Core Documents Inc.

If you need help completing this application call 1-888-755-3373

HRA Plan Document - Fax Order Form

Please print clearly

CoreHRA.COM

Purchaser Information (Person buying document for Employer listed below, i.e. Agent, CPA, payroll co., etc.)

First Name_____ Last Name_____
Company _____
Address_____
City_____ State_____ Zip Code_____
Phone _____ Fax _____
Email_____
Ship Document to: ❑Purchaser ❑Employer

Employer Information for Plan Documents – Exactly as it should appear in the plan document. Print clearly.

First Name_____ Last Name_____ (owner/controller, document signer)

Company Name_____
Address _____
City_____ State_____ Zip Code_____
Phone_____ Fax_____
Email_____

Form of Business: ❑ S Corporation ❑ C Corporation ❑ LLC ❑ Partnership ❑ Sole Proprietorship ❑ Government ❑ Non-Profit 501(c)(3)

Employer Federal ID#: _____ State of Inc.:_____ Number of Employees:_____

Legal Name(s) of **Affiliated Company(ies)** that will be covered by the Plan (if any):
1)_____
2)_____
3)_____

Name of Plan Administrator (Employer unless otherwise listed):
Name_____
Address_____
City_____ State_____ Zip Code_____
Phone_____ Fax_____

Protected Health Information (PHI) Designee: _____

Effective Date will be:
❑ a) a new plan effective date as of (date)_____
❑ b) Amend and restate an existing HRA plan as of (new date for this updated plan): _____
If this is to be an amended and restated plan, state the (old) original effective date:_____

Plan Year - The first plan year will be:
❑ a) a 12 consecutive month period beginning (date)_____ and ending (date)_____
❑ b) a short plan year beginning (date)_____ and ending (date)_____

Waiting Period: Employees can participate the ❑ 1st day of employment, or ❑ 1st day following, or ❑ 1st day of month following _____ days of employment.

Eligibility Requirements: All employees who work _____ or more hours per week.

Please tell us how you found Core Documents: ❑ Search Engine ❑Agent ❑ Google Ad ❑ Other_____

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Employer:_____ **HRA - Fax Order Form**

A Core Benefit Consultant will contact you regarding your custom plan design requests, issues, and design criteria. Please answer all of the following basic design questions that apply to the HRA benefit that you would like to provide. Attach additional design criteria or notes to this order form if necessary.

Comprehensive Plan Questions:

Will your HRA plan have an annual benefit limit? ❑ Yes **OR** ❑ No If yes designate the annual limit: $_____
Will your HRA make the funds available: ❑ Monthly **OR** ❑ Lump Sum
Will your HRA Plan reimburse individual or Exchange insurance premium post-tax? ❑ Yes **OR** ❑ No
Will your HRA carry over unused funds at the end of the plan year? ❑ Yes **OR** ❑ No

Deductible Gap Questions:

Will your HRA Plan be coupled with your group health insurance plan? ❑ Yes **OR** ❑ No
Will your HRA Plan be designed primarily to pay a portion of the deductible? ❑ Yes **OR** ❑ No
Is your group health insurance Plan compatible with a Health Savings Account (HSA)? ❑ Yes **OR** ❑ No
Is the benefit for a calendar year Deductible? ❑ Yes **OR** ❑ No Or a Plan Year Deductible? ❑ Yes **OR** ❑ No
Is your HRA only reimbursing "in-network" provider expenses? ❑ Yes **OR** ❑ No
Is the Employee responsible for some portion of the Deductible and/or other expenses? ❑ Yes **OR** ❑ No
Please describe the Employee responsibility in your notes. Or attach notes to this order.

Premium Reimbursement Questions:

Will your HRA plan be primarily for secondary premium reimbursement (i.e. dental or vision)? ❑ Yes **OR** ❑ No
Will your HRA Plan reimburse individual or Exchange insurance premium post-tax? ❑ Yes **OR** ❑ No

NOTES:_____
_____
_____
_____

Choose either the HRA 'Deluxe Binder Option' or the 'Basic PDF Option':

❑ **Deluxe Binder – New Health Reimbursement Arrangement Plan Document** **$349.00** ❑
In email PDF version processed ASAP, AND Printed in 3-ring binder, with 5 Section tabbed index, shipped via Priority Mail.

OR

❑ **Basic PDF Option - New Health Reimbursement Arrangement Plan Document** **$299.00** ❑
PDF Document Processed Quickly and Sent Via E-Mail

Options that can be added to the HRA Deluxe Binder or the Basic PDF Option:

❑ **Plan Document CD Mailed - in addition to PDF email and/or mailed binder** **$25.00** ❑
Documents provided in PDF format only. Forms in MS Word format.
Always have a safe backup copy of your plan document on CD.

❑ **Rush Order - Your order automatically queued for immediate processing** **$25.00** ❑

❑ **2nd Year Update - discounted 23% when added to new document order** **$99.00** ❑
This option entitles you to one plan document amendment in the first 24 months.
Save 23% off the normal $129.00 update price.

Update and Amend a HRA plan document originally produced by Core Documents:

❑ **Update/Amend Health Reimbursement Arrangement HRA Plan Document** **$129.00** ❑
All Updated/Amended documents delivered via email in PDF format.

TOTAL $ TOTAL

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Employer:_____ **HRA - Fax Order Form**

If paying by check, please complete the following:

Your order can be processed with a copy of the original check attached to the order made out to Core Documents with amount to be charged, **OR** simply provide the following information and authorization.

Name as it appears on check:

_____

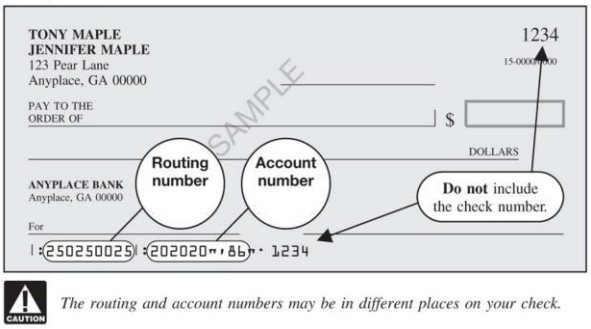
Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Total amount to be charged: $_____

Sample Check



CAUTION *The routing and account numbers may be in different places on your check.*

X_____ Date: _____
Signature

If paying by credit card, please complete the following:

Card Type: ❒Discover ❒VISA ❒MasterCard ❒American Express

Card Number: _____ _____ _____ _____

Expiration Date: _____/_____

3 Digit Security Code on back:_____
(4 digit on American Express front)

Security Code

Total amount to be charged: $_____

Name as it appears on card: _____

X_____ Date: _____
Signature

Refund Policy: Purchaser understands that goods and services provided by Core Documents, Inc. are non-refundable. Orders cancelled prior to sending/shipping are subject to cancellation fees applied to the cost of goods and services provided during the review, draft, and preparation of your order.

Please sign and fax completed form to (941)795-4802. Attach additional pages of plan design information if needed.

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Office: 501 Village Green Parkway, Ste. 22, Bradenton, FL 34209
Scan and Email: CoreService@CoreDocuments.com
Toll Free Voice: 888-755-3373 Fax: 941-795-4802