



Health Reimbursement Arrangement Opt-out Form

The benefits provided by a Health Reimbursement Arrangement (HRA) generally will be considered minimum essential coverage and could disqualify an individual from being eligible for a premium tax credit under the Marketplace Exchange.

This form should be completed if you wish to permanently opt out of and waive future reimbursements from your HRA. **Please return the completed form to your *Plan Sponsor* prior to the effective date indicated below.**

Section 1: Employee Information (please print)

- Employer name: _____
- Your full name: _____
- PSA Member ID number: _____

Section 2: Opt Out

- Effective Date: _____

I choose to permanently opt out of my HRA.

My eligibility will cease and I waive my rights to future reimbursements from this HRA. The balance remaining in my account as of the effective date shown above will be forfeited.

I have read and understand the notification of my rights.

Signature _____ Date _____

Employer: Please return this completed form to PacificSource Administrators at psamembership@pacificsource.com or by fax: (800) 575-1109.