



Employer HRA Setup Form

Part 1: About Your Company

Name of Business		Company's Tax ID #	Effective Date
Business Mailing Address (Street, City, Zip Code)			
Name of Executive Contact	Title	Telephone	Fax
Email Address of Executive Contact	Type of Business Entity	State of Incorporation	

Part 2: Number of Eligible Employees

Total	Single	Single+Spouse	Single+Children	Family	Waived
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Part 3: About Your Health Plan(s) - please provide more in-depth HRA description(s) on the following page if necessary

	Name of Health Insurance Plan	Benefits to be Reimbursed by Employer	Describe HRA Plan Design (Example: Employee pays first \$500/\$1,000; Employer pays second \$500/\$1,000)	Total Amount to be Reimbursed by Employer
Health Plan #1 Offered to Employees				
Health Plan #2 Offered to Employees				

Part 4: Debit Cards

Would you like to offer Debit Cards: YES NO
 Who would you like to offer Debit Cards to: EMPLOYEE SPOUSE CHILDREN (OVER 18 YEARS OF AGE)

Part 5: Deductible Information

What is your deductible cycle: CALENDAR YEAR PLAN YEAR
 Does your family deductible accumulate on an aggregate basis: YES NO

Part 6: HRA Bank Account

Name of Financial Institution	Bank Account #	Routing #
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Part 7: HRA Agreement

- 1) I understand that London Health Administrators is the administrator of the HRA, and that funding of the HRA is provided by the employer.
- 2) I understand that the company named in Part 1 of this agreement is responsible for paying the deductible and/or copay amounts stated.
- 3) I authorize London Health Administrators to withdraw funds from the bank account named in Part 6 for my employees' eligible HRA expenses.
- 4) I certify that the information in this agreement is true and complete.

Signature of Authorized Executive	Title	Date
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