

# BeneFLEX HRA Employee Waiver Form

Your employer permits you to opt out of your medical 2013 HCSO HRA account to be eligible for your insurance exchange tax credit, should you qualify. Completion of this waiver will be acceptable proof of your decision to opt out.

## Statement of Waiver

By my signature below I certify that I have opted out of the HRA Plan offered by my employer.

Employee Name: \_\_\_\_\_

Last 4 Digits of Employee Social Security Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

## Signature

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Must be returned to your Benefits Department to forward to:**

BeneFLEX HR Resources, Inc

Submit to [info@beneflexhr.com](mailto:info@beneflexhr.com)

Benefits Office Staff Member's Signature: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Note:** This waiver is not required for Excepted HRA Benefits. Only if an employee is still in a medical 213(D)HRA.

