

Flex Benefits Process for New Clients

- We start with the initial paperwork. A Plan Design Form is completed by the Client so we understand how the plan will be designed and operate. If you don't understand something on the form, do not worry, simply leave it blank and we will be happy to help you complete it once you return it to us
- Our dedicated team will review your submitted Plan Design form, and our FSA Manager will contact you to introduce themselves, review the plan and answer any questions you may have, and go over the processing requirements
- Next, you will have an Open Enrollment for the Flex Plan! We will send you the needed materials, employee guides that explain the plan and enrollment forms for your participants. The enrollment forms will also contain direct deposit forms, this option is included at no additional cost
- Once your employees have completed and returned the forms submit them to our Sales Department. You can E-fax them to 951.346.4244, attention Sales Dept., or scan and email them to michaele@PAYPROtpa.com
 - We suggest having all employees sign and return a form at least once, even if they do not want to be in the plan. This provides proof they were offered the plan and informs them the premiums for group insurance will be pre-taxed
- Each employee and their election amounts will be entered into our system, then we will generate a payroll setup report that will be sent to you along with a payroll calendar. We ask that you review the information and advise us if there are any corrections or changes that need to be made
 - The setup report should be reviewed with your Payroll Department so the election amounts can be set up on a pre-tax basis in payroll prior to the first month in which the new plan year will begin. The contributions should be set up by the first pay date in the plan year
- The Flex Manager will reach out to you again, before the first run, to review what should be done each pay cycle of the year. You will also be assigned a dedicated Flex Specialist that you, or your employees, can contact for any of your Flex plan needs or questions
 - You just need to forward a copy of the payroll deduction report, along with a check of the same amount, to us each pay cycle (it can also be set up to ACH the funds from your account to speed up processing. The amount that is transferred is equal to the amount withheld each pay cycle). We will balance, reconcile, pull funds, and process the reimbursements!

SECTION 1: COMPANY INFORMATION

Legal Company Name:			
DBA:	☐ Yes ☐ No	DBA Name:	
Tax ID Number:		Business Entity:	☐ LLC ☐ S-Corp ☐ Corporation ☐ Partnership ☐ Sole Prop ☐ Non-Profit ☐ Other _____
Mailing Address:			
City:		State:	Zip Code:
Division Names* (if applicable)			
Divisional Reporting	☐ Yes ☐ No	Divisional Banking*	☐ Yes ☐ No
Number of Benefit Eligible Employees:		Number of Expected Enrollments:	

**Please note if you are setting up divisional banking, we will need a completed ACH form for each division. An additional ACH form will be provided upon request*

SECTION 2: COMPANY CONTACTS

For your security, only the below listed individuals will be authorized to communicate with our implementation and employer services team.

Key Contact – Responsible for overall program / plan authorization. Is the person authorized to sign plan documents, fee agreements, and make final decisions. Automatically assigned Employer Portal access.

Day-to-Day Contact – Designated as recipient of all general communications, reports, and important notices from PAYPROtpa. Automatically assigned Employer Portal access.

Technical Contact – Responsible for the coordination of transmission of employee data. Employer Portal access will be limited to file submissions and results unless otherwise designated.

Other Contact – Designated by the Key Contact to fulfill administrative role(s) described above

Key Employer Contact - Will have access to the Employer Portal			
Name:		Title/Role:	
Email Address:		Phone Number:	

Day-to-Day Employer Contact - Will have access to the Employer Portal			
Name:		Title/Role:	
Email Address:		Phone Number:	

Additional Contacts (Optional)			
Contact Type	☐ Technical ☐ Other	Employer Portal Access?	☐ Yes ☐ No
Name:		Division:	
Email Address:		Phone Number:	

Contact Type	☐ Technical ☐ Other	Employer Portal Access?	☐ Yes ☐ No
Name:		Division:	
Email Address:		Phone Number:	

