

**HEALTH REIMBURSEMENT ARRANGEMENT
SUSPENSION ELECTION FORM**

I am currently enrolled in a High Deductible Health Plan which qualified as a high-deductible plan under Code Section 223(c)(2) which makes me eligible to contribute to a Health Savings Account. In order to be eligible to contribute to my HSA I understand that I must suspend my eligibility to be reimbursed for Medical Care Expenses from my HRA.

By completing this Form, I hereby suspend my ability to receive reimbursements from my HRA Account for Medical Care Expenses incurred during the upcoming tax year, beginning on January 1, 200___ and ending on December 31, 20___.

I understand that:

- By suspending my HRA Account for the upcoming tax year, I will not be able to receive reimbursements from my HRA account for any Medical Care Expenses incurred by myself, my spouse, or my dependent(s) during the tax year (except as described below), regardless of whether I submit those medical care expenses during the upcoming tax year or any other tax year.
- I will still be able to be reimbursed for any Medical Care Expenses incurred during the upcoming tax year that are dental or vision expenses.
- I will still be able to be reimbursed for any Medical Care Expenses incurred in the tax year before my suspension election becomes effective.
- My employer will continue to contribute to my HRA Account during the upcoming tax year.
- I may not modify or revoke this Form during the upcoming tax year.
- I must complete this Form and return it to Educators Benefit Consultants before January 1, 200___.

Participant's Name (Please Print)

Date

Participant's Signature

For Administrator's Use Only: Received this Form on _____, 200___.