



## 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:	oyee Name: Telephone:		
Employee Address:			
City:	State:	State: Zip:	
Email:			
Social Security Number:		_ Plan Year Start:	Plan Year End:
AmeriFlex Convenience Card®  Please activate my HRA Account Benefits from my Health Plan in  Amount to be applied toward m	t on my AmeriFlex Co dicating that my ded	uctible has been met.	
Employee Signature			Date