# HRA Activation Form

Ameriflex

HEALTH REIMBURSEMENT ACCOUNT

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: ______________________

Member ID (which may be your SSN): ______________

Plan Year ______________ Start: ______________ Plan Year End:

Is this person now, or has this person ever been enrolled in Medicare?* **YES** ☐ **NO** ☐

If "Yes," you must provide this person's Medicare Claim Number (HICN): ______________

*Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173) requires Ameriflex to report certain HRA enrollment data to the Centers for Medicare and Medicaid Services.

**Ameriflex Convenience Card® Activation**

Please activate my HRA Account on my Ameriflex Convenience Card®. 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**

*Send completed form to:*

**Ameriflex**
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Plano, TX 75026
Fax: 888.631.1038
Email: claims@myameriflex.com