HealthComp

HRA ENROLLMENT/CHANGE FORM

P.O. BOX 45018, FRESNO, CA 93718-5018
(800) 442-7247 FAX (559) 499-2045

☐ Annual Enrollment ☐ Change Enrollment
☐ New Enrollment ☐ Decline Coverage
☐ Name/Address Change ☐ Termination

PART 1 EMPLOYEE INFORMATION

EMPLOYER	FOR EMPLOYER USE ONLY: ORIGINAL EFFECTIVE DATE IN THIS PLAN
EMPLOYEE LAST FIRST MI	SS#
MAILING ADDRESS STREET CITY STATE ZIP CODE	HOME PHONE/WORK PHONE ( ) ( )
HIRE DATE / BIRTHDATE MO DAY YEAR / ☐ MALE ☐ FEMALE	☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED
EMPLOYER CONTRIBUTION:	EXPENSES CAN BE CLAIMED FOR: ☐ EMPLOYEE ONLY ☐ EMPLOYEE & DEPENDENTS
ALLOW FOR ROLLOVER EACH YEAR ☐ YES ☐ OTHER/EXPLAIN_____ ☐ NO _____	EMPLOYEE TERMINATION DATE

PART 2 DEPENDENT INFORMATION

DEPENDENT INFORMATION: Relationship Code (relationship to participant) **SPO=**Spouse **SON=**Son **DAU=**Daughter **DEP=**Other Dependent

Last Name	First Name	MI	Social Security **** Required for Spouse**	Birth Date	Gender (Circle)	Relationship Code
					M F	
					M F	
					M F	
					M F	

PART 3 MEDICARE INSURANCE INFORMATION

ARE YOU OR ANY OF YOUR DEPENDENTS (INCLUDING SPOUSE) COVERED UNDER MEDICARE? ☐YES ☐NO **IF YES, PLEASE COMPLETE THIS SECTION. Check if additional form attached.** ☐

PERSONS COVERED UNDER MEDICARE	Birth Date	Social Security Number	Rel. Code	Coverage Date

Relationship Code (specify relation to participant): SPO=Spouse OTH=Other

PART 4 DECLARATION

☐ I hereby request **participation** in the above plan. I also certify the above information to be correct and true to the best of my knowledge. Reimbursement from my employer-sponsored health reimbursement account (HRA) is only available if I submit a claim form with appropriate receipts and the receipts substantiate medical care expenses allowable by the Internal Revenue Service for this Plan. I further understand, that if I participate in a Flexible Spending Account, I must first use that account before I can be reimbursed from y HRA.

☐ I hereby **decline** participation in the above plan.

_____ _____
Employee's Signature Date