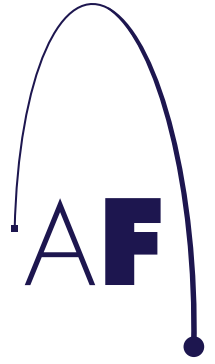


AMERIFLEX[®]

HEALTH REIMBURSEMENT ACCOUNT



HRA ENROLLMENT FORM

Company Name: _____

Employee Name: _____ Telephone: _____ - _____ - _____

Employee Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Employee Social Security Number: _____ - _____ - _____ Plan Year: _____ through _____

Date of Birth ____/____/____ Date of Hire ____/____/____ Effective Date ____/____/____

Employee's Health Reimbursement Account Allocation

First Date of Coverage: _____

Health Plan Status (check one): Single Employee/Spouse Parent/Child Family

HRA Amount: \$ _____

Additional Cards (only applicable if your employer has chosen this option)

If you wish to have an AmeriFlex Convenience Card[®] issued for a spouse or dependent, they must be over the age of 18 and meet the IRS eligibility guidelines.

Spouse Name: _____ Soc. Sec. Number: _____ Date of Birth: _____

Address to issue card (if different than participant): _____

Telephone: _____

Dependent Name: _____ Soc. Sec. Number: _____ Date of Birth: _____

Issue additional AmeriFlex Convenience Card[®] to this dependent? Yes No Telephone: _____

Address to issue card (if different than participant): _____

Dependent Name: _____ Soc. Sec. Number: _____ Date of Birth: _____

Issue additional AmeriFlex Convenience Card[®] to this dependent? Yes No Telephone: _____

Address to issue card (if different than participant): _____

Dependent Name: _____ Soc. Sec. Number: _____ Date of Birth: _____

Issue additional AmeriFlex Convenience Card[®] to this dependent? Yes No

Address to issue card (if different than participant): _____

I understand that: The plan administrator may reduce or cancel my Health Reimbursement Plan or otherwise modify this agreement in the event he/she believes it advisable in order to satisfy certain provisions of the Internal Revenue Code or for any other reason within its discretion if such modification is legally allowable.

Please return this signed agreement to your Benefits/Human Resource administrator.

Employee Signature _____ Date _____