

**Health Reimbursement Arrangement  
Benefit Assignment Form**

Sponsoring Employer: \_\_\_\_\_

Covered Employee: \_\_\_\_\_

Whereas Sponsoring Employer provides a health reimbursement arrangement (HRA) as allowed by the United States Internal Revenue Code;

Whereas the HRA reimburses covered individuals for allowable expenses pursuant to the HRA Adoption Agreement adopted by the Sponsoring Employer;

Whereas Sponsoring Employer has contracted with TPA Systems Inc. (TPAS), a Texas third-party administrator, to fully administer said HRA;

Whereas the Covered Employee seeks a monetary advance against future reimbursements, and chooses to assign this monetary advance to one or more medical providers;

Covered Employee agrees to the following:

1. Covered Employee hereby assigns his monetary advance to the following medical providers:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_.

2. Covered Employee agrees to furnish Explanations of Benefits (EOBs) to TPAS within 15 business days after they are made available.

3. Covered Employee and any other covered individuals of legal age agree that this monetary advance and benefit assignment constitutes full compliance by TPAS and Sponsoring Employer of any and all legal obligations that they possess under the HRA.

Signed in \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
city state month year

Covered Employee: \_\_\_\_\_

Covered Adult Dependent: \_\_\_\_\_

If applicable, Name of Applicable Minor Dependent: \_\_\_\_\_