

## GBS Health Reimbursement Arrangement (HRA) Enrollment Form

**Effective Date:** \_\_\_\_\_ **Please complete all sections of the enrollment form and sign.**

Section 1: Employee Information					
Last Name:		First Name:		Middle Initial:	Social Security Number:
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		Email Address:	
Street (Include Apartment Number)					
City:	State:	ZIP Code (+4 if available):		Phone Number:	

Section 2: Dependent Information				
Last Name:	First Name:	Middle Initial:	Date of Birth	Social Security Number:
Last Name:	First Name:	Middle Initial:	Date of Birth	Social Security Number:
Last Name:	First Name:	Middle Initial:	Date of Birth	Social Security Number:
Last Name:	First Name:	Middle Initial:	Date of Birth	Social Security Number:
Last Name:	First Name:	Middle Initial:	Date of Birth	Social Security Number:
Last Name:	First Name:	Middle Initial:	Date of Birth	Social Security Number:

### Section 3: Authorization

Employer Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Section 4: Employer Section		
Company Name:	Effective Date:	Plan Year:

**Note: A Debit Card can ONLY be used for Eligible Medical Expenses. If the Employer is only offering a Premium Reimbursement HRA Debit Cards will NOT be issued.**

**Elections under the HRA plan are binding for the entire Plan Year and cannot be revoked, modified or amended unless due to a limited family status change. Under penalty of perjury, you agree to use the debit card solely for the purchase of eligible medical expenses not covered by any other plan. You are responsible for providing proof to support reimbursed expenses and agree that any reimbursed expenses later discovered to be ineligible may be deducted from your paycheck by your employer. By electing the HRA plan, you authorize the release of claims information to your employer and Group Benefit Services, Inc., the Third Party Administrator for this plan.**