



Employer HRA Data & Change Form

*** IF SPONSORING MORE THAN ONE HRA PLAN, COMPLETE A SEPARATE FORM FOR EACH ***

PLAN ELECTIONS

Section 105 HRA Plan Name _____

Plan Beginning Date _____ Plan Ending Date _____

Plan Effective Date _____ First Year Effective Date _____

HRA PLAN SELECTION

Stand Alone HRA Integrated HRA Retiree HRA

ELIGIBILITY REQUIREMENTS

The following class of employees is eligible to participate:

All employees Salaried employees only Hourly employees only
 Other (specify) _____

The following employees are excluded from participation (check all that apply)

No exclusions
 Part-time employees normally expected to work less than _____ hours per week
 Employees under the age of _____
 Union employees (unless the bargaining agreement provides for coverage)
 Employees with Non-Resident Alien immigration status
 Other (specify) _____

The service period employees must complete before being eligible to participate (check all that apply)

For the initial Plan Year, anyone employed (in service or on the job) on the Plan Effective Date;
 then for subsequent Plan Years:
 As of date of hire _____ days after date of hire _____ months after date of hire
 For all Plan Years, anyone employed (in service or on the job):
 As of date of hire _____ days after date of hire _____ months after date of hire

Once eligible, when employees can begin participation in the Plan

On date of eligibility First day of quarter following eligibility date
 First day of pay period following eligibility date First day of Plan Year following eligibility date
 First day of month following eligibility date

OVERHEAD COVERAGE AND ELIGIBLE EXPENSES

Health/Major Medical Plan Carrier Name: _____
 Deductible Co-Insurance Prescriptions Co-Pays (Office Visits/Prescriptions)
 Other (specify) _____

Dental/Orthodontic Plan Carrier Name: _____
 Deductible Co-Insurance Co-Pays Other (specify) _____

ACH Deposit plus Employer Batch Checks (checks mailed by BBP in bulk to Employer for signing and distribution)

ACH Deposit (no Checks)

Employer Signature _____ Date _____

BBP Signature _____ Date _____