



Qualified Small Employer HRA Change Form

Date					
Company Name			Client TASC ID		
Employee Name			Participant TASC ID		
<input type="checkbox"/> TERMINATION (last date of HRA coverage)					
Date Effective			Termination Date (Last day of coverage)		
<input type="checkbox"/> ADDRESS CHANGE/NAME CHANGE					
Name					
Street Address					
City			State		Zip Code
<input type="checkbox"/> CHANGE IN DEPENDENT STATUS					
Last Name	First Name	Date of Birth	Relationship to Employee	Add or Term	Date
<input type="checkbox"/> OTHER					
Explain:					
Signature			Date		