

HRA Dependent Form

Please follow the steps below to thoroughly and accurately complete this form.

| |
|------------------------|
| Date: _____ |
| Fax- # of Pages: _____ |

Step 1: Personal Information

Company Name: _____

Employee Name: _____ SSN: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Step 2: Dependent Information

| Dependent Name | Social Security # (SSN)* | Date of Birth | Gender | Relationship to Employee |
|----------------|--------------------------|---------------|---|--------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Female <input type="checkbox"/> Male | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> Female <input type="checkbox"/> Male | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> Female <input type="checkbox"/> Male | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> Female <input type="checkbox"/> Male | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> Female <input type="checkbox"/> Male | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> Female <input type="checkbox"/> Male | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> Female <input type="checkbox"/> Male | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> Female <input type="checkbox"/> Male | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> Female <input type="checkbox"/> Male | _____ |

*Social Security Number is required.

Step 3: Employee Signature

Employee Signature: _____ Date: _____

Please keep Flex informed of any changes to your Dependent information. Upon completion of this form, please *return to your Plan Administrator* for submission to Flex.

Plan Administrator: Please return completed form to Flex by mail, email or fax. If employee is an addition to the HRA Plan, please return this form along with a completed FlexHRA Additions Form, to the address or fax number listed below.

GO PAPERLESS!

You can login to your account at flexiblebenefit.com and manage eligibility transactions online without needing to complete any paper forms. Get started today!

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