

FLEXIBLE SPENDING ARRANGEMENT (FSA) PLAN IMPLEMENTATION

EMPLOYER INFORMATION

_____ Employer Legal Name		_____ Federal Employer ID No. / Tax ID No.	
_____ Mailing Address		_____ City, State, Zip Code	
_____ Primary Contact Name /Title	_____ Phone	_____ Fax	_____ Email
_____ Secondary Contact Name /Title	_____ Phone	_____ Fax	_____ Email
_____ Invoice Admin Fees Contact Name	_____ Phone	_____ Fax	_____ Email

ORGANIZATION TYPE

C-Corporation Sub-Chapter "S" Corporation Sole Proprietorship Partnership LLC
 Other: _____

ADMINISTRATION DATA

Plan Year Start and End Dates: From: _____ To: _____
Open Enrollment Start and End Dates: From: _____ To: _____
Total Number of Employees: _____ Total Number of Eligible Employees: _____

IS THIS A NEW FSA PLAN OR AN EXISTING FSA PLAN?

New Plan - (this is the first time implementing an FSA plan)
 Existing Plan - (you had an FSA in place last year through a previous TPA) Prior Plan Year End Date: _____
If this is an existing plan, please provide a copy of your current Plan Document and SPD

TOTAL NUMBER OF EMPLOYEES PARTICIPATING IN THE PRIOR PLAN YEAR? _____

WILL ASURE SOFTWARE BE HANDLING YOUR GRACE PERIOD AND/OR RUN-OUT PERIOD?

Yes No, previous TPA is handling N/A – This is a new plan

If yes, please confirm the periods: Grace Period: _____ days Run-Out Period: _____ days

To handle your grace period and/or run-out period, please provide us with a Year-To-Date Plan Summary report with your participant's election and balance information

Full Plan Name: _____ State of Plan's Origin: _____
Original Plan Effective Date: _____ IRS Plan Number: _____

PLAN DESIGN

What are the minimum/maximum annual contribution amounts that your plan permits on the following services?

	ANNUAL MINIMUM ELECTION	ANNUAL MAXIMUM ELECTION
HEALTHCARE FSA	\$ _____	\$ _____
DEPENDENT CARE FSA	\$ _____	\$5,000 (single/married filing jointly) \$2,500 (married filing separately)
LIMITED FSA	\$ _____	\$ _____

WOULD YOU LIKE TO OFFER THE BENEFITS DEBIT CARD? Yes No

This card can be utilized for Health and Dependent Care FSA eligible expenses at authorized merchants. (No additional charge applies for employee card)

WOULD YOU LIKE TO OFFER A CARRYOVER OPTION (NOT REQUIRED BY IRS/MAXIMUM IS \$500)?

The Carryover option permitted under IRS Notice 2013-71 allows Health FSA participants the option of carrying over up to \$500 at the end of the plan year, to be used for qualified medical expenses incurred in a subsequent plan year. The maximum amount allowed must be the same across all participants. This option can be offered with a run-out period but cannot be offered with a grace period.

No Yes - carryover amount up to \$500: \$ _____

WOULD YOU LIKE TO OFFER A GRACE PERIOD? Yes No **Months:** _____

(Not required by IRS. IRS grace period maximum is 2 1/2 months)

The grace period permitted under IRS Notice 2005-42 extends the time during which expenses may be incurred. It is different from a claim run-out period and may be offered with or without a run-out period. The grace period only applies to employees who were active with the FSA on the last day of the plan year. The grace period does not apply to employees that terminate employment before the end of the plan year.

WOULD YOU LIKE TO OFFER A RUN-OUT PERIOD? Yes No **Days:** _____

(Not required by IRS. IRS Run-Out Period Maximum is 90 days)

The run-out period permitted under IRS Notice 2005-42 extends the time for submitting expenses that were incurred during the coverage period (FSA plan year). The run-out period may be offered with or without a grace period or carryover option. If offered with a grace period, the run-out period would begin after the grace period. If offered with a carryover option, reimbursement claims submitted will use current year contributions first and then use carryover contributions.

PAYROLL/CONTRIBUTION FREQUENCY (PLEASE INDICATE IF MORE THAN ONE): Semi-Monthly Bi-Weekly Weekly Monthly

ARE ALL EMPLOYEES ELIGIBLE FOR THIS PLAN? Yes No

If there are exclusions, please indicate:

- Part-time employees who work less than _____ hours per week
- Employees with less than _____ months of employment
- Employees under age _____
- Contract employees
- Other: _____

WHEN DOES PARTICIPATION COMMENCE FOR A NEW ELIGIBLE EMPLOYEE (WAITING PERIOD)?

