

Employer's Legal Name: _____

Address: _____
Street Address Suite/ Unit #

_____ State ZIP Code
City

Phone: _____ Broker: _____ Email: _____

HR Contact Name: _____ E-mail: _____

Finance Contact Name: _____ E-mail: _____

Federal Tax ID #: _____ Type of Legal Entity: _____ # of Employees: _____

Plan Year Start: _____ Plan Year End: _____ Mid Year Takeover? (Y/N) _____

Number of Pays Per Plan Year: _____ Date of First Payroll Deduction: _____

Payroll Deduction Schedule: Bi-Weekly Semi-Monthly Weekly Monthly Please attach a copy of your Flex payroll deduction schedule.

Waiting Period: _____ Date of Eligibility: _____

Required Working Hours Per Week: _____ Are any employee classes excluded: _____

The default runout period for claim submission after plan year end/ upon employee termination is 90 days from plan end date/ date of termination. All plans are set up with the max IRS limits. If revisions are needed, please let us know.

Select benefit plan(s) to be offered to EEs:	Medical FSA _____	Pre-tax plan(s) to include in Plan Document:	Medical	Dental	Vision
	Limited Purpose FSA (for HSA) _____		HSA	Group Term Life	
	Dependent Care _____		Cancer Insurance	Other:	
	Transit		Voluntary Benefits	_____	
	Parking				
	HSA - choose one: <input type="checkbox"/> EE funded <input type="checkbox"/> ER funded <input type="checkbox"/> EE + ER (Matching basis: Y/N _____)				
How will employer post the HSA deposits?	Direct deposit into employee HSA accounts via payroll (recommended)				
	Flex Facts Employer Portal (Contribution Manager Tool)				

Bank Name: _____ Routing #: _____

Account #: _____ Account Type: Checking Savings

Name of Authorized Signer: _____

Please note: The default reimbursement method is direct deposit reimbursement. When submitting claims online, employees will be prompted to enter their direct deposit information. If you would like to enable manual check reimbursements, please contact us.

We authorize Flex Facts to initiate electronic debits and/or credits to/ from the bank account listed above for claims funding and all fees due, including but not limited to monthly administration fees, annual renewal fees, and ACH return fees (if applicable).

- A \$1.00 pre-note (from **MBI SETL/ MED-I-BANK**) will be charged to the bank account above, to confirm the account is valid and accessible. For HSA, a \$0.01 pre-note (from **AVIDIA BANK SETL GRANTBENEFITS**) will be charged as well.
- We understand a surcharge of \$35 will be assessed to accounts in which funds were not available at time of draw and service will be placed on hold until the payment is able to be collected.
- This authorization will remain in effect until we provide a written notification of the termination of this authorization.

Employer Signature: _____ **Date:** _____