SECTION 3: PLAN INFORMATION

How will your plan information be loaded on the system?	☐ Employer Portal Upload		
	☐ File Feed – Internal Employer System	☐ Demographic ☐ Enrollment ☐ Contribution	
	☐ File Feed – EASE/Employee Navigator	☐ Demographic ☐ Enrollment ☐ Contribution	
	☐ File Feed – Other _____		
Vendor Name if one will be sending your files: - The vendor will need to be added as a contact in Section 2			
Will all plans have the same plan year dates?	☐ Yes ☐ No If No, enter the dates for each plan type in the corresponding sections below		
If yes, provide the Plan Year start date and end date:	Plan year start date _____ Plan year end date _____		
Participant becomes eligible to enroll in benefits: - Should match health benefit eligibility	_____ (ex. 90 days)	Participant can join after meeting eligibility on:	☐ First day of the month ☐ First day of the plan year
If required, will PAYPROtpa complete the 5500 and/or PCORI for the plan? (Fees apply)	Required for all Contribution funded FSAs and HRAs/Claims funded FSAs with over 100 participants ☐ Yes ☐ No		

PREVIOUS PLAN YEAR TAKEOVER

Do you have a prior plan year that PAYPROtpa will take over administration?	☐ Yes ☐ No		
	☐ Extension Period/Runout ☐ Runout Only ☐ Carryover Only		
What is the plan year start date and end date PAYPROtpa will be taking over?	Plan year start date _____ Plan year end date _____		
What plan types will PAYPROtpa be taking over administration?	☐ Medical FSA ☐ Dependent Care FSA ☐ HRA ☐ Limited Purpose FSA ☐ Transit ☐ Parking Check all that apply, additional information will be needed		
Do the settings for your prior plan year match the plan details outlined for this year's plan?	☐ Yes ☐ No If No, additional documentation is required with the prior plan year details		
Previous Administrator Name: _____			

CO-PAYMENT AMOUNTS

Please indicate your co-payments for auto-approval of debit card transactions. Benefit summaries, percentages, and/or deductible amounts cannot be accepted

☐ Our Plan does not offer co-payments (check box)

Medical/Office Visits	Emergency Room Visits	Pharmacy	Dental	Vision
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

PAYROLL DEDUCTION INFORMATION

Rounding of Payroll Deductions:

Mark the rounding method for how uneven payroll deductions should be handled. Example- \$1,000 election/26 payrolls = \$38.4615

- | | | |
|---|--|---|
| ☐ Standard Rounding | ☐ Adjust First Period | ☐ Adjust Last Period |
| ☐ Round Up | ☐ Adjust First Period | ☐ Adjust Last Period |
| ☐ Round Down ^{*Default} | ☐ Adjust First Period | ☐ Adjust Last Period |

Benefits Deduction Payroll Cycle:

Mark your payroll cycle for withholding deductions

- | | | |
|--|--|----------------------------------|
| ☐ Weekly (52 pay periods/year) | ☐ Semi-Monthly | ☐ Monthly |
| ☐ Bi-Weekly (24 pay periods/year) | ☐ Bi-Weekly (26 pay periods/year) | |

Complete the specific payroll benefit deduction dates for the plan year in the calendar below

20		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Pay Dates	1 st												
	2 nd												
	3 rd												
	4 th												
	5 th												

20		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Pay Dates	1 st												
	2 nd												
	3 rd												
	4 th												
	5 th												

SECTION 4: HEALTH SAVINGS ACCOUNT (HSA)

Only complete if offering Health Savings Account through PAYPROtpa. Employer will be obligated to provide its employees with all information governing the FSA. Note the HSA plan comes with debit cards.

Will a Health Savings account (HSA) be offered?	☐ Yes ☐ No	Estimated number of enrollments:	
Plan Year start date:		First funding date:	

HEALTH SAVINGS ACCOUNT (HSA) BULK FUNDS TRANSFER

Only complete if you are transferring current balances from your Health Savings Account to PAYPROtpa. Employer is responsible for providing its employees with all communication regarding the transferring of their HSA funds. Please note that sending a bulk transfer of funds required cooperation from your previous Administrator.

