



Change Form

MDEA/HRA TO LIMITED ACCOUNT



PLEASE COMPLETE ALL SECTIONS OF THE FORM TO AVOID DELAYS.

Employee Name

Plan Year

2025

Employer

Hire Date (MM/DD/YYYY)

State of Minnesota

State of Minnesota Employee ID Number

Email Address

Employee Address: Street or PO Box

Phone Number

City State ZIP

This form is used to change your MDEA or HRA to a Limited MDEA or Limited HRA. You only need to change your account to a Limited MDEA or Limited HRA if you or your spouse are covered under a high deductible health plan and have an HSA (Health Savings Account) established to cover eligible expenses.

Per IRS guidelines, the Limited account may only cover eligible dental and vision services.

If you wish to change your existing MDEA or HRA account(s) to a Limited account(s), please sign, date and return this form to Benefit Resource.

Note:

- **You can only change your MDEA to a Limited MDEA during each year's Open Enrollment or prior to the start of a new plan year.**
- **You can change your HRA to a Limited HRA at any time during the year if your spouse is enrolling in a high deductible health plan and wants to contribute to an HSA.**

Signature

Date (MM/DD/YYYY)

SUBMIT THIS DOCUMENT BY MAIL OR FAX:

MAILING ADDRESS: Benefit Resource, LLC | PO BOX 642 | Willow Grove, PA 19090
FAX: (877) 918-3622