



EMPLOYEE BENEFITS



# State of Minnesota MDEA/HRA to Limited Account Change Request Form

Plan Year \_\_\_\_\_

State Employee ID Number \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_

Changing your MDEA or HRA account to a Limited MDEA or Limited HRA account 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, vision or preventative services.

If you wish to change your existing MDEA or HRA account(s) to Limited accounts, please sign, date and return this form. Note that changes from general purpose MDEA to limited purpose or vice versa can only be made during open enrollment. Changes from general purpose HRA to limited purpose or vice versa can only be made with changes to spousal high deductible health care coverage and subsequent HSA contributions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Eide Bailly Employee Benefits  
5601 Green Valley Drive Suite 710  
Minneapolis, Mn 55437-1145  
Or fax to 952.918.3622