Group Application Supplement
for HRA, HSA, FSA, DCA and Commuter Plans

Employer Information

Company Name:		
DBA (if applicable):		
Mailing Address:		
Mailing Address 2 (eg: Suite#):		
City:	**State:**	**Zip:**
Phone:	**Fax:**	
Federal Tax ID # :		
State of Incorporation:	**Fiscal Year End Date:**	

Type of Employer Organization (Select One) :

☐ **S-Corp*** ☐ **Sole Proprietorship*** ☐ **Partnership*** ☐ **LLC*** ☐ **C-Corp**

☐ **Gov't Agency** ☐ **Non-Profit** ☐ **Other:** _____

**Owners may not be able to participate on a tax-advantaged basis.*

Employer Industry (Select One) :

☐ **Business Services** ☐ **Education** ☐ **Financial Services** ☐ **Food, Beverage & Hospitality** ☐ **Retail** ☐ **Legal**

☐ **Government** ☐ **Health Care** ☐ **High Tech** ☐ **Manufacturing** ☐ **Media/Entertainment** ☐ **Telecommunications**

☐ **Pharmaceutical/Biotech** ☐ **Transportation/Distribution** ☐ **Utilities** ☐ **Other:** _____

Employer Administrator Contacts

Primary Contact		
First Name:	**Last Name:**	
Title:	**Phone:**	**Ext:**
Email:		
Billing Contact (Optional – only complete if different than Primary Contact)		
First Name:	**Last Name:**	
Title:	**Phone:**	**Ext:**
Email:		
Secondary Contact		
First Name:	**Last Name:**	
Title:	**Phone:**	**Ext:**
Email:		

CHOICE STRATEGIES a division of WageWorks

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Minuteman Health

Agent Information

Broker Contact		
Broker Agency/Firm:	**Federal Tax ID #:**	
Broker First Name:	**Broker Last Name:**	
Email:	**Phone:**	
Mailing Address:		
City:	**State:**	**Zip:**

Type of Broker Organization (Select One) :

☐ **S-Corp** ☐ **Sole Proprietorship** ☐ **Partnership** ☐ **LLC** ☐ **C-Corp** ☐ **Other:** _____

Minuteman Health Sales Agent info (if applicable)	
MMH Rep Name:	**MMH Rep Phone:**
MMH Rep Email:	**MMH Financial Code: M300003**

Benefit Eligibility

After termination, coverage end date: ☐ Date of Termination ☐ End of month

# of Full Time Employees:	# of Part-time Employees:
# of Employees eligible for benefits:	# of Employees participating in Choice Strategies Plans (best estimate):

Regulatory Information

Is your plan subject to FMLA? ☐ Yes ☐ No *(Employers with 50+ employees are typically subject to FMLA)*

Does the company have, or has it at any time had, an ERISA-qualified plan? ☐ Yes ☐ No
(e.g.- self-funded health plan, 401k, or flexible benefit plan)

ERISA Plan # (can be found on front page of Form 5500): ☐ 501 ☐ Other: _____

COBRA Administration: *(Employers with 20+ employees are usually subject to Federal COBRA)*

☐ Not Applicable ☐ Self-Administered ☐ Other Administrator*

*Other Administrator Address: _____

*Other Administrator Phone: _____

Minuteman Health Insurance Plan Information

Minuteman Health Plan Name:

Minuteman Health Plan Deductible

Single	Two-Person	Family	Other
$	$	$	$

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Plans to be administered by Choice Strategies

Please select all plans that apply, and then complete the corresponding plan design section(s).

- ☐ **HRA (Health Reimbursement Account)**
- ☐ **HSA (Health Savings Account)**
- ☐ **FSA (Flexible Spending Account)**
- ☐ **DCA (Dependent Care Account)**
- ☐ **Commuter Account - Transit**
- ☐ **Commuter Account - Parking**

HEALTH REIMBURSEMENT ARRANGEMENT (HRA) *

***can be integrated with Gold, Silver and Bronze Health Plans**

HRA Plan Year Start Date:	**HRA Plan Year End Date:**

HRA Plan Payments

HRA will be applied toward all eligible Health Plan Deductible expenses and will be paid out automatically via the Minuteman Health claims feed.

Please answer the following to determine if expenses will be paid out to the Member or the Provider:

Do <u>any</u> Prescription (Rx) Expenses apply to your Health Plan Deductible?

