



**Complete [Installation Form](#)**

**Plan Design**

- Complete [Date Gathering Form\(s\)](#) associated with the line of coverage implementing: Premium Conversion, Flexible Spending Account and/or Health Reimbursement Arrangement. A Summary Plan Description, Adoption Agreement and Plan Document will be e-mailed to the contact listed on the Installation Form within 60 days of the plan effective date.

**Enrollment**

- Complete the [Enrollment Payroll Contribution Spreadsheet](#) (excel). Please review Instruction prior to completing. This should be e-mailed to HRA, Inc.

*Note: We do not require copies of individual enrollment forms. All eligibility will be entered using this spreadsheet. Enrollment Forms are for client records only.*

**Startup Fee**

- Check should be made payable to *Human Resource Administrators, Inc.* If Startup Fee is not included with initial paperwork, they will be invoiced. Implementation of plan will not occur until Startup Fee is received.

**HRA Deposit**

- A deposit is required for all HRA plans. This amount will be calculated once participation is entered and plan specifics are reviewed. An invoice will be generated for the Deposit amount. HRA reimbursements will not be made until deposit is posted.

**Discrimination Testing**

- Discrimination Testing is required on all Premium Conversion Plans and Flexible Spending Accounts. Forms will be forwarded to the contact listed on the Installation Form. HRA will review the data received and perform the test accordingly.

*Note: Only employees can participate in a cafeteria Plan. Thus, while partnerships, sole proprietorships and Sub-chapter "S" corporations may **sponsor** cafeteria plans. The following cannot **participate**: sole proprietors, partners, and greater than 2% shareholders in Sub-chapter "S" corporations.*

**For your convenience, all Forms are available on our website at:**

**[www.hradministrators.com](http://www.hradministrators.com)**

Contact:

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