



Please Note: This form is only for employees of the State of MN.
If you are not an employee of the State of MN, please go back to the 'Forms' section and select the 'Participant' option.



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

Plan Year: _____
 State Employee ID Number: _____
 Social Security Number: xxx - xx - _____
 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 and vision services.

If you wish to change your existing MDEA or HRA account(s) to Limited accounts, please sign, date and return this form.

Note: You can only change your MDEA to a Limited MDEA during each year's Open Enrollment or prior to the start of the new plan year. You can change your HRA to a Limited HRA at any time during the year if your spouse is enrolling in a high deductible health plan and wants to contribute to an HSA.

Signature: _____ Date: _____

Fax or Mail completed form to 121 Benefits

Fax to:
844.855.5501 or 612.877.4323

Mail to:
121 Benefits
Attn: Data Management
730 2nd Avenue South, Suite 400
730 Building
Minneapolis, MN 55402