Will you be sending a bulk transfer of your HSA dollars?	☐ Yes ☐ No
Target date of bulk transfer:	
Previous Administrator:	

SECTION 5: FLEXIBLE SPENDING ACCOUNTS (FSA)

Only complete if offering Flexible Spending Accounts through PAYPROtpa. Employer will be obligated to provide its employees with all information governing the FSA. Please note the Medical FSA, Dependent Care FSA, and Limited Purpose FSA plans come with debit cards.

Select type of FSA(s) offered:	☐ Medical FSA ☐ Dependent Care FSA ☐ Limited Purpose FSA		
Funding Type:	☐ Claims Based ☐ Contribution Based		
Plan Year Start Date:		Plan Year End Date:	

Complete each section for each FSA that will be offered.

Plan Type	Expected Number of Enrollments	Employee Maximum Annual Contribution	Employee Minimum Annual Contribution	Annual Employer Contribution
Medical FSA		☐ IRS Maximum ☐ Other \$ _____	☐ No Minimum ☐ Other \$ _____	☐ None ☐ Other \$ _____
Dependent Care FSA		☐ IRS Maximum ☐ Other \$ _____	☐ No Minimum ☐ Other \$ _____	☐ None ☐ Other \$ _____
Limited Purpose FSA		☐ IRS Maximum ☐ Other \$ _____	☐ No Minimum ☐ Other \$ _____	☐ None ☐ Other \$ _____

Extension Period – Allows employees with unused benefits to incur expenses for qualified benefits after the plan year ends. Extension Period is defined as no more than 75 days, or two and one-half months, after the end of the plan year. If a runout period is used, the runout will need to be greater than or equal to the Extension Period. Please note, a carryover cannot be used if an Extension Period is offered.

Carryover – Allows participants to roll over up to IRS Maximum of unused funds at the end of the plan year. Cannot be used if an Extension Period is offered.

Please choose only one of the following options for each plan; both cannot be offered

Extension Period:	<i>Does the plan allow participants who have unused benefits to incur expenses for qualified benefits after the plan year ends?</i>		☐ Yes ☐ No
If yes, select account types:	☐ Medical FSA ☐ Dependent Care FSA ☐ Limited Purpose FSA		
Carryover:	<i>Will the plan allow participants to carry over unused funds at the end of the plan year?</i>		☐ Yes ☐ No
If yes, select account types:	☐ Medical FSA ☐ Limited Purpose FSA		
Select maximum carryover amount:	☐ IRS Max ☐ Other \$ _____		

Runout period – Allows employees to file claims after the plan year ends. Date of service for claims must be incurred during the plan year.

Runout Period:	<i>Does the plan allow participants who have unused benefits to submit expenses, after the plan year ends, that were incurred prior to the plan year-end?</i>		☐ Yes ☐ No
			_____ number of days after Plan Year End Date (no more than 180)
If yes, select account types and number of days allowed: <i>*Note, if offering Extension Period Runout Period must be longer than Extension Period</i>	☐ Medical FSA _____ days following Plan Year End Date (90-day standard)		
	☐ Dependent Care FSA _____ days following Plan Year End Date (90-day standard)		
	☐ Limited Purpose FSA _____ days following Plan Year End Date (90-day standard)		

Loss of Eligibility – When an employee has been terminated from employment, they may become ineligible for benefits depending on the options selected. (complete both sections)

Loss of Eligibility: (Ex: John left the company on 10/1; he goes to the doctor on 10/2. Can he file a claim for is 10/2 doctor appt?)	Can an employee who is no longer eligible file claims with a date of service after ineligible? ☐ Yes ☐ No
When an employee resigns, retires, or is terminated, how many days do they have to finish filing claims for services incurred while they were an active employee?	Allow Participants to file claims for: (Select one and indicate the number of days) ☐ _____ days after the Plan Year End Date (No more than 180 days, 30 days standard) OR ☐ _____ days after last date they were "Active" (No more than 180 days, 30 days standard)

SECTION 6: HEALTH REIMBURSEMENT ARRANGEMENTS (HRAs)

Only complete if offering a Health Reimbursement Arrangement through PAYPROtpa. Employer will be obligated to provide its employees with all information governing the HRA.

