2027 Change Form

MDEA/HRA TO LIMITED ACCOUNT

BRi An Inspira Financial Solution

MANAGEMENT AND BUDGET
STATE EMPLOYEE GROUP INSURANCE PROGRAM

PLEASE COMPLETE ALL SECTIONS OF THE FORM TO AVOID DELAYS.

Employee Name

Plan Year
2027

Employer
State of Minnesota

Hire Date *(MM/DD/YYYY)*

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. The Limited account will remain in effect for the entire plan year.

Note:

- **MDEA:** You may change your MDEA to a Limited MDEA only during Open Enrollment or before the beginning of a new plan year. Once the plan year begins, a Limited MDEA cannot be changed back to a general-purpose MDEA during that plan year.
- **HRA:** You may change your HRA to a Limited HRA at any time during the plan year if your spouse enrolls in an HDHP and wants to become eligible 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

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