

HealthSecure HRA® Permanent Forfeiture of HRA Coverage

Use this form to permanently forfeit (give up) your HRA account balance.



Submit completed form through our Secure Message Center: (1) Log in at **HRAgo®** (mobile app) or **HealthSecureHRA.com**;
(2) Click the **envelope icon** (✉); and (3) Click Compose New Message. **Or, mail to:** HealthSecure HRA, PO Box 4389, Clinton, IA 52733-4389.

You have the right under the HealthSecure HRA plan and under federal health care reform law to forfeit or give up your HealthSecure HRA account balance(s). If you are making this election to qualify for the premium tax credit, you should consider electing limited HRA coverage instead. To learn more, read **Premium Tax Credit and Your HRA** in the **Plan Summary**. To get a current copy, log in at **HealthSecureHRA.com** and click **Resources**, or contact our Customer Care Center at 1-888-364-5027. You should consider your options carefully and consult a tax or employee benefits professional before making this election. The HealthSecure HRA and its agents do not give tax advice.

1. PARTICIPANT ACCOUNT AND CONTACT INFORMATION

Please list the account number(s) of the HealthSecure HRA account(s) you want to forfeit.

Account Number(s)

Date of Birth (mm/dd/yyyy)

Last Name

First Name

M.I.

Mailing Address

City

State

Zip

()

Area Code and Phone Number

E-mail Address (Use home or personal email address.)

2. PERMANENT FORFEITURE OF HRA COVERAGE

Yes, I elect to permanently forfeit the balance(s) from my HealthSecure HRA account(s) listed in Section 1 of this form.

3. CERTIFICATIONS: READ BEFORE SUBMITTING

By signing below, you hereby elect to forfeit your HealthSecure HRA account balance(s) from the account(s) listed above for you, your spouse, and your qualified dependent(s). You understand this form may be used as evidence of your intent to permanently forfeit your HealthSecure HRA account(s), including any potential future contributions and reimbursements. The HealthSecure HRA plan does not endorse, approve nor in any manner make a determination regarding whether a Permanent Forfeiture of HRA Coverage is suitable for any participant.

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**. To get a current copy, log in at **HealthSecureHRA.com** and click **Resources**, or contact our Customer Care Center at 1-888-364-5027.

Your handwritten signature is required; e-signatures are not acceptable.

X _____
Participant Signature

_____ Date

() _____
Phone Number where I can be reached