HB-1176-0826

State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — STATE HEALTH BENEFITS PROGRAM (SHBP) — LOCAL GOVERNMENT

P.O. Box 299, Trenton, NJ 08625-0299

HEALTH REIMBURSEMENT ACCOUNT/ARRANGEMENT (HRA) RENEWAL

This form must be used annually to renew your existing HRA previously approved by the NJDPB.

Employer Name_____ Health Benefits Employer ID Number _____ - _____

HRA for the upcoming plan year, indicate renewal plan year _____

HRA base plan(s) _____ , _____

HRA contribution amount for the upcoming plan year_____

Employer contact_____

Employer contact phone number _____ Email _____

Broker contact (if applicable)_____

_____

If you are changing the base plan, you must resubmit all the required HRA documents.

Documents required: (only needed if changing the base plan)

- Client Application and financial exhibits
- Account Service Agreement
- Business Associate Agreement
- 1 page summary of benefits
- Summary Plan Description
- HRA Plan Document
- Appendix A
- Memorandums Of Agreement/Understanding (MOA/MOU)
- Resolution to offer HRA

_____ _____/_____/_____

Signature *Date*

Please email completed renewal form or documents to: *HRA@treas.nj.gov*