

# ENROLLMENT/CHANGE FORM

## Health Reimbursement Accounts

(PLEASE PRINT CLEARLY)



2320 Brighton-Henrietta Townline Rd  
 Rochester, NY 14623  
 Phone: 1-800-473-9595  
 Website: [www.BenefitResource.com](http://www.BenefitResource.com)

**EMPLOYER:**

**A. EMPLOYEE INFORMATION**

Member ID (typically your SSN): \_\_\_\_\_

Employee Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Home Address: (Street) \_\_\_\_\_ Apt # \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Hire Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female

Employee Status:  Full-Time  Part-Time

**B. EMPLOYER SECTION (to be completed by the employer)**

Effective date of enrollment/change: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please select only one option:

- New Enrollment: funding amount \_\_\_\_\_  per Plan Year  other \_\_\_\_\_
- Termination  Resignation  Retirement  Change in hours  Other \_\_\_\_\_

The purpose of this agreement is to authorize the employer to provide the employee with selected benefits. This agreement is designed to conform with Section 105(h) of the Internal Revenue Code.

**C. EMPLOYEE CERTIFICATION**

- I have received and read the printed material which explains my Plan and my options under it. I understand that any expenses paid under this Plan must be eligible expenses as governed by IRS regulations, must be for services provided for me or a qualifying individual and must not be reimbursed from any other source.
- I understand that I may be required to provide identifying information (e.g. social security number, address and date of birth) when making inquiries about my Account(s). I also understand that any personal information obtained will not be shared with anyone, including non-affiliated third parties, except as permitted by law.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Please return completed form to your employer.*

*The Employer maintains a Plan Document; if anything in this document conflicts with the Plan Document, then the Plan Document controls.*