

# HEALTH REIMBURSEMENT ARRANGEMENT ACCOUNT CHANGE OR TERMINATION FORM

WE MAKE  
THE COMPLEX  
SIMPLE

|   |  |
|---|--|
| <b>Date:</b>                            |  |
| <b>Company Name:</b>                    |  |
| <b>Employer ID Number:</b>              |  |
| <b>Employee Name:</b>                   |  |
| <b>Employee Social Security Number:</b> |  |

**Termination**

Date Effective \_\_\_\_\_

COBRA Elected?  No  Yes If yes, Effective date: \_\_\_\_\_

Termination date: \_\_\_\_\_

**Address Change / Name Change**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Change in Dependent Status**

| Last Name | First Name | Relationship to Employee | Date of Birth | SSN   | Add/Term - Date |
|-----------|------------|--------------------------|---------------|-------|-----------------|
| _____     | _____      | _____                    | _____         | _____ | Add/Term _____  |
| _____     | _____      | _____                    | _____         | _____ | Add/Term _____  |
| _____     | _____      | _____                    | _____         | _____ | Add/Term _____  |
| _____     | _____      | _____                    | _____         | _____ | Add/Term _____  |

**Other**

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date