



## LIFESTYLE SAVINGS ACCOUNT PLAN DESIGN CHECKLIST

### EMPLOYER AND ADMINISTRATIVE INFORMATION

Employer		Phone	
Address	City	State	ZIP
Plan Name			
Effective Date	Lifestyle Savings Account Plan <input type="checkbox"/> New plan. <input type="checkbox"/> Updated version of existing plan which was originally effective on .		
Claims Administrator's Name, Address, and Telephone Number <input type="checkbox"/> Employer (use employer address and telephone number). <input type="checkbox"/> Alerus, P.O. Box 64535, St. Paul, MN 55164-0535   877.661.4727			

### ELIGIBILITY REQUIREMENTS

Which employees are eligible to participate in this plan? <input type="checkbox"/> All employees are eligible, there are not exclusions. <input type="checkbox"/> Part-time employees who work less than _____ hours per week. <input type="checkbox"/> Other:			
Waiting Period <input type="checkbox"/> Date of Hire (no service required) <input type="checkbox"/> _____ Months After Date of Hire <input type="checkbox"/> _____ Days After Date of Hire <input type="checkbox"/> Other:			

### BENEFIT INFORMATION

Expenses Covered
Maximum Benefit Per Year <input type="checkbox"/> \$ _____ Single <input type="checkbox"/> \$ _____ Family
# of Days a Claim for Services Incurred During a Plan Year May be Submitted After the End of that Plan Year (i.e., 30, 60, etc.)
Will a different filing deadline apply for participants who terminate employment? <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ days after termination.
Carry Forward for participants who no longer participate: <input type="checkbox"/> Shall expire _____ days after participation ends, (i.e., 60, 90, etc.) <input type="checkbox"/> Shall not expire.
Carry Forward for active participants: <input type="checkbox"/> Shall rollover at _____ percent into the new plan year. <input type="checkbox"/> Shall not carry forward into a new plan year.
Shall participants be required to provide receipts? <input type="checkbox"/> Yes, they shall. <input type="checkbox"/> No, they shall not.
Additional Provisions

Note: This document is not intended to serve as a plan document or summary plan description.