Information Needed for FSA Implementation

Company Information

- ☐ Company Address/Contact Information
- ☐ Company Federal Tax ID (EIN)
- ☐ Whether the Client or Risk Strategies will be billed for FSA services
- ☐ Name and Contact information for individual who will be signing the Business Associate Agreement Contract for the client.
- ☐ Main HR and Finance Contact information
- ☐ Completed FSA ACH Transfer Form
- ☐ Completed Bancorp ACH Authorization Form (for FSA plans with Debit Cards)

Plan Information

- ☐ Date FSA services will become effective with BASIC NEO
- ☐ Number of W-2 employees, FSA-eligible employees, and FSA participants (approximate numbers)
- ☐ Pay cycles
- ☐ Whether any affiliated employers will also be covered under the FSA plan
    - If yes, will need company name and Tax ID (EIN)
- ☐ Plan year start and renewal dates, and original effective date (if re-instating an existing FSA)
- ☐ Plan number
- ☐ FSA eligibility requirements (if different than that of group health plan)

Plan Design Specifics

- ☐ Reimbursement account plan types
- ☐ FSA Maximum Contribution limit (indexed or fixed; if fixed, will need the maximum limit)
- ☐ Whether the Client will offer the Carryover feature, Extended Grace Period, or neither
- ☐ Whether there are any employer contributions
- ☐ Whether the Client will be offering Debit Card
    - A copy of the Medical Plan Summary showing Copay amounts (for FSA plans with Debit Cards)
- ☐ Claim Run-Out Policy information
- ☐ Whether employees are offered additional taxable compensation for waiving
- ☐ Whether the Client also offers an HSA and/or HRA
- ☐ Whether employees pay pre-tax for for Health, Dental, or Vision insurance, Short- or Long-term disability, and Group Term Life insurance