

## HRA Enrollment *Add/Terminate/Change Form*

**Fax this form to: 800-598-6844**

or mail to: Elkin & Associates, LLC  
Claims Processing  
PO Box 35470  
Charlotte, NC 28235

**For Assistance:** claims@elkinassociates.com  
or call 800-598-6843

Action to be Taken:

Add                       Terminate                       Change

<b>Employer:</b>		
<b>Social Security Number:</b>	<b>Birthdate:</b>	
<b>First Name:</b>	<b>Last Name:</b>	
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Daytime Phone:</b>	<b>Email Address:</b>	
<b>Effective Date of Coverage/Change:</b>	<b>Change Reason:</b>	

**Coverage Level:**

- Employee Only
- Employee +1
- Family
- Single Benefit HRA (if applicable)
- Other \_\_\_\_\_

**Plan Type (if Applicable):**

- Option A
- Option B
- Other \_\_\_\_\_

\_\_\_\_\_ **Authorized Signature for the Employer**

\_\_\_\_\_ **Date**