

# Transmittal Memorandum

## Health Reimbursement Acct Model

Username \_\_\_\_\_

Password \_\_\_\_\_

### New Plan and New Valuation

#### Addressees

##### Addressee Number 1

Company Name \_\_\_\_\_ ID \_\_\_\_\_

Address \_\_\_\_\_

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

Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Contact \_\_\_\_\_

##### Addressee Number 2

Company Name \_\_\_\_\_ ID \_\_\_\_\_

Address \_\_\_\_\_

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

Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Contact \_\_\_\_\_

##### Addressee Number 3

Company Name \_\_\_\_\_ ID \_\_\_\_\_

Address \_\_\_\_\_

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