

HRA Confirmation Form (non-perpetual)

How to Complete this Form

1. Place your cursor in the highlighted blank in each field.
2. You can use the tab or arrow keys to move from one data field to another.
3. For those questions that utilize check boxes, double click on the box that applies and choose "checked".
4. Once completed, save the document and send to your Relationship Management contact.

Complete this form and return it to your Relationship Management contact

The following form collects the critical information HealthEquity needs to prepare and properly service your program for the upcoming plan year. If there are no changes to your plan from the last plan year, complete the first page only. Once received by your Relationship Management contact and entered into the database, the information will populate the relevant data fields and displays on our Employer and Participant Sites.

HRA Program Information	
Program Sponsor/Employer Name/ER ID	
Services Requested	<input type="checkbox"/> Health Reimbursement Arrangement (HRA)
Estimated # of Eligible Employees	Estimated # of Participants
ENR File Expected Date	Date Completed (required)
Completed By (required)	
ER Contact Signature (required): _____	
<i>Authorization: My signature above certifies that I am authorized to communicate the below plan information changes.</i>	
No Plan Changes- Complete this section only	
	Health Reimbursement Arrangement
There are no changes to the plan this year. <i>All plan features and set up will remain the same as last year.</i>	<input type="checkbox"/> No changes
Plan Code Important! This code will need to be updated on the PSF file for the new plan year.	
Open Enrollment Begin Date <i>What is the first day eligible participant can enroll during open enrollment?</i>	
Open Enrollment End Date <i>What is the last day eligible participant can enroll during open enrollment?</i>	

If there are any changes to your plan or the enrollment processes complete this form in its entirety.

I. HRA Plan Set-Up

A. Plan Basics

Plan	Health Reimbursement Arrangement
Plan Name - Please provide a name for each plan.	
Number of Eligible Employees	
Plan Start Date	
Plan End Date	
Eligible Dependents <i>What individuals and dependents are eligible to receive benefits under this plan?</i>	<input type="checkbox"/> Spouse (Legally Married Spouse per IRS definition) <input type="checkbox"/> Child (Qualifying Child per IRS definition) <input type="checkbox"/> Relative (Qualifying Relative per IRS definition) <input type="checkbox"/> Other: _____

B. Plan Features

Payment Features <i>What payment features are available under this plan?</i>	<input type="checkbox"/> HealthEquity Health Care Card <input type="checkbox"/> Pay My Provider <input type="checkbox"/> Pay Me Back <input type="checkbox"/> Automatic Health Plan Claims Reimbursement
Eligible Expenses <i>What expenses are payable as benefits under this plan?</i>	<input type="checkbox"/> Standard HRA (according to current IRS regulations; includes premiums) <input type="checkbox"/> Standard FSA (according to current IRS regulations; excludes premiums) <input type="checkbox"/> Custom Expense List (If custom expenses are needed, please clearly define requirements to your Account Manager to ensure support can be provided. Note: custom expenses cannot be supported on the HealthEquity Healthcare Card.)

