



Security Benefit
Group Healthcare Reimbursement Account (HRA)
Employee Change Notification

Questions? Call our National Service Center at 800.747.3942.

Instructions to Employer

Use this form to change employee status. Complete this form and enclose it with your payroll for any new employees not listed or terminated since the last contribution list.

Please type or print.

1. Provide Employer Information

Plan Number _____ Plan Name _____

Union/Association _____

2. Provide New Employee Information

Name of Employee _____ ☐ Male ☐ Female
First MI Last

Mailing Address _____
Line 1 Line 2
City State Zip Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Daytime Phone Number _____ Home Phone Number _____

Date of Hire _____ First Contribution Date _____
(mm/dd/yyyy) (mm/dd/yyyy)

3. Provide Terminated Employee Information

Name of Employee _____ ☐ Male ☐ Female
First MI Last

Social Security Number/Tax I.D. Number _____

Separation Date _____ Last Contribution Date _____ ☐ Deceased
(mm/dd/yyyy) (mm/dd/yyyy)

4. Provide Signatures

I understand and authorize the changes requested on this form.

X _____
Authorized Employer Signature Date (mm/dd/yyyy)

Print Name of Authorized Employer _____ Title _____

Mail to:

Security Benefit Retirement Plan Services
PO Box 219141
Kansas City, MO 64121-9141
Fax to: 816.701.7626

For expedited or overnight delivery:

Security Benefit Retirement Plan Services
430 W 7th Street STE 219141
Kansas City, MO 64105-1407

Visit us online at SecurityRetirement.com