Keating & Associates, Inc.
1011 Poyntz Ave ▪ Manhattan, KS 66502
Phone: (785) 537-0366 Fax: (877) 537-0747

Section 213 (d) HRA Employer Questionnaire

Employer's name _____ Phone no. (____)_____ Fax no. (____)_____

Address _____ City _____ State _____ Zip _____

Contact person_____ E-mail address _____

Federal tax ID no. _____ Number of hours employee must work to be eligible to participate in plan _____

Number of full-time employees_____

Plan start date ____/____/____ First plan year-end date ____/____/____ Is this a short plan year? ☐ Yes ☐ No

Number of pay periods in plan year Date of first payroll deduction ____/____/____

Employer Contribution for Heath Reimbursement Accounts (HRA)
Employer may place a uniform limit on contributions.
(IRS maximum limit of $4,950 for Single and $10,000 for family per year.)

☐ Single Contribution per pay period _____
☐ Family Contribution per pay period _____
☐ Rollover Total percentage _____

Select language for the plan document waiting period for new employees

The first day of the month following a _____ waiting period
(Employees must be able to enter the plan in 90 days or less)
The first day of the month following date of employment
The first pay period following date of employment
90 Days following date of employment

Employer Signature: Date:

_____ _____

CAFETERIA DEPARTMENT