

HRA ENROLLMENT/CHANGE/TERMINATION FORM

ENROLLMENT SECTION

Please use this form to communicate when an employee is eligible to begin, change and/or end participation in the Section 105 Health Reimbursement Arrangement (HRA). Refer to your Plan Document to determine specific eligibility requirements and any COBRA responsibilities upon termination.

Employee's First	Middle Initial	Last Name	Social Sec#	Date of Birth Month Day Year	
Home Address		City	State	Zip	Hire Date Month Day Year
Employer		Plan Effective (Start) Date Month Day Year		Plan End Date Month Day Year	

Type of Coverage (check one below as applicable):

Change Effective Date

- | | |
|---|-------|
| <input type="checkbox"/> Single _____ | _____ |
| <input type="checkbox"/> Employee plus One (List members) _____ | _____ |
| <input type="checkbox"/> Family (List members) _____ | _____ |
| <input type="checkbox"/> _____ Other (List members) _____ | _____ |
- (Record category title above)

TERMINATION SECTION

Employer must complete this section **IMMEDIATELY** and submit it to Benefits Design Group, Inc. when the participant terminates his/her employment or ceases to satisfy the eligibility requirements under the Plan.

Employee Name:	Soc Sec #:	Termination Date:
Employer Name:		
Check as applicable: <input type="checkbox"/> Voluntary Termination or <input type="checkbox"/> Involuntary Termination Due to Gross misconduct <input type="checkbox"/> Yes <input type="checkbox"/> No		
COBRA Eligible (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, was COBRA notice sent (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
COBRA Elected (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER SECTION (required for both additions and terminations)

Authorized Employer Signature:	Date:
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Please complete and sign this form and forward to us via mail, fax, or email to the address below.

Benefits Design Group, Inc.

PO Box 370 Onalaska WI 54650

Phone: 1-800-554-7213 OR 1-800-342-8235 Fax Number: 1-608-781-4576

E-mail: bdggeneral@bdgflex.com