

ALERUS

CLIENT INFORMATION FORM IMPLEMENTATION

EMPLOYER INFORMATION

Employer legal name		Today's date	Effective date	
Street address		City	State	ZIP
General business phone #	Federal tax ID	6-digit NAICS code or business type	State of incorporation	
Type of employer entity (please check one)				
<input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Limited liability company <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Government <input type="checkbox"/> Church				
Subject to ERISA				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Primary signer contact (signer for service agreement and funding authorizations)		Primary signer contact title		
Primary signer phone direct dial	Primary signer contact email	Primary signer contact online access <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary contact		Primary contact title		
Primary contact phone direct dial	Primary contact email	Primary contact online access <input type="checkbox"/> Yes <input type="checkbox"/> No		
Billing contact		Billing contact title		
Billing contact phone direct dial	Billing contact email	Billing contact online access <input type="checkbox"/> Yes <input type="checkbox"/> No		
Payroll contact		Payroll contact title		
Payroll contact phone direct dial	Payroll contact email	Payroll contact online access <input type="checkbox"/> Yes <input type="checkbox"/> No		

Payroll frequency (please check and provide initial payroll date for deductions)		
<input type="checkbox"/> Weekly, Bi-weekly <input type="checkbox"/> 24 or <input type="checkbox"/> 26, <input type="checkbox"/> Semi-monthly, <input type="checkbox"/> Monthly, date of 1st payroll deduction		
Current Benefits Administered by Alerus		
<input type="checkbox"/> Retirement – plan ID <input type="checkbox"/> HSA <input type="checkbox"/> FSA <input type="checkbox"/> HRA <input type="checkbox"/> COBRA <input type="checkbox"/> Banking <input type="checkbox"/> Other		
Broker (agent) name	Broker (agent) company name	Broker's phone
Broker's email	Brokerage address	
Additional contact(s) for broker		
Name:	Phone:	Email:
Alerus representative contact information (if applicable)		
Name:	Phone:	Email:

EDI VENDOR

Vendor name	Contact name	Email	Phone number
File types being offered by employer			
Health and welfare: <input type="checkbox"/> Contribution <input type="checkbox"/> Enrollment/termination/changes COBRA: <input type="checkbox"/> NPM – initial rights <input type="checkbox"/> QB – specific rights			

PAYROLL VENDOR

Vendor name	Contact name	Email	Phone number
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EMPLOYER GROUP MEDICAL HEALTH PLAN INFORMATION

Insurance carrier	Annual renewal date	Deductible plan year begin	Deductible plan year end
Health plan deductible Single: \$ Family: \$ Other: \$	Coinsurance after deductible <input type="checkbox"/> Yes <input type="checkbox"/> No	Out of pocket maximum Single: \$ Family: \$ Other: \$	
4 th quarter deductible carryover <input type="checkbox"/> Yes <input type="checkbox"/> No	Embedded (per person) deductible <input type="checkbox"/> Yes <input type="checkbox"/> No	RX drug co-pay in health plan <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain	
Is health plan HSA eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there an HSA in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	

BENEFITS

Please complete ONLY the benefits being implemented at this time, there may be sections left blank.

HSA INVESTMENT LINEUP AND INFORMATION

Alerus standard HSA fund lineup (default) <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer retirement fund lineup (may take up to 12 weeks) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide fund list with ticker symbols in an Excel spreadsheet. List funds in the order you would like them to appear with the default fund list.		
Default fund options (Required when mirroring the employer investment lineup.) <input type="checkbox"/> HCB interest bearing account <input type="checkbox"/> Schwab government money fund <input type="checkbox"/> Schwab treasury obligation MMG investor share			
HSA monthly admin fee paid by <input type="checkbox"/> Employer <input type="checkbox"/> Employee	# of eligible employees	# of HSA participants	Group transfer from prior vendor <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the employer contributing to employees' HSAs? If yes, are the contributions: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Flat dollar? <input type="checkbox"/> Matching? <input type="checkbox"/> Other?			
ER contribution applied: <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> With each payroll <input type="checkbox"/> Other			
Is there a limited FSA in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Adding benefit to FSA program	Is there a Premium Only Plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will Alerus be creating a POP document for you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional comments			

