA Plan Coordinator). Read the Information and Rules Page for an explanation of the design features and rules governing your company's HRA Plan. Should discrepancies be found in any of the written materials the Plan Document governs the operation of the Employer's HRA.