

HRA Contact / Bank Change Form

Please only fill out the the section that is applicable to your modification.

CLIENT DEMOGRAPHIC INFORMATION	
Authorized Requestor's Name	Requestor's Phone Number
Business Name	Address
City	State
Zip	Effective Date of Policy
Policy Number	
EMPLOYER HRA BENEFIT CONTACT INFORMATION: WHO IS THE CONTACT FOR HRA FUNDING AND BENEFITS?	
Name (First, MI, Last)	Phone Number
Address 1	Fax Number*
Address 2	Email Address*
City	State Zip
<small>*At least one of these fields is required. This is how we will notify you of upcoming HRA withdrawals from the bank account you list below.</small>	
REVISED CHECKING ACCOUNT INFORMATION - PLEASE ATTACH VOIDED CHECK	
Note: If multiple HRAs are being offered, each HRA should have a unique corresponding checking account. Savings accounts may not be used to fund HRA banking requirements.	
US Financial Institution/Bank Name:	Bank Address:
Bank Telephone Number:	Bank Account #:
ABA 9-digit Transit Number:	
Completion Instructions	

1. Complete Form
2. Attach Voided Check
3. Remit to:
 - Employer & Broker Service
 - 12501 Whitewater Dr.
 - Minnetonka, MN 55343
 - or fax to: **800-955-9015**

For clients with 2-149 eligible employees