FSA INFORMATION

Approximate number of eligible employees	Approximate number of participants
Benefits offered <input type="checkbox"/> Health FSA <input type="checkbox"/> Limited purpose FSA <input type="checkbox"/> Limited purpose FSA with post deductible expense <input type="checkbox"/> Dependent care FSA <input type="checkbox"/> Parking/transit	
Plan year Begin: End:	Mid-year takeover FSA contribution annual maximum <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> IRS max <input type="checkbox"/> Other \$
Claims processed <input type="checkbox"/> Weekly (Friday) <input type="checkbox"/> Daily	
Claims run out period (after plan year and/or grace period end) <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> Other	Claims run out period for terminated participants (after plan year and/or grace period end) <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> NA <input type="checkbox"/> Other
Carryover feature (medical and limited FSA only) <input type="checkbox"/> Yes <input type="checkbox"/> No	Did carryover apply to previous FSA plan year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes prior TPA name
Further carryover conditions <input type="checkbox"/> Minimum carryover amount \$ <input type="checkbox"/> Carryover only if participant elects for new plan year	
2½ month grace period? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: For: <input type="checkbox"/> 2½ months <input type="checkbox"/> Other <input type="checkbox"/> Medical <input type="checkbox"/> Dependent care
Additional comments	

HRA INFORMATION

Type of HRA program <input type="checkbox"/> Traditional HRA <input type="checkbox"/> ICHRA <input type="checkbox"/> EBHRA <input type="checkbox"/> Tuition reimbursement <input type="checkbox"/> Lifestyle spending account				
Approximate number of eligible employees			Approximate number of participants	
HRA plan year (must follow health plan year deductible) Begin: End:		Start-up (new) HRA <input type="checkbox"/> Yes <input type="checkbox"/> No	Is first year a short plan year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mid-year takeover <input type="checkbox"/> Yes <input type="checkbox"/> No
Annual benefit amount Single: \$ Family: \$ Other: \$ Tuition: \$			Does the HRA pay after an HSA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Deductible that must be met before HRA pays <input type="checkbox"/> NA <input type="checkbox"/> Single: \$ Family: \$ Other: \$ <input type="checkbox"/> Applies per family member (embedded)				

HRA claims paid <input type="checkbox"/> 100% to annual HRA amount <input type="checkbox"/> % to annual HRA amount <input type="checkbox"/> Other		
HRA carry forward <input type="checkbox"/> Yes <input type="checkbox"/> No Maximum carry forward (\$ or %): Maximum accumulation: \$		
Claims processing <input type="checkbox"/> Weekly (Friday) <input type="checkbox"/> Daily	Year-end claim run-out period <input type="checkbox"/> 30 days <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> Other	Claims run out period for terminated participants <input type="checkbox"/> 30 days <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> NA <input type="checkbox"/> Other
Additional comments		

COBRA/DIRECT BILL INFORMATION

- **Submit all carrier rates with this form.** When submitting rates, please be sure to outline all tiers as follows: single, single + spouse, single + child(ren), family. Alerus is not responsible for any incorrect rates or improper notification of tier classification.
- Age banded rates are REQUIRED to be provided in Excel.
- \$300 set-up fee waived with two-year agreement. Terminating prior to the end of the two-year agreement will result in the set-up fee being assessed on the final invoice.

# of benefit eligible employees	Pricing option choice <input type="checkbox"/> Event <input type="checkbox"/> PEPM	Two-year contract <input type="checkbox"/> Yes <input type="checkbox"/> No	COBRA <input type="checkbox"/> Yes <input type="checkbox"/> No	Direct bill (continuation coverage other than COBRA) <input type="checkbox"/> Yes <input type="checkbox"/> No
List division names				
Is this brokerage paying for this service for this group?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Will broker process employee/continuant information through Alerus system on client's behalf?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want reports by division?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want Alerus to process your general rights notifications (a.k.a. new hire notifications)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want Alerus to process your letters of unavailability? You are required to let Alerus know when this notice is needed.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to allow your continuants to make late payments?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any active or pending COBRA/direct bill continuants?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Renewal date (mm/dd/yyyy)	Medical*	Medical*	Medical*	Dental
Self-funded? Fully insured?	<input type="checkbox"/> Self-funded <input type="checkbox"/> Fully insured	<input type="checkbox"/> Self-funded <input type="checkbox"/> Fully insured	<input type="checkbox"/> Self-funded <input type="checkbox"/> Fully insured	<input type="checkbox"/> Self-funded <input type="checkbox"/> Fully insured
Carrier name				
Carrier contact for reinstatement, updates, and terminations				
Carrier contact email				
Carrier client service phone				
Plan name				
Group number				
Sub-group number				
Coverage ends on	<input type="checkbox"/> Event date <input type="checkbox"/> End of month	<input type="checkbox"/> Event date <input type="checkbox"/> End of month	<input type="checkbox"/> Event date <input type="checkbox"/> End of month	<input type="checkbox"/> Event date <input type="checkbox"/> End of month
*Medical rates renew on <input type="checkbox"/> Anniversary date (plan premium start date) <input type="checkbox"/> First of month following date of birth				*Children 21+ pay <input type="checkbox"/> Child rate <input type="checkbox"/> Age rate

