
Health Reimbursement Arrangement
Adoption Agreement

Whereas, _____ is an employer; and,
Whereas, employer desires to provide employee benefits; and,
Whereas, the U.S. Government has authorized certain employee benefit programs including this health reimbursement arrangement as defined in Internal Revenue Code Section 105 and Notice 2002-45;

Be it therefore resolved that:

The Employer adopts the _____ Health Reimbursement Arrangement (“Plan”) as described in the written plan description incorporated herein by attachment.

On this _____ (day), of _____ (month) of _____ (year).

Be it further resolved that:

The Plan shall reimburse Eligible Employees for the cost of Eligible Medical and Dental Expenses, as defined under Internal Revenue Code Section 213, subject to an annual limit of \$10,000. All Medical and Dental Expenses, as defined under Internal Revenue Code Section 213 shall be eligible for reimbursement under the Plan except as follows:

- Select any of the following that apply:**
- | | |
|---|---|
| <input type="radio"/> Health Insurance Premiums | <input type="radio"/> Dental Insurance Premiums |
| <input type="radio"/> Long-term Care Insurance Premiums | <input type="radio"/> Dental Expenses |
| <input type="radio"/> Preventative Care Expenses | <input type="radio"/> Prescription Drugs |
| | <input type="radio"/> Vision Expenses |
| | <input type="radio"/> Other: |

OR

None

Employer:

Company Name:		
Street:		
City:	ST:	Zip:
Phone:		
Federal Employer ID #		

By: _____
(signature)

Title: _____