



AMERICAN BENEFITS GROUP

CLIENT INFORMATION FORM '1'K 95 @K 75 F9 7 CAAI H9F

Company Profile

Legal Name of Organization: _____ Broker of Record: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website URL: _____ Employer Fed Tax ID#: _____

of Years in Business: _____ Date Established: _____

State of Incorporation: _____ # of Years at Location _____

Affiliated Employers (list): _____

None

- Type of Incorporation (please check):**
- Partnership*
 - Sub-chapter "C" Corporation
 - Non-Profit Organization
 - Sole Proprietorship*
 - Sub-chapter "S" Corporation*
 - Government Agency
 - LLC (Limited Liability Company)*
 - Other _____

* **Note:** Subchapter S Corporation shareholders above the 2% level **may not** participate, but they may sponsor a plan for their employees. In addition, family members and close relatives of these shareholders **may not** participate. LLC, LLP and Sole Proprietors **may not** participate, but may sponsor a plan for their employees. However, if the spouse is a bona fide employee of the firm, he or she may participate and use the benefit for the entire family.

Employer Plan Administrators

Access: Please provide ABG with one **Primary Contact** who will manage the HR/Administrator Access for your organization.

This contact will have the ability to assign access to others in your organization. This contact should either have been designated as a privacy officer or have been cleared for access to Protected Health Information (PHI) per HIPAA requirements.

Reports: HR/Administrators can log into the WealthCare system to download scheduled reports or run them on a include information about account balances, debit card transactions and claim reimbursements.

Scheduled reports in the system do not contain PHI or Personal Information (PI).

Primary Contact:	Title:
Email:	Tel:

Primary Broker Contact:	Title:
Email:	Tel:

Form Submittal by Printed Name

Form Submittal by Signature

Form Submitted Date

Commuter Transit and Parking

Plan Design

Under Section 132 of the IRS tax code, an employer can allow employees to set aside a portion of their salary to pay for qualified parking and transit expenses. The employee will not be taxed on these amounts as long as they are used for qualified expenses and do not exceed the statutory monthly limits. The commuter benefit allows employees to make changes on a monthly basis, employees should only withhold the amount they need for each month.

Plan Effective Date: _____

Name of Previous TPA: _____

Who will be responsible for processing run-out claims: Previous Administrator ABG

Check here if this is a short plan year: Start Date: _____ End Date: _____

Check here if this is a mid-year takeover: Start Date: _____ Take-over Date: _____ End Date: _____

Do you wish to offer your employees a Transportation benefit? Yes No

If **yes**, state the monthly limit you will allow: Maximum Federal Limit Other Amount \$ _____

IMPORTANT: Transit expenses can only be paid by using the ABG Benefits Card. Upon termination any remaining pre-tax balances will be forfeited. No manual claim reimbursements.

Do you wish to offer your employees a Parking benefit? Yes No

If **yes**, state the monthly limit you will allow: Maximum Federal Limit Other Amount \$ _____

Will you allow employees to make after tax contributions? Yes No

Enrollment

Annual Open Enrollment Period: Start Date _____ End Date _____

How are you handling your Annual Enrollments?

HRIS System

What is your Current HRIS / Enrollment System (if any)? _____

HRIS vendor contact: _____ HRIS contact email address: _____

If you have an ABG approved EDI file in place, annual enrollments can be processed using this file otherwise all enrollments must be submitted using our enrollment submission spreadsheet [linked here](#)
[Enrollment Submission Spreadsheet \(XLS\)](#)

When will ABG be receiving the Enrollments _____

Submitting Enrollment File to ABG – please use this form [Enrollment Submission Spreadsheet \(XLS\)](#)

Use ABGs WealthCare online self-enrollment module

Termination

Employee's coverage ends on the day of their termination. How many days after their termination do employees have to submit claims for Parking reimbursement incurred prior to termination? 3 months Other _____

Since Section 132 does not have a **Use-or-lose** provision, unused funds are allowed to rollover, however funds remaining upon termination for Parking can only be accessed by submitting claims for expenses incurred while employee was an active participant in the Plan. **Funds remaining for Transit will be forfeited.**

Commuter Payroll Contributions (please complete all applicable fields)

On-going payroll files are required. How will ABG receive your Flexible Spending Account per pay period contributions?

