

ALERUS

HEALTH REIMBURSEMENT ARRANGEMENT (HRA) PLAN DESIGN CHECKLIST

Employer and Administrative Information

Employer		Phone	
Address	City	State	ZIP
Client EIN	Entity type*		
Number of eligible employees	Subject to Family Medical Leave Act (FMLA) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Plan name			
Effective date	HRA plan <input type="checkbox"/> New plan <input type="checkbox"/> Updated version of existing plan which was originally effective on		
Claims administrator (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			

*Note: there may be some ownership restrictions based on your company's entity type. Please consult your financial or tax advisor.

Eligibility Requirements

Which employees are eligible to participate in this plan?

- All employees are eligible; there are no exclusions.
- All employees enrolled in the employer group medical plan.
- Part-time employees who work less than this many hours per week:
- Other:

What is the waiting period?

- Date of hire (no service required).
- Same date as employer's group medical plan.
- This many months after date of hire:
- This many days after date of hire:
- Other:

What is the effective date of participation?

- Date in which requirements are satisfied.
- Same date as employer's group medical plan.
- First day of this month coinciding requirements are satisfied.
- This many days after date of hire:
- Other:

Benefit Information

Expenses covered (specific details):

What is the maximum benefit per year?

- Single: \$
- Single +1: \$
- Family: \$
- Other: \$
- Amount per individual: \$

Does the deductible need to be satisfied before HRA reimburses expenses?

- Yes No
- Single: \$
- Single +1: \$
- Family: \$
- Other: \$
- Embedded (applies per family member) - details:

How must claims be paid?

- 100% up to annual HRA event
- This percentage amount to the annual HRA amount:
- Other:

How many days after the end of a plan year may a claim for services be submitted during the plan year ?

- 30 days after
- 60 days after
- 90 days after
- Other:

What is the claims runout period for terminated participants?

- This many days after end of plan year:
- This many days after termination date:

What is the policy on carryover funds?

- Shall rollover into the new plan year at _____ % with a maximum accumulation limit of \$
- Shall not carry forward into a new plan year.

Will the benefit be prorated for mid-year enrollees?

- Yes, monthly
- Yes, quarterly
- No
- Other:

Will health benefits debit cards be provided? NOTE: This is only available to HRA plans offering 213(d) expenses.

- Yes
- No

If the employer maintains a health flexible spending account, which plan shall pay expenses first?

- NA – the employer doesn't offer health flexible spending accounts.
- This HRA.
- The health flexible spending account under the employer's cafeteria plan.

Are health savings accounts (HSA) provided by the employer?

- Yes
- No

Should the HRA be coordinated with the HSA benefit to meet the minimum deductible requirements outline by the IRS?

- Yes
- No

Additional provisions: