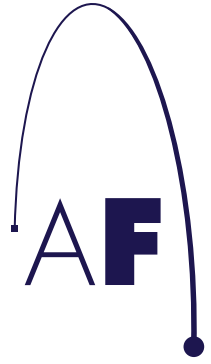


**AMERIFLEX**<sup>®</sup>

HEALTH REIMBURSEMENT ACCOUNT



## HRA ACTIVATION FORM

The HRA Activation Form is required to activate your HRA account only after your full medical deductible has been met. Please complete the form below and provide it, along with a copy of your Explanation of Benefits indicating that your deductible has been met, in order for AmeriFlex to activate your Health Reimbursement Account. This form is only required for the initial activation. Once activated, your HRA funds will be available until such time that they are depleted or the plan year has ended.

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Plan Year Start: \_\_\_\_\_ Plan Year End: \_\_\_\_\_

### **AmeriFlex Convenience Card<sup>®</sup> Activation**

Please activate my HRA Account on my AmeriFlex Convenience Card<sup>®</sup>. I have attached an Explanation of Benefits from my Health Plan indicating that my deductible has been met.

Amount to be applied toward my deductible: \$ \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date