

Health Reimbursement Arrangement New Client Form

Company Information

Name of Plan Sponsor:

Street:

City, Zip, State:

Contact Name:

Tel: Fax: email:

Plan Sponsor EIN: Fiscal Year End:

Entity type: C Corp S Corp Nonprofit Partnership LLC LLP SoleProp Gov Agency

Plan Data

Plan Name: Plan Number:

Effective Date: Previously-Adopted Plan Date:

Plan Year End (Month Day): Short Plan Year: If Yes enter Date:

Is the Plan subject to ERISA?

Eligibility

Eligibility Requirements:

Excluded Employees Union Leased NRA Part-Time Other:

Service Requirements

Minimum Age: Minimum Service Requirement: Entry Dates:

Permit Eligible Employees to participate in the Plan after Termination?

Eligible Medical Expenses

Coverage under the Plan for Covered Persons is available for the following Eligible Medical Expenses:

All Allowable Expenses Listed Expenses Health Plan Deductibles Health Plan Coinsurance

Exclude coverage for Over-The-Counter-Drugs: Yes No

Modifications to the definition of Eligible Expenses:

Schedule of Expenses outlined on attached Exhibit A

Covered Person

The definition of Covered Person under the Plan shall include the following persons:

Participant Spouse Dependents Persons covered under Company Medical Plan Other

Maximum Health Reimbursement Benefit that will be Credited

- to a Participant's HRA in any Plan Year for one Covered Person:
- to a Participant's HRA in any Plan Year for two Covered Persons:
- to a Participant's HRA in any Plan Year for more than two Covered Persons:

Health Reimbursement Account - Deductible

- deductible in any Plan Year for one Covered Person:
- deductible in any Plan Year for two Covered Persons:
- deductible in any Plan Year for more than two Covered Persons:

Exhibit A - Health Reimbursement Account - Schedule of Expenses

OTHER NOTES:

Broker Information:

Plan Fees: