

**HRA QUESTIONNAIRE  
(Plan Document Preparation)**

Name of Employer \_\_\_\_\_

Physical Address of Employer \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Billing Address if different: \_\_\_\_\_

Telephone Number \_\_\_\_\_ FAX \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

Number of hours worked required for Company paid HRA contribution \_\_\_\_\_

Unused funds at year end:

forfeited

carry over to next year

Executive Contact \_\_\_\_\_

Contact Person \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Agent \_\_\_\_\_

Debit Card:             Yes             No

FSA:                     Yes             No

Plan year dates beginning \_\_\_\_\_ and ending \_\_\_\_\_

Eligibility Period \_\_\_\_\_

Definition of eligible employees \_\_\_\_\_

Structure and Plan Design of HRA: Describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_