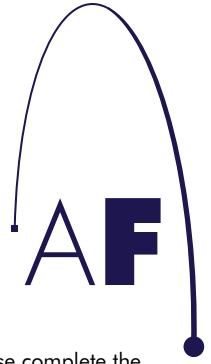


AMERIFLEX[®]

HEALTH REIMBURSEMENT ACCOUNT



HRA ACTIVATION FORM

The HRA Activation Form is required to activate your HRA account only after your full medical deductible has been met. Please complete the form below and provide it, along with a copy of your Explanation of Benefits indicating that your deductible has been met, in order for AmeriFlex to activate your Health Reimbursement Account. This form is only required for the initial activation. Once activated, your HRA funds will be available until such time that they are depleted or the plan year has ended.

Employer Name: _____

Employee Name: _____ Telephone: _____

Employee Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Social Security Number: _____ Plan Year Start: _____ Plan Year End: _____

Is this person now, or has this person ever been enrolled in Medicare?* Yes No

If "Yes," you must provide this person's Medicare Claim Number (HICN): _____

*Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173) requires AmeriFlex to report certain HRA enrollment data to the Centers for Medicare & Medicaid Services.

AmeriFlex Convenience Card[®] Activation

Please activate my HRA Account on my AmeriFlex Convenience Card[®]. I have attached an Explanation of Benefits from my Health Plan indicating that my deductible has been met.

Amount to be applied toward my deductible: \$ _____

Employee Signature

Date