



## HRA Configuration Form (Set up, modify or renew an HRA)

Email completed form to your GHP account executive.

Forms must be typed – Optum will not accept handwritten forms.

### 1 Employer information

Legal name of employer sponsoring plan

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Federal tax ID

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Type of medical insurance policy (check all that apply)

HMO    PPO    TPA (not GFA)    Other

Business address

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City

State

Zip code

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Mailing address (if different than business address)

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GHP group ID (group #)

# of eligible employees

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Plan effective date

Plan end date

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### 2 Contact information

**Account administrator** (The main employer contact for the implementation process)

Name

Title

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Phone number

Fax number

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Email address

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**Broker contact**

Contact name

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Firm name

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Phone number

Fax number

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Email address

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### 3 HRA section – HRA plan details

**Health reimbursement arrangement (HRA)**

Only the employer may contribute to an HRA, and the employer determines how much, if any, of the balance carries over from year to year. Runout of claims processing is **90** days post-termination.

**Estimated number of HRA participants:** \_\_\_\_\_

**Are HRA amounts changing?**

Yes    No

**Eligible expenses covered by HRA (choose one):**

Medical expenses only    Medical and prescription only

**Are claims paid from the HRA at 100% of the eligible amount?**

Yes    No, the percentage of amount to be paid per claim is: \_\_\_\_\_ %

**Which medical plan expenses are reimbursable under the HRA? (check all that apply):**

Deductible    Coinsurance    Copayments    Prescription drug costs

**Which claims are reimbursable under the HRA? (choose one):**

In-network claims only    Both in-network and out-of-network claims

**Automatic reimbursement options:**

Pay the provider (default)    Pay the subscriber

*Note: Claims are submitted by the provider to GHP for adjudication. On a weekly basis, applicable HRA claims are processed for payment by the HRA. Most effective payment distribution is directly to the provider.*

### 4 Notes on sales process

**Provide information the implementation team should know** (e.g., expectations, unusual plan designs, special agreements, commissions, coinsurance, copays).

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**General notes:**

- Plans must run for 12 months (short plan years cannot be administered).
- If multiple accounts are offered, plan years must run concurrently.

**Election details: (Only fill tiers actually in plan. If 2-tier, leave EE+1 blank.)**

**If there are multiple HRA setups, list the class number(s) included in the configuration below**  
(replicate this page for additional setups):

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Tier	Deductible amount	HRA amount Employer	Up-front & back-end employee out-of-pocket <sup>1</sup> Employee 1st/3rd (if applicable)
<input type="checkbox"/> <b>Subscriber</b>	\$ _____	\$ _____ per person	\$ _____ per person \$ _____ Back-end (if applicable) <sup>2</sup>
<input type="checkbox"/> <b>EE+1</b>	\$ _____	\$ _____ per person \$ _____ per family	\$ _____ per person \$ _____ per family \$ _____ Back-end (if applicable) <sup>2</sup>
<input type="checkbox"/> <b>Family</b>	\$ _____	\$ _____ per person \$ _____ per family	\$ _____ per person \$ _____ per family \$ _____ Back-end (if applicable) <sup>2</sup>

- <sup>1</sup> OOP: Out-of-pocket: The amount a member is responsible to pay first, up front, before the HRA reimburses expenses.
- <sup>2</sup> Back-end occurs when there are 3 iterations of payment of deductible (e.g., employee pays first, HRA pays second and employee pays third [last]).
- Once the maximum HRA amount per person is reached, the HRA will no longer reimburse expenses for that member, even if there is an existing HRA balance.
- Once the OOP per person is met, the HRA will begin reimbursement for that member, even if the Family OOP has not been met.

If a second HRA plan design is required, provide the details below.

Tier	Deductible amount	HRA amount Employer	Up-front & back-end employee out-of-pocket Employee 1st/3rd (if applicable)
<input type="checkbox"/> <b>Subscriber</b>	\$ _____	\$ _____ per person	\$ _____ per person \$ _____ Back-end (if applicable)
<input type="checkbox"/> <b>EE+1</b>	\$ _____	\$ _____ per person \$ _____ per family	\$ _____ per person \$ _____ per family \$ _____ Back-end (if applicable)
<input type="checkbox"/> <b>Family</b>	\$ _____	\$ _____ per person \$ _____ per family	\$ _____ per person \$ _____ per family \$ _____ Back-end (if applicable)

## 5 Review of required minimum funding (RMF)

**Employer group acknowledges there is up-front funding required (RMF) to operate an HRA.**

**Will there be an HRA payment card?**

- No HRA up-front funding is 4% of total employer exposure (HRA amounts aggregate).
- Yes HRA up-front funding is 10% of total employer exposure (HRA amounts aggregate).