	FSA	HRA	EAP	Teledoc	Pediatric Dental
Renewal date (mm/dd/yyyy)					
Self-funded? Fully insured?	<input type="checkbox"/> Self-funded <input type="checkbox"/> Fully insured	<input type="checkbox"/> Self-funded <input type="checkbox"/> Fully insured	<input type="checkbox"/> Self-funded <input type="checkbox"/> Fully insured	<input type="checkbox"/> Self-funded <input type="checkbox"/> Fully insured	<input type="checkbox"/> Self-funded <input type="checkbox"/> Fully insured
Carrier name					
Carrier contact for reinstatements, updates, and terminations					
Carrier contact email					
Carrier client service phone					
Plan name					
Group number					
Sub-group number					
Coverage ends on	<input type="checkbox"/> Event date <input type="checkbox"/> End of month	<input type="checkbox"/> Event date <input type="checkbox"/> End of month	<input type="checkbox"/> Event date <input type="checkbox"/> End of month	<input type="checkbox"/> Event date <input type="checkbox"/> End of month	<input type="checkbox"/> Event date <input type="checkbox"/> End of month

Minnesota Groups Only

No life benefits offered — please note, even if your group life benefits are employer paid, they still must be offered through Minnesota Life Continuation Statute 61A.092.

Monthly premiums need to be provided to Alerus, per 1,000 units of coverage. **Alerus will not complete rate calculations.**
 For example, if the basic life and AD&D rate are bundled for MN Life Continuation purposes, that is the rate that should be provided.

	Basic Life	Voluntary Life	Family Basic Life
Renewal date (mm/dd/yyyy)			
Self-funded? Fully insured?	<input type="checkbox"/> Self-funded <input type="checkbox"/> Fully insured	<input type="checkbox"/> Self-funded <input type="checkbox"/> Fully insured	<input type="checkbox"/> Self-funded <input type="checkbox"/> Fully insured
Carrier name			
Carrier contact for reinstatements, updates, and terminations			
Carrier contact email			
Carrier client service phone			
Plan name			
Group number			
**Coverage ends on	<input type="checkbox"/> Event date <input type="checkbox"/> End of month	<input type="checkbox"/> Event date <input type="checkbox"/> End of month	<input type="checkbox"/> Event date <input type="checkbox"/> End of month
Is the life benefit bundled with AD&D?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse rates based on	NA	<input type="checkbox"/> Employee age <input type="checkbox"/> Spouse age	NA
List rates renew on	<input type="checkbox"/> Anniversary date <input type="checkbox"/> First of month following DOB	<input type="checkbox"/> Anniversary date <input type="checkbox"/> First of month following DOB	<input type="checkbox"/> Anniversary date <input type="checkbox"/> First of month following DOB
Conversion available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Should "Event Date" be selected, Alerus will collect a pro-rated monthly premium from the continuant based on their date of event.

REVIEW INFORMATION

PLEASE CAREFULLY REVIEW YOUR PREMIUMS INFORMATION PRIOR TO SUBMITTING TO ALERUS. There will be a **\$75.00 charge per hour** for correcting and responding to erroneous information, including:

- Premium corrections
- Carrier changes requested after plan rate changes have been processed
- Plan setup corrections including, but not limited to
 - Late notification of rates or carrier changes
 - Urgent updates required for reinstatements

Employer/Broker Acknowledgement

By my signature, I acknowledge that I have read all information outlined by this document and submitted all required information necessary for Alerus to perform their job duties. All information herein and attached is correct to the best of my knowledge.

Employer signature

Date

Broker signature

Date

Important Restrictions

Complete the employer and plan information and return to the implementation team at hwsetup@alerus.com to begin the implementation process. Alerus cannot begin this process until these pages have been signed and submitted.

Pursuant to the terms of our contract, you are solely responsible for ensuring that the renewal and premium information provided to Alerus by you (the client) or your representative (your broker or consultant) is accurate. Alerus has no responsibility to confirm that the information provided to it is accurate and may rely on and use such information, (e.g., for purposes of communicating the premiums a continuation participant must pay) without question. Alerus has no liability whatsoever if the renewal and premium information provided to it is inaccurate. Additionally, for any renewal information that is received late (after the renewal date), the change in premiums for continuation member will be made effective the first of the month following the date of receipt — we cannot back bill participants for late renewals. Alerus does not take responsibility for any premium discrepancies caused by late renewal information. If you have any questions or concerns regarding this process, please reach out to cobra@alerus.com or 800.761.1934.