



# Change Form

## MDEA/HRA TO LIMITED ACCOUNT



Employee Name

Plan Year

2022

Employer

State of Minnesota

Hire Date (MM/DD/YYYY)

State of Minnesota Employee ID Number

Email 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. Changing the account(s) to Limited is only necessary 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