

# Employer HRA Enrollment and EFT Authorization

Mennonite Church USA Health Reimbursement Arrangement

This enrollment form must be completed and returned to the health reimbursement arrangement (HRA) administrator to implement health reimbursement accounts for your employees. In addition, to facilitate payment of HRA reimbursement requests from your employees, you must authorize electronic funds transfer (EFT) from a preauthorized checking account. Return the completed form to TPA Services, Everence Association, Inc., P.O. Box 483, Goshen, IN 46527, Attn: Barb Jones.

## Enrollment Information

Congregation/employer \_\_\_\_\_

Congregation/employer address \_\_\_\_\_

Group contact person \_\_\_\_\_ Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_

Group HRA contact person (if different than group contact person):

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_

E-mail address for EFT notification \_\_\_\_\_

Select the HRA plan design you are choosing:

- Plan pays 50 percent of medical plan deductible expenses up to the annual maximum funding allocation (indicated below).
- Plan pays 70 percent of medical plan deductible expenses up to the annual maximum funding allocation (indicated below).
- Plan pays 100 percent of medical plan deductible expenses, up to the annual maximum funding allocation (indicated below).

List the annual maximum funding allocation for each employee you are choosing:

Employee only health plan coverage \$ \_\_\_\_\_ Family health plan coverage \$ \_\_\_\_\_

Select the frequency in which you will make allocations:     Monthly     Quarterly     Annually

## EFT authorization

Financial institution \_\_\_\_\_

Name on employer checking account \_\_\_\_\_

Routing number \_\_\_\_\_ Checking account number \_\_\_\_\_

I authorize Everence Association, Inc. to withdraw funds from this account each month to pay the congregation/employer's funding of HRA reimbursement requests submitted by employees.

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

## How EFT works:

1. No funds are sent to Everence until reimbursement requests are submitted by employees.
2. Reimbursement checks will be issued to employees once a month.
3. Each month before reimbursement checks are issued, Everence will notify the group HRA contact person by e-mail of the total amount of reimbursements for that month. The preauthorized checking account will be debited by that amount.
4. Your bank will report the electronic funds transfer as a withdrawal on the congregation or employer checking account.
5. It is the responsibility of the congregation/employer to make sure sufficient funds are available in the checking account to cover each monthly reimbursement amount.
6. If you change financial institutions, you'll need to fill out another EFT Authorization form for your new financial institution immediately.
7. If there is a problem with your electronic funds transfer, please notify Everence, not the financial institution.
8. This authorization will remain in effect until Everence receives notification to cancel this service.