

Amendment Instructions:

1. If you have made a change to your HRA plan that requires an amendment, such as funding, eligible expenses, etc, review and complete the highlighted fields in the following forms and retain the entire package with your plan documents. It is not necessary to return a copy of the signed amendment to HealthEquity.
2. Provide all eligible employees with a copy of the *Summary of Material Modification* contained in this package.
3. If you have any questions or concerns, please contact your Relationship Management Team.

HEALTH REIMBURSEMENT ARRANGEMENT PLAN AMENDMENT

ARTICLE I
PREAMBLE

- 1.1 **Adoption and effective date of Amendment.** The Employer adopts this Amendment to the INSERT PLAN NAME HERE (“Plan”) to reflect a change in plan design.
- 1.2 The Employer and plan sponsor intend this Amendment as good faith compliance with the Plan provision. This Amendment shall be effective on or after the date the Employer elects in Section 2.1 below.
- 1.3 **Supersession of inconsistent provisions.** This Amendment shall supersede the provisions of the Plan to the extent those provisions are inconsistent with the provisions of this Amendment.

ARTICLE II
CLAIMS SUBMISSION

- 2.1 **Effective Date.** This Amendment is effective as of INSERT EFFECTIVE DATE HERE.
- 2.2 **Change of Plan Design.** Notwithstanding any provision contained in this Health Reimbursement Arrangement
- 2.3 Plan to the contrary, the change in status terms are amended as follows:

New Plan Design:

INSERT NEW PLAN DESIGN HERE (FOR EXAMPLE, FUNDING AND/OR ELIGIBLE EXPENSES)

This Amendment has been executed this DAY of MONTH, YEAR.

Name of Employer:

INSERT EMPLOYER NAME HERE

By (PRINT NAME HERE):
EMPLOYER

[SAMPLE CERTIFICATE OF ADOPTING RESOLUTION]¹

ACTIONS TAKEN AND RESOLUTIONS ADOPTED BY CONSENT OF AUTHORIZED REPRESENTATIVE

[ENTER CLIENT NAME]

The undersigned authorized representative of **INSERT EMPLOYER NAME HERE** (the Employer) hereby certifies that the following resolutions were duly adopted by Employer on **INSERT DATE HERE**, and that such resolutions have not been modified or rescinded as of the date hereof;

RESOLVED, that the Amendment to the **INSERT PLAN NAME HERE** (name of the Plan) (the Amendment) is hereby approved and adopted, and that an authorized representative of the Employer is hereby authorized and directed to execute and deliver to the Administrator of the Plan one or more counterparts of the Amendment.

The undersigned further certifies that attached hereto is a copy of the Amendment approved and adopted in the foregoing resolution.

Date: **INSERT DATE HERE**

Signed: **SIGN HERE**

PRINT NAME/TITLE HERE

(print name/title)

¹ WARNING: The legal requirements for a valid Certificate of Adopting Resolution vary from state to state. The language herein is suggested resolution language. Each employer should consult with their own legal counsel to ensure compliance.

SUMMARY OF MATERIAL MODIFICATIONS (SMM)
For the

INSERT PLAN NAME HERE _____
(Name of Plan)

(1) **General.** This is a Summary of Material Modifications regarding the above referenced Plan (“Plan”). This Summary of Material Modifications supplements and amends the Summary Plan Description (SPD) previously provided to you. You should retain this document with your copy of the SPD.

(2) **Identification of Employer.** The legal name, address and Federal Employer Identification number of the Employer are:

INSERT EMPLOYER NAME HERE _____ EIN: INSERT TAX ID HERE _____
Employer name

INSERT STREET ADDRESS HERE _____
Employer street address

INSERT CITY STATE AND ZIP CODE HERE _____
Employer city, state and zip code

FOR HEALTH REIMBURSEMENT ARRANGEMENT PLANS:

(3) **Description of Modifications.** The Employer has amended your Plan effective as of INSERT EFFECTIVE DATE HERE _____ .

If you have any questions regarding the application of this provision to you, contact your Employer.

NEW PLAN DESIGN

INSERT NEW PLAN DESIGN HERE (FOR EXAMPLE, FUNDING AND/OR ELIGIBLE EXPENSES)