inspira™ FINANCIAL

Health Reimbursement Arrangement (HRA) Enrollment Form

Employer Must Fill In

Re-enrollment ☐ **New** ☐ **Change** ☐

Effective Date _____

1st Contribution Date _____

Payroll Mode W☐ B☐ S☐ M☐ Q☐

Division Code _____

A. Personal Information (Be sure to print clearly, and provide all the information.)

Your Employer Name			**Employer ID Number** (Employer must fill-in)
Your First Name	**MI**	**Last Name**	
Your Street Address ☐ Check if this address is new within the last year			
City		**State**	**ZIP Code**
Your Member Number (Social Security Number or employer assigned number)		**Date of Birth** (MM/DD/YYYY)	**Date of Hire** (MM/DD/YYYY)

B. Contribution Information (Prepared by the Employer)

☐ **Re-enrollment** ☐ **New Enrollment** ☐ **Changed Enrollment**

By signing this, you agree to the following statements:

- Based upon the IRS list of eligible expenses, the Plan Sponsor may choose which expenses will be covered by the plan.
- My employer makes all contributions to the plan as noted in the plan document.
- Depending on the plan document, I may carry over any amount remaining in my HRA to a new plan year.
- Reimbursements can't exceed the contribution amount. This includes the Carryover Maximum, if applicable, less prior reimbursements.
- This plan reimburses eligible expenses only after all my other plans have considered the expense.
- If I terminate employment or become ineligible for the plan, I may not submit expenses incurred after the date my coverage ends.

C. Pre-Authorization for Direct Deposit (If you're enrolled in direct deposit already or don't wish to enroll, you can ignore this section.)

☐ **I authorize Inspira Financial to initiate a credit and/or debit entry to my account for my Inspira reimbursements.**
This agreement is to remain in full effect until written notification is supplied by me to Inspira terminating this agreement.
A "VOIDED" CHECK MUST ACCOMPANY DIRECT DEPOSIT APPLICATION

Employee Signature _____ **Date** _____

Employer Signature _____ **Date** _____

(Inspira Financial won't process without the Employer Signature)

Inspira Financial cannot and shall not provide any payment or service in violation of any United States (US) economic or trade sanctions.