

HR Concepts, LLC

"Your Third Party Administrator of Choice"

Health Reimbursement Arrangement Employer Application (HRA)

Part I. Employer Information

Employer Name:	_____		
Mailing Address:	City:	St.:	Zip:
Street Address (if different):	City:	St.:	Zip:
Telephone:	Fax:	Tax Id #:	
Primary Point of Contact:	Phone Ext:	Email:	
Secondary Point of Contact:	Phone Ext:	Email:	
Billing Point of Contact:	Phone Ext:	Email:	

Part II. Plan Design Deductible runs: Calendar / Plan year (circle one)

Original Effective Date of Section HRA Plan:	Plan Year:	to
Short Plan Year: Yes / No If yes, indicate next plan year:	to	
What is the annual deductible on the HDHP: Single \$	2 Person \$	Family \$
What is the annual Employer Funding of HRA: Single \$	2 Person \$	Family \$
Will Employer allow for carryover of unused funds: Yes / No (If Yes, how much: \$)
When does Employee pay for their portion of the deductible: before	after	the Employer's funding?
Will there be VISA cards for this plan? Yes / No		
If yes, what amount of the employer's funding will be available on the VISA if any: \$		
Are Prescriptions subject to the deductible: Yes / No? Will Employer allow other expenses to be put through the HRA, besides deductible expenses: Yes / No		
If yes, what expenses?		
Insurance carrier claim feed: Yes / No	If yes, carrier:	Pay the provider: Yes / No
For internal use only: CE: Yes / No	Rules Plan: Yes / No	Account Executive: _____



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www.HRConcepts.biz • 111 Charles Street • Manchester, NH 03101

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Part III. General Administration Questions

HRA's are COBRA Eligible Accounts.

Who handles the COBRA administration when an employee terminates: _____

Part IV. Eligibility

Hours: _____

Length of Service: _____

How Many Employees are Eligible: _____

Total Number of Employees: _____

Divisions of Employees: Yes/No **If Yes, list Divisions that need to be set up for reports:**

Part V. Tax Filing Information

Business Structure (Ex: S Corp, C Corp, LLC): _____ State Organized in: _____

Is this a Controlled Group: Yes / No **(If yes, fill in below)**
(Majority owner of company also owns other company as majority owner)

Employer 1 Name: _____ Number of Employees: _____

Address: _____ City: _____ St.: _____ Zip: _____

Tax Id#: _____

Part VII. Signatures and Fees

Broker:

Circle if Broker Pays: Setup / Renewal / Admin

Setup/Installation Fee: \$ _____ Account Fee: \$ _____ Minimum Billing/Employee/Month \$ _____

Annual Renewal Fee: \$ _____ Account Fee: \$ _____ Minimum Billing/Employee/Month \$ _____

Authorized Signature of ER: _____ Title: _____ Date: _____



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