

Murphy & Associates

HRA Waiver Form 2010

Your employer permits you to opt out of your HRA account. Completion of this waiver will be acceptable proof of your decision to opt out.

Statement of Waiver

By my signature below I certify that I have opted out of the HRA Plan offered by my employer.

Employee Name: _____

Employee Social Security Number: _____

Employer Name: _____

Signature

Employee signature

Date

Benefits Office Use Only

Received by Benefits on: _____

Benefits Office Staff Member's Signature: _____

Effective Date: _____