

HRA ACTIVATION FORM

This form is required to activate your HRA account only after your deductible has been met. Please complete the form below and provide it **along with a copy of your Explanation of Benefits** indicating that your deductible under the HRA plan has been met. This form is only required for initial activation. Once activated, your HRA funds will be available until such time as they are depleted or your plan year has ended.

Employer Name _____

Employee Name _____

Employee Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Social Security Number: _____ Plan yr. start _____ Plan yr. end _____

Is this person now, or has this person ever been enrolled in Medicare* Yes No

If yes, you must provide this person's Medicare Claim Number (HICM):

*Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173) requires Pacific Benefits iFlex, Inc. to report certain HRA enrollment data to the Centers for Medicare and Medicaid Services.

Employee Signature:

Date: _____