

HRA Plan Enrollment Form

Please complete this form and return it to your Human Resources Department



1 Personal Information

Employee Name (First Name, Last Name)

Company Name

Employee Street Address

City

State

Zip Code

Social Security Number

Employee Phone Number

Date of Birth

Date of Hire (Required)

Email Address (*REQUIRED to receive e-mail communications*)

2 Benefit Amount

Enrollment Effective Date : (*REQUIRED*)

Annual Company Contribution/Coverage Tier:

3 Family Information

List all Dependents (including Spouse) covered by Group Insurance:

Full Name

Date of Birth

Relationship to Employee

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 Debit Card (*all medical expenses within the meaning of Code Section 213 Only*)

I already have a card and will continue to use it

I am new to the Plan – Please send me a card

You will receive 1 card in your name and can order additional cards through the NBS Service Center

4 Direct Deposit Information

Checking Account

Savings Account

Your Financial Institution

Financial Institution Address

Account Number

Routing Number

I (We) authorize National Benefit Services, LLC to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries and adjustments made in error to my (our) account indicated above and the financial institution named above.

I, the undersigned, attest that to the best of my knowledge these statements are complete and true.

Employee Signature

Date