C. Plan Setup	
Description	Health Reimbursement Arrangement
<p>Mid-Year Claims Deadline (mid-year if plan year or coverage end date is perpetual)</p> <p><i>How long does a participant have to file claims if coverage ends before the Plan Year End Date?</i></p> <p><i>Note: This rule is different than the end of plan year rule below as this rule applies in scenarios where participants' coverage ends mid year for reasons such as termination or through a qualified life event.</i></p> <p><i>For example, if you select 90 Days + end-of-month after Coverage End Date and an employee terminates coverage on 7/15, the claims deadline would be 10/31.</i></p> <p><i>A "Claim it by" deadline date will be displayed to the participant online and on their statement of activity.</i></p>	<p><input type="checkbox"/> Days after Coverage End Date</p> <p><input type="checkbox"/> Days + end-of-month after Coverage End Date</p> <p><input type="checkbox"/> Months after Coverage End Date</p> <p><input type="checkbox"/> Months + end-of-month after Coverage End Date</p> <p><input type="checkbox"/> Days after Plan End Date</p> <p><input type="checkbox"/> Days + end-of-month after Plan End Date</p> <p><input type="checkbox"/> Months after Plan End Date</p> <p><input type="checkbox"/> Months + end-of-month after Plan End Date</p> <p><input type="checkbox"/> No deadline</p> <p><input type="checkbox"/> Same as previous year</p>
<p>End-of-Plan Claims Deadline</p> <p><i>How long does a participant have to file claims if covered through the Plan Year End Date?</i></p> <p><i>This should be the total run-out from the end of the plan year. For example, if you enter/select 90 Days + end-of-month after Plan Year End Date of 12/31 the claims deadline would be 3/31.</i></p> <p><i>If perpetual plan, this end of plan year claims deadline would mirror what's noted above in Mid Plan claims deadline.</i></p>	<p><input type="checkbox"/> Days after Plan End Date</p> <p><input type="checkbox"/> Days + end-of-month after Plan End Date</p> <p><input type="checkbox"/> Months after Plan End Date</p> <p><input type="checkbox"/> Months + end-of-month after Plan End Date</p> <p><input type="checkbox"/> No deadline</p> <p><input type="checkbox"/> Same as previous year</p>
<p>Leave of Absence</p> <p><i>Would you want HealthEquity to use system logic that would automatically create a period of non-coverage that prevents claims from being paid during that period but keep one continuous coverage period?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Same as previous year</p> <p>If yes is selected a participant will be covered under one continuous coverage period connected to a single account that has a period of non-coverage</p> <p>Claims incurred during the period of non-coverage are denied (based on service date).</p>
<p>Claims Appeal Process</p> <p><i>Select the appropriate appeals process (with or without the second level of review from the plan sponsor) for this plan consistent with your formal plan document. Some non-grandfathered plans may be required to offer Employee Benefits Security Administration (EBSA) external review which should be determined by the plan sponsor.</i></p>	<p><input type="checkbox"/> HealthEquity reviews initial appeals and the employer is the second level of review with final authority. (Standard)</p> <p><input type="checkbox"/> HealthEquity reviews initial appeals and the employer is the second level of review with final authority (except option to be further appealed to EBSA for external review).</p> <p><input type="checkbox"/> Same as current (no change)</p>

D. Account Funding / Unclaimed Benefits	
<p>Employer Contribution</p> <p><i>What is the annual contribution amount per participant that is contributed by the Employer?</i></p>	<p>\$_____ <input type="checkbox"/> Unlimited</p> <p><input type="checkbox"/> Employer Contribution varies by Participant</p> <p><input type="checkbox"/> No Employer contribution</p> <p><input type="checkbox"/> Same as previous year</p>
<p>Remaining Balances</p> <p><i>What happens to an account holder's unclaimed benefits (remaining available balance) after the claims deadline?</i></p>	<p><input type="checkbox"/> Forfeit to Program Sponsor</p> <p><input type="checkbox"/> Rollover to Next Coverage Period</p> <p><input type="checkbox"/> Rollover to Next plan year</p>

E. Plan Offer Details	
Offer Plan	Health Reimbursement Arrangement
<p>Enrollment Source</p> <p><i>What method will we receive enrollments?</i></p>	<p><input type="checkbox"/> HealthEquity Site</p> <p><input type="checkbox"/> Third Party Site</p> <p><input type="checkbox"/> Company Site or Application</p> <p><input type="checkbox"/> Same as previous year</p>
<p>Enrollment Method</p> <p><i>How will HealthEquity be notified that eligible participants are enrolled in this plan?</i></p>	<p><input type="checkbox"/> Online Enrollment using HealthEquity Site</p> <p><input type="checkbox"/> Enrollment File</p> <p><input type="checkbox"/> Same as previous year</p>
<p>Email Enrollment Confirmations</p> <p><i>Would you like a confirmation email to be sent to participants following the receipt of their enrollment record in our database (via any method)? (Note: If 0 is sent for ENR, 0 will display on the confirm)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Changes to New Hire Eligibility</p> <p><i>Have you made any changes to your New Hire eligibility rules? Such as new hire waiting period, days in the enrollment window, date coverage ends.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes detail plan changes here:</p>
<p>Open Enrollment File Date</p> <p><i>What date can HealthEquity expect your open enrollment file, if applicable?</i></p>	<p>Or</p> <p><input type="checkbox"/> Enroll on HealthEquity website</p>
<p>Additional Plan Information</p> <p><i>Provide additional plan details that are required for plan setup or any changes that HealthEquity should be aware of for the new plan year.</i></p>	