

ALERUS

IMPLEMENTATION CLIENT INFORMATION FORM

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

EDI checklist will need to be completed and returned prior to Alerus working with the client payroll/HRIS 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	Group transfer from prior vendor <input type="checkbox"/> Yes <input type="checkbox"/> No	Prior vendor name
Is the employer contributing to employees' HSAs? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, are the contributions: <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"/> Commuter (parking/transit)		
Plan year Begin: End:	Mid-year takeover <input type="checkbox"/> Yes <input type="checkbox"/> No	FSA contribution annual maximum <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 following terminating date <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		
Allow claims incurred past termination for DCAP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2½ month grace period? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> 2½ months <input type="checkbox"/> Other	For: <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)		Start-up (new) HRA	Is first year a short plan year?
Begin: End:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mid-year takeover
Annual benefit amount		Does the HRA pay after an HSA?	
Single: \$ Family: \$ Other: \$ Tuition: \$	<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	Year-end claim run-out period	Claims run out period following terminating date
<input type="checkbox"/> Weekly (Friday) <input type="checkbox"/> Daily	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> Other	<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

- Completed COBRA/Direct Bill intake spreadsheet must be returned with this form for service agreement to be created.
- \$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.
- **New plan members** – Alerus issues the DOL General Rights Notice, (a.k.a. Initial Rights Notice and New Hire Notice).
- **COBRA** – Alerus issues the COBRA Specific Rights Notice to Qualified Beneficiaries when they have experienced a qualifying life event.
- **Direct bill services** – Direct bill services are only for clients that have benefit plans that are separate from COBRA, (i.e. retiree benefits, leave of absence billing, etc.)

# of benefit eligible employees	Two-year contract	COBRA	Direct bill (please see benefit definition above)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
If yes, how many?			

Minnesota Statute 61A.092 – Continuation of Coverage for Life Insurance

Under Minnesota Statute 61A.092, employees that experience a qualifying event must be offered the right to continuation. Basic life, dependent (family) basic life, employee voluntary life, spouse voluntary life, and child(ren) voluntary life policies are subject to this statute. **PLEASE NOTE:** Even if the benefit was employer-paid while the EE was active, it is still subject to continuation; however, the qualified beneficiary (QB), will be responsible for the full monthly premium.

- Yes, our group is subject to Minnesota Life Continuation statute 61A.092.
- No, our group is in Minnesota, but we do not offer group life benefits.
- Not applicable, our group is not location in, nor does it have a population of employees that are subject to Minnesota Life Continuation.

Additional details for continuation benefits:

Employer/Broker Acknowledgement

By submitting this document to Alerus, you acknowledge that you have read all information outlined within and are submitting all required information necessary for Alerus to perform their job duties. 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 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. Correction fees may be assessed should it be found that Alerus was provided incorrect renewal information, including but not limited to premium corrections, carrier changes, and plan setup details. 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 — Alerus cannot back bill participants for late renewals. Alerus does not take responsibility for any premium discrepancies caused by late renewal information.

By my signature, I acknowledge that I have read all the information outlined by this document and submitted all the required information necessary for Alerus to perform their 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.

If you have any questions or concerns regarding this process, please reach out to hwsetup@alerus.com or 800.898.9344.