

**Murphy & Associates
HRA Participation Form**

Murphy & Associates offers you access to their Health Reimbursement Arrangement (HRA) plan administered by Array Health Solutions.
<https://www.arrayconnect.com>

Completion of this form indicates your desire to participate in the HRA plan. Please review the Summary Plan Document (SPD) and Eligible Medical Expenses for additional plan information.

Benefit Class (select one):

- Full-Time Individual (\$200/month)
- Full-Time Individual plus one dependent (\$400/month)
- Full-Time Individual plus two dependents (\$600/month)

- Part-Time Individual (\$200/month)
- Part-Time Individual plus one dependent (\$400/month)
- Part-Time Individual plus two dependents (\$600/month)

*Full-Time work is based upon 20 hours/week or more.

Employee Name: _____

Employee Birth Date: _____

Signature: _____

Date: _____

Benefits Office Use Only

Received by Benefits on: _____

Benefits Office Staff Member's Signature: _____

Hire Date: _____

Effective Date: _____

Submitted to Array: _____ Entered in M&A Explorer: _____