Manual Payroll File

When can ABG expect your first payroll file? _____ [download template](#)
 Please send your payroll file 2-3 days prior to your payroll date.

Ongoing EDI Payroll File Feed

Who is your current payroll vendor: _____
 Payroll vendor contact: _____ payroll contact email address: _____

Please provide frequency below and submit a copy of your payroll schedule for the entire plan year.

FREQUENCY	PLAN START DATE	PLAN END DATE	FIRST PAYROLL DATE	LAST PAYROLL DATE	NO. OF PAYROLLS PER PLAN YEAR
Monthly					
Semi-Monthly					
Weekly					
Other					

Monthly contributions will be available for what benefit month:

Current Benefit Month Next Benefit Month Other _____



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REIMBURSEMENT ACCOUNTS FUNDING AGREEMENT

New Account Change of Account Effective Date: _____

American Benefits Group does not hold Flexible Spending Account funds for our clients, and no payroll deductions should be sent to American Benefits Group. Our funding mechanism for the reimbursement of your plan participants' claims requires that you, the client, provide American Benefits Group and the debit card company MBI (M&I) Bank, with authorization to draft funds from your designated bank account. It is your responsibility to ensure that said account is funded adequately. By completing the form below, you are authorizing American Benefits Group to draft funds from your designated bank account to reimburse your participants' claims. Please check and sign for each reimbursement method that you are authorizing Debit Cards; Direct Deposit; Check.

IMPORTANT: Note that when the bank account is initially set up there will be a pre-authorization transaction of \$1.00; this pre-authorization is a requirement to verify the account information and is non-refundable. Debits will show as **M&I Bank, Med-I-Bank or MBI Benefits Inc** and the Company ID is **1383261866**. **If there are ACH failures, you will be billed \$50 for each failure.**

Authorized Bank Account Information

We _____ by signing next to the methods of reimbursement below, authorize American Benefits Group to reimburse claims by drafting funds from:

Bank Name _____

Routing #: Account #:

Reimbursement Methods: As an employer sponsoring Reimbursement Accounts for your employees the following Reimbursement Methods are available to you:

- ABG Benefits Card Replenishments:**
Debit card transactions make funds available to your plan participants with the swipe of a card. The funds for these card swipes will be drafted from your designated employer bank account on a daily basis, a daily email will be sent to you advising you of this transaction.

Card will be available for the following FSA Plans:

- Health FSA DCAP Commuter Transit Commuter Parking

Card will be available for the following HRA Expenses:

- RX 213D expenses

By signing below, you are confirming that your bank will allow transactions with **ID: 1383261866** labeled as: M&I Bank or Med-I-Bank.

Signature of Authorized Signer on Bank Account

Printed Name

Bank Draft Paired with Direct Deposit to Participant:

Manual claims will be reimbursed once a week, the funds will be drafted from your authorized bank account and will be directly deposited to the participant's authorized bank account. These drafts will display on the employer's bank statement on Wednesdays labeled as American Benefits Group Claim Pmt with a company ID of **9165530001**.

By signing below, you are confirming that your bank will allow transactions made by American Benefits Group with **ID: 9165530001** labeled as: Claim Pmt. **If there are ACH failures, you will be billed \$50 for each failure.**

Signature of Authorized Signer on Bank Account

Printed Name

Check Reimbursements:

In the event that all of your reimbursement account participants will not be providing Direct Deposit Authorization for manual claim reimbursements, you can agree to have American Benefits Group issue these reimbursements as checks. These checks will be issued from your authorized bank account using the signature of your authorized signer and available starting check numbers that you provide in section below. American Benefits Group provides the check stock needed for writing these checks, you may find a sample in the **Administrator's Guide**. In the case that an employee loses or destroys a check, American Benefits Group will contact you, it is the Employer's responsibility to stop payments on lost or damaged employee checks. Once the check payment has been stopped, ABG will issue the employee a new check.

An image of the signature entered in the box to the right, will be printed on all checks issued pursuant to this agreement. Checks will be issued using the following starting check number . . .

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Signature of Authorized Signer on Bank Account

Printed Name

Either the Company or the Client may terminate this agreement at any time by a notice in writing, mailed to or delivered at the last known address of the other party, and that any payments due at the date of such termination, or thereafter falling due, shall be payable by the Client in accordance its obligations as Administrator under its Reimbursement Plan(s).