



New Hire & Change HRA Enrollment Form

SUBMISSION REASON

PLAN INFORMATION

Employer Name _____

Plan Year Dates _____ to _____

Do you have more than one HRA setup with Admin America? _____

EMPLOYEE DEMOGRAPHIC INFORMATION

First & Last Name _____ Gender _____

Name Employee goes by (if different from legal name) _____

Social Security Number _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____ Phone _____

EMPLOYEE ENROLLMENT INFORMATION

Date of Hire _____ HRA Effective Date _____

Company Division (if setup with Admin America) _____

HRA Coverage Tier _____
If you have more than one HRA with Admin America,
list the HRA(s) to enroll the employee in below

FAMILY COVERED UNDER HRA

First & Last Name _____

Social Security Number _____ HRA Effective Date _____

Relationship _____ Gender _____ Date of Birth _____

First & Last Name _____

Social Security Number _____ HRA Effective Date _____

Relationship _____ Gender _____ Date of Birth _____

First & Last Name _____

Social Security Number _____ HRA Effective Date _____

Relationship _____ Gender _____ Date of Birth _____

First & Last Name _____

Social Security Number _____ HRA Effective Date _____

Relationship _____ Gender _____ Date of Birth _____

First & Last Name _____

Social Security Number _____ HRA Effective Date _____

Relationship _____ Gender _____ Date of Birth _____

First & Last Name _____

Social Security Number _____ HRA Effective Date _____

Relationship _____ Gender _____ Date of Birth _____