

Plan Type – Please specify:  HRA 213(d)  Deductible Only  Combination

### Company Details:

Legal Company Name: \_\_\_\_\_  
Company Mailing address (and physical address if different from mailing address):  
Street/P.O. Box: \_\_\_\_\_  
City, St, Zip \_\_\_\_\_  
Tax Identification #: \_\_\_\_\_  
Fiduciary: \_\_\_\_\_  
Business Entity Type: \_\_\_\_\_ (example: S-Corp, C-Corp, Non-Profit, LLC, LLP)  
Nature of business: \_\_\_\_\_  
Any Affiliated Entities? \_\_\_\_\_  
Main Administrative Contact:  
Name & Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Additional contacts be listed in our system (with phone/fax/email, if available):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Benefits Broker/Consultant:

Name: \_\_\_\_\_  
Agency: \_\_\_\_\_

### Plan Details:

Plan Year: \_\_\_\_\_  
Is this an amended & restated plan? \_\_\_\_\_  
ERISA plan number: \_\_\_\_\_ (if none, use '501')

### Eligibility:

Number of Employees to be covered: \_\_\_\_\_  
Waiting period for eligibility: \_\_\_\_\_  
Hourly requirement: \_\_\_\_\_  
Plan Entry Date: (immediate, first of month following, etc) \_\_\_\_\_

### Group Health Plan Specifications (please include a copy of the group health plan specifications)

Renewal Date \_\_\_\_\_  
Deductible Renewal Date \_\_\_\_\_

## Plan Design Specifications

Carryover? \_\_\_\_\_  
 Carryover Description \_\_\_\_\_  
 213(d) – All FSA Items (Y/N) \_\_\_\_\_ *If Yes, then skip to next section*  
 Include Dependents? \_\_\_\_\_  
 Tracking (Tier or By Dollar) \_\_\_\_\_  
 In-Network Only? \_\_\_\_\_

## Tiers and Maximum Reimbursement Amount

Employee Only \_\_\_\_\_  
 Employee/Spouse \_\_\_\_\_  
 Employee/Children \_\_\_\_\_  
 Family \_\_\_\_\_

## Reimbursement Benefits *If 213(d) you can skip this section*

Deductible? (Y/N) \_\_\_\_\_  
 Coinsurance? (Y/N) \_\_\_\_\_  
 Copays \_\_\_\_\_  
 RX (Y/N) \_\_\_\_\_  
 Physician (Y/N) \_\_\_\_\_

## Claims Reimbursement

All Plans have weekly reimbursement by direct deposit and weekly check by mail.

Include Debit Card\*? \_\_\_\_\_

*\*Note: Only plans which cover all 213(d) expenses with first dollar benefits are eligible for a debit card.*

## Stock Attribution

Per IRS regulations, under certain circumstances employed family members of owners may be deemed ineligible to participate, by attribution of stock ownership or by special IRS rule. Depending on circumstances, the attribution rules may apply to parents, children, grandparents, or grandchildren of owners.

**Please list family members of owners who are employees and their relationship below:**

*Example: Mary B. Smith, Daughter of Joe Brown;*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_