

HealthSecure HRA® Participant Status Change

Termination / Separation / Retirement / Rehire / Reduction of hours / Vesting / COBRA notice



Submit participant status changes online: (1) Log in at HealthSecureHRA.com; (2) Click **Participants**; and (3) Click **Process Participant Status Change**.
Or, submit completed form through our Secure Message Center: (1) Log in at HealthSecureHRA.com; (2) Click the envelope icon (✉); and
(3) Click **Compose New Message**. **Or, mail completed form to:** HealthSecure HRA, PO Box 4389, Clinton, IA 52733-4389.

Use this form to notify the Plan when a currently enrolled employee/participant:

1. Is rehired;
2. Voluntarily terminates, separates, or retires;
3. Is involuntarily terminated¹;
4. Experiences a position change or reduction of hours affecting eligibility;
5. Passes away; or
6. Becomes vested (if vesting applies).

Events 2, 3, and 4 above may constitute a **COBRA qualifying event** if the employee/participant stops receiving employer contributions to which they or his or her qualified beneficiaries would have otherwise been entitled (e.g. ongoing monthly contributions). To comply with federal COBRA requirements, employers must notify the Plan **within 30 days** when a **COBRA qualifying event** occurs. Refer to our **Employer COBRA Reporting Requirements** handout available at HealthSecureHRA.com and click **Resources**, or contact our Customer Care Center at 1-888-364-5027.

1. EMPLOYER INFORMATION AND AUTHORIZING SIGNATURE (REQUIRED)

Employer Name _____	Employer ID No. The Employer hereby authorizes the _____
X _____ Authorizing Signature on behalf of Employer	Date _____
Printed Name _____	Title _____ Area Code and Phone Number _____
E-mail Address _____	

NOTE: DO NOT complete this form for employees who are becoming **new HealthSecure HRA participants** due to receipt of contributions at termination, separation from service, or retirement. Report information for these employees on the Enrollment form or when entering enrollment data in the online portal.

EVENT TYPE

- | | |
|---|--|
| 1 = Rehire | 4 = Position change or hours reduction |
| 2 = Voluntary termination / separation / retirement | 5 = Death of participant |
| 3 = Involuntary termination ¹ | 6 = Vesting change |

3. EVENT DETAIL

Please enter the information requested below. Remember to include the appropriate **Event Type** code in the Event Type column. Also, if the event is a **COBRA qualifying event (see information above)**, please include the projected monthly contribution amount in the Projected Monthly Contribution Amount column.

Participant SSN or Acct. No.	Division Code	First Name	Last Name	M.I.	Date of Event	Event Type	This is a COBRA qualifying event	Projected Monthly Contribution Amount ²	Percent Vested ³ (if applicable)	Reallocation of non-vested amounts(s) ⁴		
										Temporary forfeiture account	Employer account	Other(see attached)
1							<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2							<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3							<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4							<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5							<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹Termination for gross misconduct is not a COBRA qualifying event. ²Enter the projected monthly contribution amount that would have otherwise been contributed had the COBRA qualifying event not occurred. ³Enter the participant's vested percentage if vesting applies to your HealthSecure HRA Plan. ⁴Forfeiture reallocation instructions you provide on this Participant Status Change form will control in the event they differ from the instructions, if any, that may be contained in your Employer Adoption Agreement.