

HRA Employee Waiver Form



Your employer permits you to opt out of your medical 2013 HCSO HRA account to be eligible for your insurance exchange tax credit, should you qualify. Completion of this waiver will be acceptable proof of your decision to opt out.

Statement of Waiver

By my signature below I certify that I have opted out of the HRA Plan offered by my employer.

Employee Name: _____

Last 4 Digits of Employee Social Security Number: _____

Employer Name: _____

Signature

Employee Signature

Date

Must be returned to your Benefits Department to forward to:

BeneFLEX HR Resources, Inc
Submit to info@beneflexhr.com

Benefits Office Staff Member's Signature: _____

Effective Date: _____

Note: *This waiver is not required for Excepted HRA Benefits. Only if an employee is still in a medical 213(D)HRA.*