



If you need help completing this application call 1-888-755-3373

Section 105 HRA Application (Groups up to 3 employees)



This is to request that Core Documents complete a Resolution establishing a self-insured medical payment plan pursuant to IRC Section 105. I understand that the completed Plan Adoption Agreement and Work Agreement are to be returned to me within approximately two weeks. I further understand that the preparation fee includes follow-up contact, initiated by me, to explore any related questions.

Purchaser Information (i.e. Accountant, Agent, TPA, Payroll Company etc.)

First Name _____ Last Name _____
Company _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____
Email _____
Ship Document to: [] Purchaser [] Employer

Employer Information for Plan Documents

First Name _____ Last Name _____ (document signer)
Company Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

Form of Business: [] S Corporation [] C Corporation [] LLC [] Partnership [] Sole Proprietorship
[] Non-Profit 501(c)(3)

Employer Federal ID#: _____ State of Inc.: _____ Number of Employees: _____

Name of Benefit Programs To Be Provided: (Check those you wish to include)

- [] Medical Insurance
[] Medical Bills Not Covered by Insurance
[] Dental Expenses
[] Corrective Eyewear
[] Prescription Drugs
[] Life Insurance (up to \$50,000 term policy)
[] Chiropractic
[] Natural Medicine
[] Other _____

Maximum Yearly Amount of Reimbursable Insurance Premium & Medical Expenses: \$ _____

Effective Date will be:

[] a) a new plan effective date as of (date) _____

Eligibility Requirements: All employees who work more than _____ hours per week.

Waiting Period: Employees can participate the first day of the month following _____ days of employment.

Protected Health Information Designee: (PHI Person) Please name the person who will be responsible for the proper handling of medical information protected under HIPAA law: Name _____

Carryover of Unused Funds: Will unused funds carryover to the next Plan Year? [] Yes [] No