☐ **Yes -** some or all Rx expenses are applied to our Health Plan Deductible
*If yes, all eligible HRA expenses will be automatically paid out directly to the **Member**

☐ **No** - there are not any Rx expenses that can be applied to our Health Plan Deductible
*If no, all eligible HRA expenses will be automatically paid out directly to the **Provider**

HRA Plan Structure

How do you want the HRA to be structured?
Please select one of the 3 options below:

☐ **Employer Pay First –** employees can access HRA funds immediately

OR

☐ **Employee Pay First –** employees will be required to pay an HRA deductible before accessing HRA funds - please complete the following table:

Employee pays this HRA deductible amount before HRA funding becomes available*: **deductible will be tracked and HRA activated automatically, via claims feed*			
Single	**Two-Person**	**Family**	**Other**
$	**$**	**$**	**$**

OR

☐ **Percentage Pay** – HRA will pay a percentage of each Health Plan Deductible Expense

HRA pays _____% of each Health Plan Deductible Expense

CHOICE STRATEGIES a division of WageWorks

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Minuteman Health

HRA Funding

Please note: HRA funding cannot exceed 50% of the Health Plan Deductible

HRA Funding– to be used for Health Plan Deductible expenses only:			
Single	**Two-Person**	**Family**	**Other Tier**
$	**$**	**$**	**$**
Notes:			

Additional HRA Notes:

FLEXIBLE SPENDING ACCOUNT (FSA)

FSA Plan Year Start Date:	**FSA Plan Year End Date:**

Employee FSA Election Maximum ☐ $2,550 (IRS 2016 Maximum) ☐ Other:_____

Contributions greater than $2,550 should be taken post-tax. Annual Maximum must be prorated for Short Plan Years (plan year less than 12 months) per IRS regulations.

FSA Grace Period ☐ **Yes** ☐ **No**

2 ½ month period after plan end date when employees can spend down any remaining balance on new plan year expenses.

OR*

FSA Carryover ☐ **Yes** ☐ **No**

If an employee did not spend their entire FSA election by the end of the plan year, up to $500 of the remaining amount can be carried into the new plan year. This does not affect the amount the employee may elect for payroll deduction in the new year – they may still elect up to $2,550.

If yes, maximum allowed to carry over into the new year: ☐ **$500** ☐ **Other $**_____ *no more than $500*

***An FSA plan CANNOT have both a Grace Period and a Carryover. If the employer chooses to offer, they must select one or the other. Carryover option is for FSA only – not for DCA.**

FSA Eligible Expenses (select all that apply)

☐ **ALL IRS 213(d) Eligible Expenses - Default** *(eg: Medical, Rx, Dental, Vision, Limited Over-the-counter Item, etc.)*

☐ **HSA-Qualified Expenses** - *FSA is initially limited to only Preventive Medical (reimbursable via claim submission only), Dental and Vision expenses until it is confirmed that the employee has met minimum HSA deductible, then FSA is converted to an All-IRS 213 (d) Eligible FSA*

Additional FSA Notes:

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Minuteman Health

DEPENDENT CARE ACCOUNT (DCA)

DCA Plan Year Start Date:	DCA Plan Year End Date:

Employee DCA Election Maximum ☐ $5,000 (IRS 2016 Maximum – Default) ☐ Other: _____

The sum of all pre-tax DCA contributions from earners in an IRS household should not exceed $5000.

DCA Grace Period ☐ **Yes** ☐ **No**

2 ½ month period after plan end date when employees can spend down any remaining balance on new plan year expenses.

Additional DCA Notes:

COMMUTER ACCOUNTS (Transit and Parking)

Plan Start Date:	Plan End Date:

Can employees elect greater than the $130 2016 IRS Pre-tax Monthly Maximum for Transit plan?
**Contributions greater than IRS maximums should be taken post-tax.*

☐ **Yes** ☐ **No (Default)** **If yes, what is the maximum amount they may elect monthly? $** _____

Can employees elect greater than the $255 2016 IRS Pre-tax Monthly Maximum for Parking plan?
**Contributions greater than IRS maximums should be taken post-tax.*

☐ **Yes** ☐ **No (Default)** **If yes, what is the maximum amount they may elect monthly? $**_____

Transit and Parking payroll contributions should be made on a monthly or bi-monthly basis in order to comply with the IRS monthly maximum guidelines. If your payroll schedule indicated above has a month with more than 2 pay periods, we will only show deposits for the first two pay periods for that month.

Additional Commuter Account Notes:

PAYROLL INFORMATION – required for DCA and Commuter plans

Date of 1st Employee Payroll Contribution*:
**on or after plan effective date*

Payroll Schedule - when funds should be posted to employee accounts

☐ Weekly
☐ Bi-Weekly*
  ☐ 24 pay periods
  ☐ 26 pay periods
☐ Semi-Monthly
  ☐ 1st and 15th
  ☐ 15th and last
☐ Monthly
☐ Other: _____

**If Bi-Weekly, please confirm if you would like 24 or 26 payroll deposits. If you select 26 payroll deposits, please note that in the months that have 3 pay periods, contributions that exceed the IRS pre-tax monthly maximum for Transit or Parking accounts must be taken post-tax.*

HEALTH SAVINGS ACCOUNT (HSA)

PLEASE NOTE: By transmitting HSA enrollments electronically, Employer hereby authorizes The Bank of New York Mellon ("the Bank") to establish a Health Savings Account on behalf of the Participant; it is understood that the Deposit Agreement & Disclosure Statement and Rate and Fee Schedule have been acknowledged by the Participant(s).

HSA Plan Year Start Date:

All employer contributions and employee pre-tax HSA deposits must be entered in the Choice Strategies HSA deposit template, and sent via secure method. The HSA deposit template can be found on the Employer Forms page of our website: http://www.choice-strategies.com/forms-2

Additional HSA Notes:

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BILLING INFORMATION (for HRA, HSA, FSA, DCA and Commuter plans):

Billing is handled automatically from a client-authorized bank account. Click here for more details about the billing process.

All debit card transactions (POS) and claim payments will be deducted via ACH payment from the following bank account:

Bank Name: _____

Bank Account Type: ☐ **Checking** ☐ **Savings**

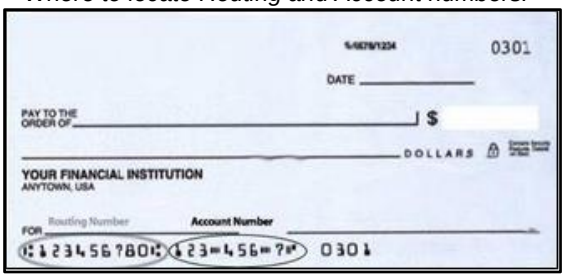
Routing #: _____

Verify Routing #: _____

Account #: _____

Verify Account #: _____

Where to locate Routing and Account numbers:



Setup, Monthly Admin and Renewal fees will be paid from: ☐ **Same as above** ☐ **Use account below**

Bank Name: _____ **Bank Account Type:** ☐ **Checking** ☐ **Savings**

Routing #: _____ **Verify Routing #:** _____

Account #: _____ **Verify Account #:** _____

**Please Note: This account must have overdraft protection. If it does not currently have overdraft protection, please add it prior to the effective date of the plan. If overdraft protection is not added to the bank account and a transaction is returned to Choice Strategies, a $35.00 Non-Sufficient Fund (NSF) fee will be assessed. To confirm the account information provided, the Card processor will submit a non-refundable $1.00 pre-note debit to the above mentioned account. It is the employer's responsibility to deposit a minimum of $1.00 immediately to avoid a NSF $35 fee from the card processor.*

The banking process is as follows:

Debit Card Transactions (POS)

- Card Swipes are settled within 1-3 business days after the card is used.
- Funds are withdrawn from the bank account listed above for all transactions settled on that date.
- These transactions appear on your statement as "MBI MBI-I-BANK".

Manual Claims

- Manual claims are processed daily.
- Funds are withdrawn from Employer's bank account within 2-3 business days.
- These transactions appear on your statement as "Choice Strategies".

ACH Filter Information

If your bank has filters or ACH blocks in place for your account, please provide them with the below information authorizing Choice Strategies and our MasterCard vendor, "MBI", to initiate ACH transactions to the account.

CHOICE STRATEGIES FILTER INFORMATION (for Admin Fees and Claims Payments)

Submitting Bank (ODFI): UNION BANK, N.A.
Company Name (Account name): CHOICE STRATEGIES AND CHOICE CLAIMS
Routing Number: 122000496
Company ID: N943351864, 1943351864, N94335186G , N94335186H, N94335186J

M&I BANK FILTER INFORMATION for MBI (for Card Transactions)

Submitting Bank (ODFI): M&I Bank
Company Name (Account name): MBI
Routing Number: 075000051
Origination ID: 07500005
Company ID: 1383261866 and W383261866

For Internal Use:

Minuteman Health Group ID#: