



QSEHRA Enrollment Form

Employees: Complete and return this form to your Human Resources representative

Employers: Collect the completed forms from employees and follow the instructions at info.empowerflex.com/enrollment-instructions/ to submit enrollment. Keep the completed forms for your records.

Employer _____	SSN (last four only) _____
Employee Name _____	Hire Date ____/____/____
Email _____	
Employee ID _____	Date of Birth ____/____/____
Home Address _____	Work Phone (____) ____-____
City _____ State ____ Zip _____	Mobile Phone (____) ____-____

Option 1: Decline QSEHRA

<input type="checkbox"/>	I Decline to Purchase Minimum Essential Coverage
I confirm that I have received the QSEHRA notice from my Employer but have decided not to purchase or maintain minimum essential coverage. I understand that this makes me ineligible for reimbursement through the QSEHRA.	

Option 2: Enroll in QSEHRA

To be eligible for QSEHRA reimbursement, you must maintain minimum essential coverage. Please fill out the below attestation to be eligible for QSEHRA reimbursement.

I, _____, am covered under the following health coverage (name of insurer coverage): _____.

The coverage began on: _____.

The coverage is minimum essential coverage (MEC).

Also complete the following if a family member's expenses can be reimbursed from the QSEHRA.

The following family member(s) _____ is/are covered under the following health coverage (name of insurer coverage): _____.

The coverage began on: _____.

The coverage is minimum essential coverage (MEC).



Employee Signature _____ Date ____/____/____