

HRA Client Application

Email this form to support@flexfacts.com

Employer's Legal Name:					
Address:				0.4.41.4	
Street Address				Suite/ Unit #	
City Phone: Brok	ker:	E-n	State	ZIP Code	
HR Contact Name:					
Finance Contact Name:					
Federal Tax ID #:					
Original Effective Date:	Plan Year St	art:	Plan Year E	ind:	
Date Deductible Renews:	Date of Eligik	oility:			
Required Working Hours Per Week: Are any employee classes excluded:					
Termination Policy: HRA terms on:	Date of termination	n Last da	y of month in which t	ermination occurred	
In-network Deductible Expenses Other: How much will the HRA cover per emplo			medical insurance	penses applied to the plan's max OOP limit payout rules.	
Will a debit card be offered? No	Yes, for the follow	ring expenses (che	ck all that apply):		
	Rx Only	Medical + Rx	Medical, no Rx	Dental Vision	
*Rx cla	ims will be processed ba	ased on Rx receipts,	as EOBs for Rx expense	es can be difficult to obtain.	
Bank Name:	Routing Number:				
Account Number:	Account Type:				
Name of Authorized Signer on Bank Acc	count:			_	
Signature of Authorized Signer (for chec (handwritter	ck reimbursements): n signature needed)	[x		1	
(optional) Check here to remove the	e check reimburseme	ent option and only	allow direct deposit	reimbursement.	
We authorize Flex Facts to initiate electronic de due, including but not limited to monthly adminis A \$1 pre-note (from MBI SETL/ MED-I-BA Reimbursement checks will be issued fror above) will be printed directly on the reimbursement a surcharge of \$35 will be placed on hold until the payment is able to	stration fees, annual ren NK) will be charged to to me the employer bank accounts in the employer bank accounts in the assessed to accounts in the be collected.	ewal fees, and ACH rebank account abocount listed above. The which funds were n	eturn fees (if applicable) we, to confirm the accour ne signature of the autho ot available at time of dra	nt is valid and accessible. Trized signer (captured aw and service will be	

Employer Signature: _____ Date: ____