



Health Reimbursement Arrangement (HRA) Renewal Form

The following information is required to renew your HRA plan and must be received **30 days prior** to your new year plan start date.

Submit the completed form by one of the following methods:	Online Support	Mail
	Email to cpisupport@mycpiteam.com . If you have questions on your current plan, you can login to your portal to review.	CPI, 6421 Perkins Rd., Bldg. A, Suite 2A, Baton Rouge, LA 70808

CLIENT/EMPLOYER INFORMATION

Client/Employer Name:			
Primary Contact:			
Email:		Phone Number:	
Address:	Address 1:		
	Address 2:		
	City:		
	State:	Zip Code:	

PLAN INFORMATION

Plan Year Start Date:		Plan Year End Date:		
Renew my HRA Plan:	<input type="checkbox"/> With NO changes <input type="checkbox"/> With the changes indicated below. Effective Date:			
<input type="checkbox"/>	Change in HRA Plan Eligible Benefits for Reimbursement: Example: Deductible, Coinsurance, Prescription, Copay, etc.			
	Eligible Benefit:			
<input type="checkbox"/>	Change in HRA Deductible: The HRA deductible is the amount for which an employee is responsible prior to any HRA reimbursement. If there is no HRA deductible, indicate \$0. This is not the same as your health insurance deductible.			
	Individual Maximum \$		Family Maximum \$	
<input type="checkbox"/>	Change in Plan Reimbursement Amounts:			
	%	From \$	To \$	
	%	From \$	To \$	
	%	From \$	To \$	
	%	From \$	To \$	
	Maximum Employer Reimbursement		Per Individual \$	Per Family \$

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Change in Plan Reimbursement Design (Individual or Family):			
		Individual family member (maximum reimbursement capped at maximum amount per member)	
		Family aggregate (an individual of the plan or a combination of family members may receive reimbursement up to the maximum family amount elected or any combination of reimbursements)	
Change in Medical Plan Insurance Carrier:			
	Current Carrier:		New Carrier:
Change in availability of HRA Plan Benefits for Reimbursement:			
		Entire Annual Benefit is available as of the first day of plan year	
		Annual Benefit is prorated on a monthly basis and available the first of each month	
Additional Notes:			
Enrollments:		Plan will be set to auto enroll. Enrollment report will be sent if any changes need to be made.	
Summary Benefits and Coverage:		If your plan is changing, please send a copy of your SBC.	
Signature:			Date: