

# HealthSecure HRA® Account Change



Make your account change online: (1) Log in at **HRAgo®** (mobile app) or **HealthSecureHRA.com**; (2) Click **My Profile**; and (3) Click **Account Preferences**.  
Or, mail completed form to: HealthSecure HRA, PO Box 4389, Clinton, IA 52733-4389.

## 1. UPDATE PARTICIPANT INFORMATION / CHANGE NAME

I want to update or change my:  Contact information  Name

Account Number or SSN \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

New or Current Last Name \_\_\_\_\_ New or Current First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Area Code and Phone Number E-mail Address (Use home or personal email address.) \_\_\_\_\_

**IMPORTANT: Have you previously separated or retired from the employer that made, or is making, contributions to this account?**  Yes  No

Separation or Retirement Date (mm/dd/yyyy) \_\_\_\_\_ Employer Name \_\_\_\_\_

### E-COMMUNICATION

**GO GREEN!** Sign up for **e-communication** and avoid the paper clutter. Make your election online. After getting your welcome packet in the mail, log in at **HealthSecureHRA.com** and click **My Profile** to update your **Account Preferences**.

## 2. ADD/UPDATE SPOUSE OR DEPENDENT INFORMATION

Your spouse and dependent(s) are eligible for coverage under this Plan. **Federal law requires us to have on file the full name, Social Security number, and date of birth of all covered individuals.** Use another form or list any additional dependents on an attached sheet of paper.

Add	Remove	First Name	M.I.	Last Name	Date of Birth (mm/dd/yyyy)	Social Security Number
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Spouse	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Child / Dependent 1	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Child / Dependent 2	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Child / Dependent 3	_____	_____	_____	_____

## 3. CERTIFICATIONS: READ BEFORE SUBMITTING

By completing and submitting this form, you agree to the **Terms and Conditions**, as amended from time to time, which can be found in the **Plan Summary/Summary Plan Description**. To get a current copy of the Plan Summary, log in at **HealthSecureHRA.com** and click **Resources** or contact our Customer Care Center at 1-888-364-5027.