- No waiting period. Participation begins upon becoming an eligible employee
- First day of the month following upon becoming an eligible employee
- First of the month following 30 days upon becoming an eligible employee
- Only during open enrollment following upon becoming an eligible employee
- Other: _____

DO YOU WANT TO ALLOW MID-YEAR ELECTIONS CHANGES FOR A QUALIFYING CHANGE IN STATUS? Yes No

A change in status must be reported to the plan administrator within 30 days. The FSA election change will be effective the first of the month following receipt of the Qualifying Election Change form. The employer should begin withholding the new FSA election amount the first pay period of the month following the effective date of the change.

Date of termination The last day of the month following date of termination

WHAT IS THE CLAIM SUBMISSION PERIOD FOR TERMINATED EMPLOYEES TO SUBMIT CLAIMS THAT INCURRED PRIOR TO THEIR TERMINATION DATE? 90 days Other: _____**WOULD YOU LIKE TO IMPLEMENT THE "SPEND-DOWN" PROVISION FOR THE DEPENDENT CARE PARTICIPANTS?** Yes No

This allows a terminated dependent care participant to continue using their available funds after they have ceased to be a participant, through the end of the plan year.

HOW ARE FMLA CONTRIBUTIONS TO BE PAID?

This only applies to companies with 50+ employees. (Prepayment must be offered if either Pay-As-You-Go or the Catch-Up option are offered):

- Prepayment
 Pay-As-You-Go
 Catch-up option

DOES YOUR COMPANY HAVE DEPARTMENTS, LOCATIONS, SUBSIDIARIES, OR BRANCHES THAT YOU WOULD LIKE US TO SETUP IN OUR SYSTEM FOR REPORTING PURPOSES?

Yes (if yes, please specify the department, location and/or branch names and if you have specific codes you would like us to utilize)

Departments Locations Subsidiaries Branches

No

DO ALL OF YOUR DEPARTMENTS, LOCATIONS, OR BRANCHES USE THE SAME BANK ACCOUNT? Yes No

Asure Software will write checks off of the employer's assigned account (specified below). After each scheduled check run, Asure Software will email the contacts listed below, the check run register.

BANK INFORMATION

Yes No

Name of Bank: _____

Bank Address

City, State, Zip Code

Name on Account:

Account Number:

Bank Routing No. (MICR) (Ex: 123456789)

Bank Routing No. (Bank Info) (Ex. 111-42-348)

Authorized signature(s) to use for electronic signature on manual claim checks:
(Please sign inside the box with BLACK)

Asure Software will use this signature when creating your check

FSA STARTING CHECK NUMBER: _____

Please specify the check number Asure Software should use for the FSA reimbursements. 500 will be used if a number is not specified.

**Please provide a VOIDED CHECK (or copy of one if returning by fax or email) from the bank account you want Mangrove to utilize for your FSA reimbursements. This account should be a general operating account. **

MANUAL CLAIMS REIMBURSEMENT FREQUENCY: Daily (as claims are processed) Weekly (Mondays)

WHICH REIMBURSEMENT OPTIONS WOULD YOU LIKE TO OFFER TO YOUR EMPLOYEES: Check Direct Deposit

WHO WITHIN YOUR ORGANIZATION WOULD YOU LIKE TO RECEIVE OUR FUNDING REPORTS FOR MANUAL CLAIM REIMBURSEMENTS AND DEBIT CARD SETTLEMENT FUNDING?

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

I HAVE REVIEWED THE INFORMATION PROVIDED HEREIN AND HAVE VERIFIED THAT IT IS ACCURATE AND COMPLETE.

As information changes, it is the responsibility of the employer to communicate the changes in a timely manner to Asure Software. Please be sure to return this signed document and other related plan enrollment materials at least 45 days prior to the desired renewal plan start date. For optimal enrollment numbers, please allow for a two-week open enrollment period for your current or prospective plan participants to enroll in this plan. FSA Participant Kits, will be provided to the employer via email within 10 business days upon receipt of this document.

Asure Software will email the employer a monthly invoice. The email will contain a link, which will contain the invoice. Payment must be made payable to Mangrove Employer Services by the invoice due date. A late fee will apply if payments are not received by the invoice due date.

Company Name: _____

Signature

Date

PRINT NAME

Title