School District

Heath Reimbursement Arrangement (HRA)
Participant Enrollment Form

DataPath Administrative Services

Last Name _____ First Name _____ Middle Initial ____

Social Security Number _____ Date of Birth _____ Benefit Start Date _____

Address _____ City _____ State _____ Zip _____

Home or Cell Phone _____ Work Phone _____ Email _____

Professional/Licensed Staff (Primarily teachers and administration – principals/superintendents)

Health Plan	Single HRA	TP/PC/Fam HRA	Please write in tier level next to correct benefit
Platinum	$2,100	$4,200	
Gold	$2,100	$4,200	
Gold CDHP	$2,100	$4,200	
Silver CDHP	$2,100	$4,200	

Support Staff (para-educators; administrative, kitchen, custodial or bus driving staff)

Health Plan	Single HRA	TP/PC/Fam HRA	Please write in tier level next to correct benefit
Platinum	$2,200	$4,400	
Gold	$2,200	$4,400	
Gold CDHP	$2,200	$4,400	
Silver CDHP	$2,200	$4,400	

***Please note a card will be ordered for the participant only; if additional cards are needed, please fill out the appropriate form.**

Payment Information

Reimbursement will be made via Electronic Funds Transfer (direct deposit) into your checking or savings account.

Banking information Bank Name _____

Routing number _____ Account number _____

I hereby certify information provided herein to be correct and true and choose to participate.

Signature_____ Date_____