



# SelectAccount<sup>SM</sup>

## HRA GROUP ENROLLMENT FORM

Use this form if your enrollment information does not come to SelectAccount from your health plan administrator.

EMPLOYER NAME:			
NAME OF PERSON SUBMITTING INFORMATION:		PHONE NUMBER:	
SINGLE HEALTH PLAN DEDUCTIBLE:	SINGLE HRA PLAN YR AMT:	FAMILY HEALTH PLAN DEDUCTIBLE:	FAMILY HRA PLAN YEAR AMOUNT:
EMPLOYEE'S NAME: LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE
EFFECTIVE DATE:	HRA AMOUNT:		DAYTIME PHONE
COVERAGE TYPE: <input type="checkbox"/> SINGLE <input type="checkbox"/> FAMILY			
DEPENDENT FIRST/LAST NAME	EFFECTIVE DATE	DOB	RELATIONSHIP TO EMPLOYEE
EMPLOYEE'S NAME: LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE
EFFECTIVE DATE:	HRA AMOUNT:		DAYTIME PHONE
COVERAGE TYPE: <input type="checkbox"/> SINGLE <input type="checkbox"/> FAMILY			
DEPENDENT FIRST/LAST NAME	EFFECTIVE DATE	DOB	RELATIONSHIP TO EMPLOYEE
<b>PLEASE NOTE:</b>			
This form is being provided to you for your convenience. If this information is available in another format, please feel free to forward the information to SelectAccount in that version.			
EMPLOYER'S SIGNATURE: _____		DATE: _____	

\* Blue Cross and Blue Shield of Kansas is an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. SelectAccount provides account administration services for HRA, HSA and FSA plans and is not affiliated with Blue Cross and Blue Shield of Kansas.