



## Employer Setup Checklist for Flexible Spending Account

PROFILE (Required)	
<b>Employer Legal Name</b> <small>(reflected on plan document)</small>	
<b>Employer Address</b>	
<b>Employer Address</b>	
<b>Employer City</b>	
<b>Employer State</b>	
<b>Employer ZIP</b>	
<b>Plan Type</b>	Flex Spending: Medical Expense <input type="checkbox"/> Yes <input type="checkbox"/> No Dependent Care <input type="checkbox"/> Yes <input type="checkbox"/> No Limited Purpose Flex (for Dental and Vision only, with qualifying H.S.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Plan Information</b> <small>Choose One.</small>	<input type="checkbox"/> New, Plan Effective Date ____ / ____ / ____ <input type="checkbox"/> Renewal, Plan Effective Date ____ / ____ / ____
<b>Plan Year</b>	_____ to _____
<b>EIN</b> (Federal Tax ID) <small>One form per EIN Number to the field</small>	
<b>Type of Business</b> <small>Choose One.</small>	<input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Proprietorship <input type="checkbox"/> Tax-Exempt <input type="checkbox"/> LLC
<b>Additional subsidiary/ affiliate to be included in the plan</b>	Name: _____ Address: _____ EIN: _____
DIVISION (Reporting Purposes Only)	
<small>Used to assign employees to a division and generate reports based on the division(s.)</small>	
<b>Division Name 1</b> <b>Default</b> <small>Choose One.</small>	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Division Name 2</b> <b>Default</b> <small>Choose One.</small>	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Division Name 3</b> <b>Default</b> <small>Choose One.</small>	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
MAIN CONTACT INFORMATION (Required)	
<b>Contact 1 First Name</b>	
<b>Contact 1 Last Name</b>	
<b>Title</b>	
<b>Email</b>	
<b>Phone 1</b>	
<b>Phone 2</b>	
<b>Fax 1</b>	
<b>Fax 2</b>	



## Employer Setup Checklist for Flexible Spending Account

<b>Contact 2 First Name</b>	
<b>Contact 2 Last Name</b>	
<b>Title</b>	
<b>Email</b>	
<b>Phone 1</b>	
<b>Phone 2</b>	
<b>Fax 1</b>	
<b>Fax 2</b>	

### CLASSES AND ELIGIBILITY CONDITIONS

<b>Class Name 1</b>	_____
	<small>Must have at least one class. For example, All, Salary, Class 1, by Department or Location.</small>
<b>Waiting Period 1</b> <small>Number of days. Choose One.</small>	<input type="checkbox"/> _____ days after date of hire <input type="checkbox"/> Date of hire
<b>Effective Date 1</b> <small>Choose One.</small>	<input type="checkbox"/> First day following completion of waiting period <input type="checkbox"/> First of the month following completion of waiting period
<b>Minimum Hours 1</b>	
<b>Default Class 1?</b> <small>Choose One.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Class Name 2</b>	_____
	<small>Must have at least one class. For example, All, Salary, Class 1, by Department or Location.</small>
<b>Waiting Period 2</b> <small>Number of days. Choose One.</small>	<input type="checkbox"/> _____ days after date of hire <input type="checkbox"/> Date of hire
<b>Effective Date 2</b> <small>Choose One.</small>	<input type="checkbox"/> First day following completion of waiting period <input type="checkbox"/> First of the month following completion of waiting period
<b>Minimum Hours 2</b>	
<b>Default Class 2?</b> <small>Choose One.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Round Payroll Deductions</b> <small>Choose One.</small>	<input type="checkbox"/> Standard Rounding <input type="checkbox"/> Round Down <input type="checkbox"/> Round Up
<b>Adjust Payroll Deductions</b> <small>Choose One.</small>	<input type="checkbox"/> Do Not Adjust <input type="checkbox"/> Adjust First Date <input type="checkbox"/> Adjust Last Date
<b>Adjustment when Total Deductions Exceed Plan Maximum</b> <small>Choose One.</small>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Round Down <input type="checkbox"/> Adjust First Date <input type="checkbox"/> Adjust Last Date

### EMPLOYEES WHO WILL HAVE ACCESS TO YOUR EMPLOYER PORTAL

<b>Employee Access 1</b>	First Name	Last Name
<b>Email Address 1</b>		
<b>Phone Number 1</b>		
<b>User Name 1</b>	<small>Your username will be created by the Administrator. A temporary password will be generated and emailed to the user.</small>	
<b>Role(s)</b>	<input type="checkbox"/> Benefits Administrator - <i>View plans, access resources and submit requests for your administrator.</i> <input type="checkbox"/> Employee Administrator – <i>Manage individual employee data via an online form. May include adding new employees, updating employee profiles and enrolling employees.</i> <input type="checkbox"/> Employee Reviewer – <i>Search for employees and view employee details.</i> <input type="checkbox"/> Import Administrator – <i>Import new files, view the import queue, take action on files in the import queue and access the exception log to view errors within import files or update errors and resubmit new files. Schedule recurring contributions.</i> <input type="checkbox"/> Import Monitor – <i>View the import queue and access the exception log to view errors within import files.</i> <input type="checkbox"/> Informer – <i>View plans and access resources.</i> <input type="checkbox"/> Report Manager – <i>View reports.</i>	



