



HRA Opt-Out Election Form

Participation in the Section 105 Health Reimbursement Account (HRA) Plan is automatic for all eligible employees. Under this plan, your employer contributes a certain amount of money on a tax-free basis that you can use for eligible medical expenses as defined by the Plan.

You will continue to be a Plan Participant as long as you meet the eligibility requirements unless you opt out of participating in the Plan. To opt out, return this completed and signed form to your employer.

I understand that by opting out of the plan:

- I will not be reimbursed for any eligible expenses provided after opting out.
- I can continue to submit claims for reimbursement of eligible expenses provided prior to the opt-out date within the runout period indicated in my Summary Plan Description (SPD).

Printed Name	Date
Signature of Participant	

OFFICE USE ONLY – DO NOT COMPLETE	
Received By	Date