Select Eligible Expense List:	☐ General Purpose 213(d) ☐ Limited Purpose (Dental and Vision) ☐ Medical Only ☐ Medical and Pharmacy ☐ Other _____
Plan Year Start Date:	Plan Year End Date:

HRA Plan Details – If offering more than one type of HRA additional paperwork is required.

Will a debit card be offered with this plan? <i>*Note: For debit cards to be used, a deposit and positive balance is required to remain active</i>	☐ Yes ☐ No
If offering FSA and HRA plans, which plan pays out first to participants? Which plan should be exhausted first?	☐ FSA ☐ HRA
Expected number of Enrollments:	
Does this HRA require MSP Reporting? <i>*Note: Dependent demographic information must be collected for HRA plans that require MSP Reporting</i>	☐ Yes ☐ No
Can participants be reimbursed for expenses incurred between now and the original effective date of the HRA, as long as they were a participant? <i>Ex: If this is the first time offering the HRA, would the plan design X years from now pay back claims with dates of service up to the original date listed to the right?</i>	☐ Yes ☐ No If yes, please provide the date HRA was first offered to employees: ____ / ____ / ____

HRA FUNDING	
How will funds be available to participants?	☐ 100% plan year start of upon eligibility ☐ 1 st of each month ☐ Per Payroll frequency
Will funds be pro-rated for participants that start outside the plan year start date?	☐ Monthly ☐ No, employee gets full amount

	Contribution Level	Contribution Amount	Is there an individual reimbursement maximum?
How much does the employer contribute to the HRA annually?	Single:	\$ _____	N / A
	Single Plus Spouse:	\$ _____	☐ Yes, \$ _____ ☐ No
	Single Plus Dependent:	\$ _____	
	Family:	\$ _____	
	Amount Varies *Will require a contribution file	Yes *	

Runout period – Allows employees to file claims after the plan year ends. Date of service for claims must be incurred during the plan year.

Runout Period:	Does the plan allow participants who have unused benefits to submit expenses, after the plan year ends, that were incurred prior to the plan year-end? ☐ Yes ☐ No _____ number of days after Plan Year End Date (no more than 180 days)
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Loss of Eligibility – When an employee has been terminated from employment, they may become ineligible for benefits depending on the options selected. (complete both sections)

Loss of Eligibility: (Ex: John left the company on 10/1; he goes to the doctor on 10/2. Can he file a claim for is 10/2 doctor appt?)	Can an employee who is no longer eligible file claims with a date of service after ineligible? ☐ Yes ☐ No
When an employee resigns, retires, or is terminated, how many days do they have to finish filing claims for services incurred while they were an active employee?	Allow Participants to file claims for: (Select one and indicate the number of days) ☐ _____ days after the Plan Year End Date (No more than 180 days) OR ☐ _____ days after the last date they were "Active" (No more than 180 days)

Carryover – Allows participants to carryover up to 100% of unused funds at the end of the plan year.

HRA Carryover If funds are carried over to a subsequent plan year, the carryover will take place on Day 1 of the new plan year	Can unused dollars be carried over and used in subsequent plan years? ☐ Yes ☐ No If yes, ☐ Up to \$ _____ ☐ _____ % of Balance
When an employee has been terminated from employment, will their funds carry over to the next plan year?	☐ Yes ☐ No

Spendedown – Allows employees the ability to spend the remaining balance of their HRA in subsequent plan years, even if they are no longer eligible for the HRA.

