

Employer Information

Employer Company Name

Employer EIN

Employer Organization Type

Corporation, Limited Liability Company, Partnership, S Corporation, Sole Proprietorship, Non-Profit Organization, Estate, Professional Corporation, Governmental Entity or Church

Employer Organization State

Employer Primary Contact Information

Contact Name (First & Last)

Address

Address

City

State

Zip

Phone Number

Email Address

Affiliates

If Applicable, please complete an affiliates questionnaire as well

An affiliate generally means:

- Subsidiaries which are owned (at least 80% ownership) by the plan sponsor
- Other companies which are owned (at least 80% ownership) by a parent company which also owns 80% of the plan

FSA Questionnaire

FSA Account Options

Health FSA

YES / NO

Select whether or not your plan is offering the Health Flexible Spending Account. This account reimburses qualified medical expenses as described in Section 213(d).

Limited Purpose FSA

YES / NO

Select whether or not your plan is offering the Limited Purpose FSA. This account reimburses qualified dental and vision expenses.

(LPFSA Only) Will the LPFSA allow for Post Deductible Expenses?

YES / NO

Select whether or not your plan is offering Post Deductible Expenses for the Limited Purpose FSA.

Dependent Care FSA

YES / NO

Select whether or not your plan is offering the Dependent Care FSA. This account reimburses qualified dependent care expenses as described in Publication 503.

Adoption Assistance FSA

YES / NO

Select whether or not your plan is offering an Adoption Assistance FSA. This account reimburses qualified adoption related expenses as described in Publication 503.

Does your plan offer its participants a debit card?

YES / NO

Select whether or not your plan offers a debit card for payment of qualified expenses.

Do you want to include the Qualified Reservist Distribution in your plan?

The HEART Act of 2008 provides a special rule allowing distributions of unused amounts in the Flexible Spending Account to reservists ordered or called to active duty. This is totally optional but does require you to determine how distributions will be calculated:

**No,
Health FSA Only,
LP FSA Only,
Both**

If Health FSA Only, LP FSA Only, or Both, how would you like the disbursement calculated?

- Total of Participant's election minus reimbursements already paid out prior to QRD.
- Total of Participant's contributions minus reimbursements already paid out prior to QRD.
- An amount not to exceed the Participant's election minus reimbursements already paid out prior to QRD.

**Election amount minus reimbursements,
Contributed to date minus
reimbursements,
Any amount up to election minus
reimbursements**

Would you like to add a custom appendix item to the table of contents? (if unsure choose no)

YES / NO

FSA Questionnaire

Plan Administration Information

Plan Name

Plan Number (501-530) or (6XX) if for Transportation/Parking

Plan Administrator (Only if different from Employer)

Name	Address	City	State	Zip
------	---------	------	-------	-----

Agent for Service of Legal Process (Only if different from Employer)

Name	Address	City	State	Zip
------	---------	------	-------	-----

Claims Administrator (Only if different from Employer)

Name	Address	City	State	Zip
------	---------	------	-------	-----

COBRA Administrator (Only if different from Employer)

Name	Address	City	State	Zip
------	---------	------	-------	-----

FSA Questionnaire

Plan Information

Is this Plan new or a restatement?	New / Restatement
If this is a brand new plan for your company, please select "New." If you are amending and restating a previous plan, please select "Restatement"	
Plan Year Start	mm/dd/yyyy
The Plan Year Start should be consistent with the plan year for all other group benefits if possible. Do not back date a plan year start.	
Plan Year End	mm/dd/yyyy
The date on which this Plan Year ends - typically the end of the calendar year or the end of the 12th month after the Plan Year Start - with the exception of short plan years.	
Original Effective Date (only if Restatement)	mm/dd/yyyy
Amended and Restated Date (only if Restatement)	mm/dd/yyyy
Short Plan Year	YES / NO
Renewal Year Start (only if short Plan year)	mm/dd/yyyy
State the date on which the Plan year that follows the short plan year will start.	
Renewal Year End (only if short Plan year)	mm/dd/yyyy
State the date on which the Plan year that follows the short plan year will end.	
Include Participant Election Forms?	YES / NO
Allow Change of Status if employee Full-Time status drops below 30 hours?	YES / NO
Allow Change of Status if employee is eligible for a Special Enrollment or Annual Open Enrollment Period in a qualified Health Plan within a Marketplace?	YES / NO
Allow a Change in Status in the middle of the plan year if an employee's dependent is eligible for a Special Enrollment to enroll in a Qualified Health Plan within a state or federal Exchange?	YES / NO

FSA Questionnaire

Claims Notification Deadlines

Would you like to use the Federal Maximums for Claim Notification Deadlines? YES / NO

If "NO" to above complete the following with the time limit for each:

Notification timing regarding original claim

Accepted/Denied Notification Deadline (0 - 72 hours)

Extenuating Circumstances Extension (0 - 15 days)

Insufficient Information Timelines

Notification of Participant (0 - 30 Days)

Response by Participant (0-72 Hours)

Review of Claim Denial (0 - 15 days)

Employee Eligibility

Include Employees that work _____ hours or more per week.

The PPACA generally states that, beginning in 2015 or 2016, as applicable, all employees working 30 hours or more per week are eligible for Plan benefits. However, the Plan may allow employees who work fewer than 30 hours per week to be eligible for the Plan. Exceptions may also exist for companies with less than 50 employees or for non-group health plan coverage.

