



HRA/FSA Account Restriction/Suspension Form

Return this completed form to:
Mail: U.S. BENCOR/MidAmerica
Attn: PO Box 24927, Lakeland, FL 33802
Fax: (863) 577-4460 | Phone: (855) 329-0095

Section A Participant Information

Employer Date of Birth (mm/dd/yyyy) --

First Name Last Name M.I. Social Security Number --

Mailing Address City State Zip Telephone

Email Address Check if permanent address change: Actively employed with employer? If no, separation date?

Section B Account Restriction/Suspension Information

When you, your spouse and/or your eligible dependents are contributing to a Health Savings Account, you must restrict your HRA and/or FSA. If you want to qualify for the Advanced Premium Tax Credit, you must suspend your HRA. For more information on suspending and/or restricting your HRA and/or FSA, please review the other side of this form.

Option 1 Restriction

Complete this section if you are restricting your HRA and/or FSA. If you are not restricting your accounts, leave this section blank.

I am restricting my: HRA FSA

Restriction Reason:

- I am contributing to a Health Savings Account (HSA)
- My spouse and/or eligible dependents are contributing to a Health Savings Account (HSA)

Restriction Effective Date:

This is the date HSA contributions began.

If you are restricting your HRA/FSA because your spouse and/or eligible dependents are contributing to an HSA, please provide their information below.

Spouse Name

Dependent Name

Dependent Name

Option 2 Suspension

Complete this section if you are suspending your HRA. If you are not suspending your account, leave this section blank.

I am suspending my: HRA

Suspension Reason:

- I want to qualify for the Advanced Premium Tax Credit (APTC)
- I am already receiving the Advanced Premium Tax Credit (APTC)

Suspension Effective Date:

This is the date you enroll in APTC.

Section C Restriction/Suspension Removal Request

The suspension/restriction will roll from year to year until U.S. BENCOR/MidAmerica receives written notice from you to remove the suspension/restriction. Please include proof justifying the removal, such as a premium notice showing you are no longer receiving an APTC or a pay stub showing no contributions to an HSA. Once the HRA/FSA suspension/restriction has been removed, you will have access to the HRA/FSA according to your Employer's plan rules. Complete this section to remove a prior suspension and/or restriction. If you are not requesting that a prior restriction and/or suspension be removed, leave this section blank.

Remove prior suspension/restriction effective:

Section D Acknowledgment and Authorization

I understand that upon receipt of this notice, I, my spouse, and/or my eligible dependents may have limited or no access to the HRA/FSA during the suspension/restriction period, based on my selection. I understand that the suspension/restriction will roll from year to year until U.S. BENCOR/MidAmerica receives written notice from me to remove the suspension/restriction.

Participant Signature

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Signature Date (mm/dd/yyyy)

Information on Suspending/Restricting your HRA and/or FSA

- **Suspending your HRA** means that you will not be able to incur expenses for reimbursement during the time your HRA is suspended. However, you can submit expenses for reimbursement that were **incurred prior to** your suspension. Your employer is still able to contribute to your account during the suspension and the account will continue to accrue interest.
- **Restricting your HRA** means that you may still be able to submit or incur limited purpose, post-deductible, and premium expenses during the time your HRA is restricted. Please review the table below for additional details on eligible reimbursements during HRA restrictions.
- **Restricting your FSA** means that you are still able to submit or incur limited purpose expenses during the time your FSA is restricted. Please review the table below for additional details on eligible reimbursements during FSA restrictions.

Common Reasons for Suspending your HRA

A general HRA plan may make you ineligible to receive an advanced premium tax credit (APTC); however, suspending your HRA may qualify you for an APTC. You will not be able to incur expenses for reimbursement during the suspension.

Understanding Reimbursements During Suspension

If suspending your HRA because you wish to qualify for an advanced premium tax credit, you, your spouse and/or your eligible dependents will not be able to incur expenses for reimbursement during the suspension or use your debit card. However, you can submit expenses for reimbursement that were **incurred prior to** your suspension.

Common Reasons for Restricting your HRA/FSA

A general HRA/FSA plan may make you, your spouse, and/or eligible dependents ineligible to contribute to an HSA; however, restricting your HRA/FSA may allow you to contribute to an HSA. Restricting your HRA/FSA means you will still have some access to funds during the restriction period. Please see below for more information on eligible reimbursements during restriction.

Understanding Eligible Reimbursements During Restriction

If restricting your FSA because you, your spouse, and/or eligible dependents are contributing to an HSA

You limit your eligible reimbursements to limited purpose for the current year. Your spouse and/or eligible dependents are able to request reimbursements from the FSA for limited purpose expenses such as dental, vision and preventative care.

If restricting your HRA because YOU are contributing to an INDIVIDUAL HSA

You limit your eligible reimbursements to limited purpose, post-deductible expenses, and premiums (post-retirement or separation from service) for the current year. Your spouse and/or eligible dependents are able to request reimbursements from the HRA for limited purpose expenses such as dental, vision and preventative care.

If restricting your HRA because YOU are contributing to a FAMILY HSA

You limit your eligible reimbursements to limited purpose, post-deductible expenses, and premiums (post-retirement or separation from service) for the current year. Your spouse and/or eligible dependents are able to request reimbursements from the HRA for limited purpose expenses such as dental, vision and preventative care.

If you are restricting your HRA because YOUR SPOUSE AND/OR ELIGIBLE DEPENDENTS are contributing to an INDIVIDUAL HSA

You do not limit your eligible reimbursements and may submit reimbursement requests as normal. However, your spouse and/or eligible dependents may only request reimbursements for limited purpose expenses such as dental, vision and preventative care.

If you are restricting your HRA because YOUR SPOUSE AND/OR ELIGIBLE DEPENDENTS are contributing to a FAMILY HSA

You do not limit your eligible reimbursements and may submit reimbursement requests as normal. However, your spouse and/or eligible dependents may only request reimbursements for limited purpose expenses such as dental, vision and preventative care.

Questions?

Contact our Participant Services team at (855) 329-0095 or healthaccountservices@myMidAmerica.com.

Participant Service Hours: Monday through Friday, 8:30 a.m.–6:00 p.m. ET