When an employee is no longer eligible for the HRA, will their funds carry over to the next plan year?	☐ Yes ☐ No
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SECTION 7: QUALIFIED TRANSPORTATION ACCOUNTS (QTAs)

Only complete if Employer offers a Qualified Transportation Account administered through PayPro TPA. Employer will be obligated to provide its employees with all information governing the QTA.

Select type of QTA(s) offered:	☐ Parking ☐ Mass Transit	Plan Year Start Date:	Plan Year End Date:
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Complete each section for each QTA that will be offered. Please note the QTA plans come with a debit card.

Plan Type	Expected number of Enrollments	Maximum Total Monthly Contributions (amount may vary based on IRA guidelines)	Employee Minimum Monthly Contribution	Monthly Employer Contribution	Contribution Fund Type
Parking		☐ IRA Maximum ☐ Other \$ _____	☐ No Minimum ☐ Other \$ _____	☐ None ☐ Other \$ _____	☐ Pre-tax ☐ Post-tax ☐ Both
Mass Transit		☐ IRA Maximum ☐ Other \$ _____	☐ No Minimum ☐ Other \$ _____	☐ None ☐ Other \$ _____	☐ Pre-tax ☐ Post-tax ☐ Both

Runout period – Allows employees to file claims after the plan year ends. Date of service for claims must be incurred during the plan year.

Runout Period:	<i>Does the plan allow participants who have unused benefits to submit expenses, after the plan year ends, that were incurred prior to the plan year-end?</i>	☐ Yes ☐ No _____ number of days after Plan Year End Date (no more than 180)
Maximum number of days to submit a claim after date of service	☐ IRS Maximum of 180 days (standard) _____ days (no more than 180)	

Loss of Eligibility – When an employee has been terminated from employment, they become ineligible for benefits.

Loss of Eligibility: <i>How the plan will be handled when an employee becomes ineligible.</i>	Claims filed with a date of service after loss of eligibility will not be accepted.
When an employee resigns, retires, or is terminated, how many days do they have to finish filing claims for services incurred while they were an active employee?	Allow Participants to file claims for: (Select one and indicate the number of days) ☐ _____ days after the Plan Year End Date (No more than 180 days) OR ☐ _____ days after the last date they were "Active" (No more than 180 days)

Commuter Carryover	Commuter dollars for active employees continuously carryover month to month, year to year per IRS regulations.
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ADDITIONAL COMMENTS

SECTION 8: ACH AUTHORIZATION AGREEMENT

Payment of employee claims, debit card transactions, and direct deposit payments will be settled directly to the Employer's bank account ("Account") at the depository financial institution named below ("Depository").¹

Employer Name _____ Tax ID # _____

I hereby authorize PAYPROtpa to initiate debit/credit entries to the Account for:

- ☐ Reimbursement Claims (each business day or as they occur. The Reimbursement Claims include, but are not limited to, manual/online/debit card transactions for FSAs and HRAs)
- ☐ HSA Funding (payroll deductions and employer contributions)
- ☐ Fee Funding (any employer paid fees, including, but not limited to, Setup Fees and Monthly Fees)

Important PAYPROtpa Bank originating company ID: **93-1225747**. Should filters not be established, ACH errors will occur and could delay plan set up processes.

Depository Name: _____

Branch: _____

Address: _____

Phone: _____

City: _____

State: _____ Zip Code: _____

Routing Number: _____

Account Number: _____

This authorization is to remain in full force and effect until PAYPROtpa has received written notification from an authorized representative of its termination in such a time, and in such a manner, as to PAYPROtpa and Depository a reasonable opportunity to act on it.

I acknowledge that the origination of ACH transactions to the account must comply with the provisions of U.S. law.

Primary Contact Signature

Date

Primary Contact Printed



¹ Note: If you are offering divisional banking, the information on this form will be listed as your default bank account. If an employee is added without a division their funding will pull from this account.