



Application for Medicharge® H.R.A. Custodial Account

First Name	MI	Last Name	Social Security Number	Birth Date
Home Address		City	State	Zip
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Home Phone	Name of Employer Alpha Services Co of Roch	Employer Phone # (888) 995-4742

Dependent Information – List all dependents applying. Use extra paper if necessary, or add to back of this application.

First Name	M.I.	Last Name	Social Security #	Relationship (i.e. spouse, daughter, son)	Month	Day	Year

Do you, or any family member listed, have current health coverage? ☐ No ☐ Yes If YES, please complete the following section.

Family Member Name	Insurance Company Name	Type of Insurance (Medical, Dental, Vision, Prescription, Long-term Healthcare, Medicare)	Deductible Amount

What was your estimated annual healthcare expense for the prior year? \$ _____

Does your employer offer a Section 125/FSA plan? ☒ No ☐ Yes
(circle one)

If YES, are you enrolled in the Section 125/FSA plan? ☒ No ☐ Yes -- amount deducted \$ n/a per week/ month/ year.

What dollar amount will be deposited into your Medicharge® Custodial Account each month by your employer? \$ 25.00

PRIVACY NOTE: Your Email address will be used for timely updates regarding healthcare regulation changes and notifications that affect your account. MEDICHARGE will not share your Email, and never use it to communicate private information.

THIS INFORMATION IS IN STRICT CONFIDENCE AND NEVER SHARED.

Copy to Employer/Employee file-----Mail ORIGINAL to: MEDICHARGE H.R.A.-170 East 4 th St. -Suite 1-Winona, MN.. 55987-3512

I/We understand and authorize Healthcare Managers, Inc. (d.b.a. Medicharge® H.R.A.) to make inquiries about my/our business and about me/us individually that is deemed necessary and appropriate in evaluating this application and any future credit transactions.

Today's Date 2/1/2020 Plan Start Date _____ Signature _____ Spouse's Signature _____

Please fax your completed enrollment form to Sue at Medicharge