



## HRA Administration Proposal Request Form

*(Please provide as much of the following information as is available, then fax or email to Medcom.)*

Broker/Consultant name, contact name, address, phone number, email address?

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Full name and address of client account (in order to customize/personalize the proposal)?

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Website address, if any, of client account (in order to customize/personalize the proposal with client's logo)? \_\_\_\_\_

Effective date of HRA plan? \_\_\_\_\_

Total Number of eligible employees? \_\_\_\_\_

Does client account currently have an HRA plan? \_\_\_\_\_

If so, what is the plan year anniversary date? \_\_\_\_\_

If so, how many employees are currently participating? \_\_\_\_\_

If so, what is the monthly administrative fee per employee? \_\_\_\_\_

Deductible, co-insurance, and co-payment structure of proposed core health insurance: \_\_\_\_\_

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Critical plan design considerations, recommendations, requests: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Broker/Consultant

\_\_\_\_\_  
Date

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