Exclude the following

Select the employee classes that will not be eligible to participate under the plan. Exclusions must be included in the plan document.

Union YES / NO

Non-Resident Aliens YES / NO

Hourly Employees YES / NO

Salaried Employees YES / NO

Leased Employees YES / NO

Other Employee Class Exclusions

Entry Into Plan

This requirement must be satisfied before an employee is eligible for Plan entry. Keep in mind that federal regulation generally prohibits an employee to wait longer than 90 days before becoming eligible for the group health plan. The entry date into the FSA cannot be sooner than entry date into the group health plan.

**Same as Employer's group medical plan,
1st day of the month following date requirements were met,
1st Day of Pay period following waiting period,
Date that conditions of eligibility are met,
Other (provide a description)**

Post-Hire Waiting Periods (days)

The waiting period for the Health FSA can be up to 3 years. However, the waiting period for the FSA cannot be less than that of the underlying health coverage. For consistency, employers should have the waiting period for the FSA mirror the waiting period for the underlying health insurance plan.

Employee Class 1 Waiting Period 1 Employee Class 2 Waiting Period 2 Employee Class 3 Waiting Period 3

FSA Questionnaire

Plan Benefits

Does your plan offer the following benefits on a pre-tax basis? (YES / NO)

Group Medical Insurance	Long-Term Disability Insurance
Group Dental Insurance	Short-Term Disability Insurance
Group Vision Insurance	Accidental Death and Dismemberment
HSA Contributions	Critical Illness Insurance
Group-Term Life Insurance	Hospital Indemnity Insurance
Cancer Insurance	Cash In Lieu
Voluntary Benefits	Intensive Care Insurance
Specified Health Event	Personal Sickness Indemnity
Accident Insurance	

Do You Comply With the Following Regulations? (YES / NO)

ERISA	If the entity is subject to ERISA, all provisions listed will apply.)
USERRA	MHPA
GINA	WHCRA
NMHPA	COBRA
HIPAA	FMLA

Do you want the standard ERISA provision included in your document?

FSA Questionnaire

Contributions and Compliance (Descriptions on Next Page)

Employer Contributions	Contribution Type	Employee Class (Flat Only)	Amount
Health FSA			\$
	None / Match / Flat	All / Single / Family	
Limited Purpose FSA			\$
	None / Match / Flat	All / Single / Family	
Dependent Care FSA			\$
	None / Match / Flat	All / Single / Family	

Employee Contributions	Health	Limited Purpose	Dep. Care	Adopt Assist
Minimum Contribution	\$	\$	\$	\$
Maximum Contribution	\$	\$	\$	\$
Year-end Excess Funds				
	Forfeit / Ext / Rollover	Forfeit / Ext / Rollover	Forfeit / Ext	
Rollover Amount	\$	\$		
Year-end Runout (days)				
Concurrent Extension/Runout				
	Concurrent/Separate	Concurrent/Separate	Concurrent/Separate	
Term. Runout Start				
	Term. / Year End / Month End			
Term. Runout (days)				

FSA Questionnaire

Contributions and Compliance Definitions

Employer Contribution Type

Match

The "Match" option allows the employer to match the participant's contribution dollar for dollar up to a maximum of \$3,300. This is a non-elective contribution and can only be used for allowable medical expenses.

Flat

The employer may provide a flat contribution to each participant not to exceed \$500. An employer may also provide different amounts based on the level at which a participant is enrolled in the group health plan. (ie. the employer may provide a flat contribution of \$250 for participants enrolled in Single/Employee Only coverage under the group health plan and may contribute \$500 for participants enrolled in Employee Plus/Family coverage under the group health plan). This is a non-elective contribution and can only be used for allowable medical expenses.

Employee Class

If you have selected to provide a "Flat" amount employer contribution, you can provide different amounts based on the health plan coverage type. (ie. If an employee enrolled in the health plan as a single employee you can provide a contribution of \$100. Employees enrolled in EE Plus or Family coverage can receive a contribution of \$200).

Year End Runout

A run-out period is a pre-determined time frame after the plan year ends. During the run-out period, you may file both health FSA and dependent care FSA claims for expenses incurred during the plan year.

2.5 Month Extension

Money unspent at the end of the plan year can now be rolled over into the next plan year for 2.5 months. Thus, employees contribute for 12 months but have 14.5 months to incur expenses and use up the remaining money. The maximum grace period is until the 15th day of the third calendar month after the end of the plan year. (This can apply to the Health Reimbursement Account, Limited Purpose FSA and the Dependent Care Account)

Rollover

If your plan has this feature, you may carry over up to \$500 of unused funds into the next plan year. The IRS set the maximum carryover limit at \$660, but the employer may decide to have a lesser amount. (This can apply to the Health Reimbursement Account, Medical FSA and/or the Limited Purpose FSA.)

Terminated Employee Runout Period Type

Year End

Selecting "Year End" means that the runout period for terminated employees will begin at the end of the current plan year.

Termination

Selecting "Termination" means that the runout period for terminated employees starts on the date that the employee is terminated.

Terminated Employee Runout

A terminated employee run-out period is a pre-determined time frame beginning the day after termination or after the plan year ends, that is typically a different run-out period than used for current employees.