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<b>Employee Access 2</b>	First Name _____ Last Name _____
<b>Email Address 2</b>	_____
<b>Phone Number 2</b>	_____
<b>User Name 2</b>	Your username will be created by the Administrator. A temporary password will be generated and emailed to the user.
<b>Role(s)</b>	<input type="checkbox"/> Benefits Administrator - <i>View plans, access resources and submit requests for your administrator.</i> <input type="checkbox"/> Employee Administrator – <i>Manage individual employee data via an online form. May include adding new employees, updating employee profiles and enrolling employees.</i> <input type="checkbox"/> Employee Reviewer – <i>Search for employees and view employee details.</i> <input type="checkbox"/> Import Administrator – <i>Import new files, view the import queue, take action on files in the import queue and access the exception log to view errors within import files or update errors and resubmit new files. Schedule recurring contributions.</i> <input type="checkbox"/> Import Monitor – <i>View the import queue and access the exception log to view errors within import files.</i> <input type="checkbox"/> Informer – <i>View plans and access resources.</i> <input type="checkbox"/> Report Manager – <i>View reports.</i>
<b>Employee Access 3</b>	First Name _____ Last Name _____
<b>Email Address 3</b>	_____
<b>Phone Number 3</b>	_____
<b>User Name 3</b>	Your username will be created by the Administrator. A temporary password will be generated and emailed to the user.
<b>Role(s)</b>	<input type="checkbox"/> Benefits Administrator - <i>View plans, access resources and submit requests for your administrator.</i> <input type="checkbox"/> Employee Administrator – <i>Manage individual employee data via an online form. May include adding new employees, updating employee profiles and enrolling employees.</i> <input type="checkbox"/> Employee Reviewer – <i>Search for employees and view employee details.</i> <input type="checkbox"/> Import Administrator – <i>Import new files, view the import queue, take action on files in the import queue and access the exception log to view errors within import files or update errors and resubmit new files. Schedule recurring contributions.</i> <input type="checkbox"/> Import Monitor – <i>View the import queue and access the exception log to view errors within import files.</i> <input type="checkbox"/> Informer – <i>View plans and access resources.</i> <input type="checkbox"/> Report Manager – <i>View reports.</i>
<b>FINANCIAL LIMITS</b>	
<b>Payroll Frequency</b> <small>Choose One.</small>	<input type="checkbox"/> Weekly (W) <input type="checkbox"/> Bi-Weekly (B24) <input type="checkbox"/> Bi-Weekly (B26) <input type="checkbox"/> Semi-Monthly (S) <input type="checkbox"/> Monthly (M) <input type="checkbox"/> Other (O): _____
<b>Date of Pay Periods</b>	Jan _____ Feb _____ Mar _____ Apr _____ May _____ June _____ July _____ Aug _____ Sept _____ Oct _____ Nov _____ Dec _____
<b>First Payroll Date of New Plan Year:</b>	_____
<b>Add An Unscheduled Date</b>	_____
<b>Overall Plan Dollar Amount Limit</b>	Medical Flex \$ _____    Dependent Care \$ _____ Limited Purpose Flex (if applicable) \$ _____
<b>Loss of Eligibility for Medical and Limited Purpose</b>	<input type="checkbox"/> Allow ineligible participants to file claims for _____ days following loss of eligibility
<b>Grace Period for Medical and Limited Purpose to receive services after the end of the plan year</b> OR <b>Carryover Option</b>	Select one of the following: <input type="checkbox"/> No grace period (all claims must be received during the plan year) <input type="checkbox"/> Date grace period ends: _____ / _____ / _____ (up to 2 ½ months) <input type="checkbox"/> IRS Maximum carryover option (no grace period is allowed)



## Employer Setup Checklist for Flexible Spending Account

<b>Final Filing Date for Medical and Limited Purpose</b>	Last date to submit medical claims for services received in the plan year or during the grace period elected. ____/____/____
<b>Grace Period to Incur Dependent Care Claims</b>	Select one of the following for your dependent care claims: <input type="checkbox"/> No grace period (all claims must be received during the plan year) <input type="checkbox"/> Date grace period ends: ____/____/____ (up to 2 ½ months)
<b>Final Filing Date for Dependent Care</b>	Last date to submit dependent care claims for services received in the plan year or during the grace period elected. ____/____/____
<b>Loss of Eligibility for Dependent Care</b>	<input type="checkbox"/> Allow ineligible participants to file claims for ____ days following loss of eligibility
<b>Employer Contribution</b>	\$ _____ Medical    \$ _____ Dependent    \$ _____ Limit Purpose
<b>Employer Contribution Schedule</b> Choose One.	<input type="checkbox"/> 100% on Plan Year Start Date <input type="checkbox"/> 1 <sup>st</sup> Day of the Month (divided by 12) <input type="checkbox"/> Other (send schedule)
<b>SET UP BANK ACCOUNT (Required)</b>	
<b>Use For</b>	<input type="checkbox"/> Reimbursements <input type="checkbox"/> Debit Card Funding <input type="checkbox"/> Debit Card Fee Funding <input type="checkbox"/> Billing <input type="checkbox"/> Fee Funding
<b>Account Type</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>Routing Number</b>	
<b>Account Number</b>	
<b>Bank Name</b>	
<b>Street Address 1</b>	
<b>City</b>	
<b>State</b>	
<b>ZIP Code</b>	

Note: Due to the implementation of the Flex Prepaid Card reimbursement, funding will be done on a weekly basis. You will still receive a two-business-day notice of funds being withdrawn from your account.

I certify that I am legally authorized to sign this set-up document on behalf of the employer named herein. The employer hereby agrees to purchase those services indicated on this agreement at the cost provided in the flexible benefits proposal or fee schedule.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Submitting Agent \_\_\_\_\_

Signature \_\_\_\_\_

Employer/Agency \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Submit the completed form to:

Insurapath, Inc. 5300 S Broadband Lane Sioux Falls, SD 57108

Phone: 605-322-4774 Fax: 605-504-9305 Email: [Flex@Insurapath.com](mailto:Flex@Insurapath.com)