



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

HRA Plan Application



This is to request that Core Documents prepare a Resolution establishing a Health Reimbursement Arrangement (HRA), HRA Plan Document and Summary Plan Description, Administrative Forms, Administrative Handbook, and Resolution to Adopt the Plan.

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) Government Other: _____

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

Legal Name(s) of Affiliated Company(ies) that will be covered by the Plan (if any):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Name of Plan Administrator: (Employer unless otherwise listed)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Type of Benefits To Be Offered:

- Medical Benefits Dental Benefits Vision Benefits Retiree Benefits Deductible Gap Benefits
- Prescription Benefits All IRS 213(d) Allowable Expenses Other _____

Effective Date will be:

- a) a new plan effective date as of (date) _____
- b) An amended / restatement of a previously established HRA Plan as of (date) _____
If this is an amended and restatement, state the effective date of the original plan: _____

Plan Year - The first plan year will be:

- a) a 12 consecutive month period beginning (date) _____ and ending (date) _____
- b) a short plan year beginning (date) _____ and ending (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.

Please tell us how you found Core Documents: Search Engine Radio Magazine Other _____



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Deductible Gap Questions:

If this plan is used with a High Deductible Health please answer the following questions:

Single Deductible: Employee will pay the first \$ _____. HRA Plan will pay the next \$ _____.

Family Deductible: Employee will pay the first \$ _____. HRA Plan will pay the next \$ _____.

If your HRA Deductible Gap Plan will pay something different from the above arrangement please indicate your plan design preferences in the notes area below.

Comprehensive HRA Plan:

Reimburse all medical expenses and premiums allowed in IRC Section 213(d). Employer HRA will reimburse employees for all eligible expenses allowed. Subject to any employer designated limits listed in the notes area below.

Dollar Limit on Expenses:

Please designate the annual limit on expenses to be reimbursed: \$ _____

Funds Availability:

Will this full amount be available in a lump sum or will the benefit accumulate monthly? Monthly Lump Sum

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: Full Name _____

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

Please indicate any custom HRA design features not addressed in the questions above:

Notes: _____



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Choose a package:

- Comprehensive HRA Plan -**
 The Comprehensive HRA can cover any out-of-pocket medical expense that include but are not limited to dental expenses, vision expenses, co-pays, deductibles, medical expenses and health insurance premiums. The Comprehensive Plan may or may not be coupled with a high deductible health coverage or limited-benefit medical plan.

\$299 one-time setup fee
- Limited HRA Plan**
 A Limited HRA will cover only specified out-of-pocket medical expenses such as prescriptions, dental, vision etc. and can be restricted to cover just one medical expense.

\$299 one-time setup fee
- Premium Reimbursement Arrangement (PRA) Plan -**
 The PRA allows employers to reimburse only health insurance premiums including group sponsored insurance plans as well as individual health insurance policies outside the group, or long-term care insurance.

\$299 one-time setup fee
- Deductible Gap HRA Plan**
 The Deductible Gap HRA is designed to be coupled with a High Deductible Health Plan and will pay for only items covered by the insurance policy it compliments. The employer benefits from reduced insurance costs, but the effect to the employee is cushioned with the Deductible Gap HRA.

\$299 one-time setup fee
- Maintenance Plan: Amend and update an existing HRA Plan in PDF email**

\$ 99.00
- Rush Order (Plus the FedEx fee, or provide your FedEx #)**

\$ 29.00 + FedEx Fee
- Summary Plan Description & Election Forms on a Disk**

\$ 29.00

A Core HRA representative will contact you regarding the exact custom features that meet your specific Plan Document needs.

SubTotal	\$ _____
Shipping & Handling	+ 15.00
Total To Be Billed	\$ _____

If paying by credit card, please complete the following information

Card Type: VISA MasterCard Discover American Express

Card Number: _____ Expiration Date: ____/____

Name as it appears on card: _____

Card billing address for verification purposes:

Address: _____

City _____ State _____ Zip _____

X _____ Date: _____

Signature

Please sign and fax completed form to (941)795-4802. If paying by check, fax a copy of your check with this order form. We can process your check with a copy of the original via E-Commerce. FAX: (941)795-4802 <http://www.CoreDocuments.com>

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 Bradenton, FL 34280-4538
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HRA Order Form