**Type name here:**

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**Date**

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Disclosure: By typing my name above, I agree the information on this form is correct.

**Notes:**

- For a renewing HRA, RMF funds on file will roll forward and no additional funding will be taken.
- RMF level is reviewed regularly and will be adjusted up or down if the calculated RMF varies by +/- 25%.

## Optum Financial HRA dashboard form (Create, modify or remove dashboard account administrators)

### Employer authorization to Optum Financial (online) account dashboard

#### System authorization

Administrators with system authorization access can now manage employees' access to the employer dashboard. To grant or remove access for an employee, open the appropriate employee record, then select "Add/Edit System Authorization" from the left-hand menu. You may then grant or remove access for this employee to human resources, finance and/or system authorization roles in the employer dashboard. Alternatively, you may complete the form continued below.

**Human resources access:** Authorization to view participant data and update information

**Financial access:** Authorization to receive funding emails, view claim payment and update banking information

**Grant access:** Authorization to grant administrative or financial access to other employer administrators

As the administrator of my company's account, I authorize the following contacts to access our corporate account via the employer dashboard.

Company name: \_\_\_\_\_

Administrator name: \_\_\_\_\_

Date: \_\_\_\_\_

Type name here: \_\_\_\_\_

Date: \_\_\_\_\_

Disclosure: By typing my name above, I agree the information on this form is correct.

#### Contact information

Name

Title

Phone number

Email address

**Pick one:**  Add contact access  
 Change contact access  
 Remove contact access

**Pick all that apply:**  Human resource access  
 Financial access  
 Ability to grant access

Name

Title

Phone number

Email address

**Pick one:**  Add contact access  
 Change contact access  
 Remove contact access

**Pick all that apply:**  Human resource access  
 Financial access  
 Ability to grant access

Name

Title

Phone number

Email address

**Pick one:**  Add contact access  
 Change contact access  
 Remove contact access

**Pick all that apply:**  Human resource access  
 Financial access  
 Ability to grant access

## Optum Financial ACH authorization form (All fields and check boxes are required.)

Initiate ACH    Change ACH information    No change to ACH information

### Employer information

Legal name of employer sponsoring plan

Contact title

Contact name

Phone number

Email address

### Bank information

Bank name

Account type  Checking    Savings

Street address

City

State

Zip code

Account number

Routing number (9 digits)

- I understand Optum Financial may elect to run a test of the ACH process (i.e., Pre-note) to be sure it is working properly. I may see a transaction on the account with a \$0-\$1 charge.
- I understand that, on a monthly basis, Optum Financial will re-calculate the required minimum funding (RMF) based on the expected annual elections for all participants active at that time. If the re-calculated RMF is greater than the current RMF by 25% or more, the RMF will increase to the new calculation.
- My bank may have a separate routing number for ACH transactions. I confirm that I have verified the routing number above with my financial institution as a valid ACH transaction routing number.

As a duly authorized bank account signer, I authorize Optum Financial to initiate ACH (Automated Clearing House) debit entries and, if necessary, to initiate any ACH credit entries and adjustments to correct any erroneous ACH debit entries to this bank account. This authorization covers ACH origination of payment for program fees and funding for employee spending account claims and required minimum balances. I certify the above-referenced bank account is a business account enabled for ACH transactions, and I agree and understand that in the case of an ACH transaction being rejected for NSF (non-sufficient funds), Optum Financial may, at its discretion and in accordance with NACHA operating guidelines, attempt to process the charge again and may charge the client bank account for penalties and fees incurred as a result of such rejection. I understand this authorization will remain in effect until Optum Financial has received written notification from an authorized representative of its termination or change. Client agrees to be bound by the NACHA operating guidelines.

- I confirm the herein identified company IDs are authorized to debit from the account listed above.

Type name here:

Date:

Disclosure: By typing my name above, I agree the information on this form is correct.

*Note: Your bank may require the following information to allow Optum Financial to pull funds. Funds are pulled for establishing the required minimum funding (RMF) and paying HRA claims through the employer weekly funding request (EWFR).*

**Bank:** Optum Bank   **Company ID:** 6261274092