



AMERICAN BENEFITS GROUP

CLIENT INFORMATION FORM

Lifestyle Spending Account (LSA)

Company Profile

Legal Name of Organization: _____ Broker of Record: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Executive Officer (signer): _____ Title: _____

Email Address: _____ Telephone: _____

Website URL: _____ Employer Fed Tax ID#: _____

Of Years in Business: _____ Date Established: _____

State of Incorporation: _____ # of Years at Location _____

Affiliated Employers (*list*): _____

None

Employer Plan Administrators

Administrator Access: ABG can provide access to our WealthCare Administration system for Employer Plan Administrators. Those being provided with access should either have been designated as a privacy officer, or have been cleared for access to Protected Health Information (PHI) per HIPAA requirements.

Scheduled Reports include information about account balances, debit card transactions and claim reimbursements. Scheduled reports in the system do not contain PHI or Personal Information (PI).

		Administrator Access?	Scheduled Reports?
Primary HR:	Title:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Tel:		
Payroll:	Title:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Tel:		
Billing/Finance:	Title:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Tel:		
Contact:	Title:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Tel:		
Broker Contact:		N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Tel:		

Plan Information

Allow employees to spend benefit dollars on the things that matter most, you have complete freedom to determine how your employees are able to spend their lifestyle spending account dollars.

Plan Start Date _____ Plan End Date: _____

Run-Out Period

Active Employees

At the end of the plan year, how many days do you want active employees to have to submit claims for reimbursement incurred in the previous plan year? 3 months Other _____

Terminated Employees

Employee's FSA coverage ends on the day of their termination. How many days after their termination do employees have to submit claims for reimbursement incurred prior to termination? 90 days Other _____

End of Year Rollover

Will balances rollover into the new Plan Year? Yes No

If Yes 100% or Other amount _____

Eligible Expenses

Please check off the categories of items you wish to be eligible under your plan:

* Excluded due to IIAS rules if using with healthcare benefits.

Category	Detail	MCC	
Auto	Automotive Services	7538	<input type="checkbox"/>
	Car dealer – sales/service/parts	5511	<input type="checkbox"/>
Clothing	Alterations, mending, seamstresses, tailors	5697	<input type="checkbox"/>
	Accessory and apparel stores – misc.	5699	<input type="checkbox"/>
	Children's and Infants Wear Stores	5137	<input type="checkbox"/>
	Department Stores	5311	<input type="checkbox"/>
	Family Clothing Stores	5651	<input type="checkbox"/>
	Sports apparel, riding apparel stores	5655	<input type="checkbox"/>
	Shoe stores	5661	<input type="checkbox"/>
Emergency Child & Elder Care	Nursing and Personal Care Facilities	8050	<input type="checkbox"/>
	Child Care Services	8351	<input type="checkbox"/>
Finance	Debt, Marriage, Personal—Counseling Service	7277	<input type="checkbox"/>
Food	Fast Food Restaurants	5814*	<input type="checkbox"/>
	Eating Places, Restaurants	5812	<input type="checkbox"/>
Grocery	Discount Stores	5310*	<input type="checkbox"/>
	Duty Free Stores	5309*	<input type="checkbox"/>
	Grocery Stores, Supermarkets	5411*	<input type="checkbox"/>
	Wholesale Clubs	5300*	<input type="checkbox"/>
Home & Home Office	Appliance repair shops, electrical & small	7629	<input type="checkbox"/>
	Air conditioning and refrigeration repair shops	7623	<input type="checkbox"/>
	Computer Equipment, Monitors & Peripherals	5045	<input type="checkbox"/>

	Office and Commercial Furniture	5021	<input type="checkbox"/>
	Electronics repair shops	7622	<input type="checkbox"/>
	Equipment, furniture, and home furnishings stores	5712	<input type="checkbox"/>
	Stationery, office supplies, printing & writing paper	5111	<input type="checkbox"/>
	Telecommunication equipment including telephone sales	4812	<input type="checkbox"/>
	Postal Services—Government Only	9402	<input type="checkbox"/>
Insurance & Utilities	Cable, satellite, and other pay television and radio services	4899	<input type="checkbox"/>
	Computer network/ information services	4816	<input type="checkbox"/>
	Telecommunication Services including but not limited to prepaid phone services and recurring phone services	4814	<input type="checkbox"/>
	Utilities—Electric, Gas, Heating Oil, Sanitary, Water	4900	<input type="checkbox"/>
Pets & Pet Care	Insurance Sales, Underwriting, and Premiums	6300	<input type="checkbox"/>
	Pet Shops—Pet Food and Supplies	5995	<input type="checkbox"/>
	Veterinary Services	742	<input type="checkbox"/>
Retail	Card, Gift, Novelty, and Souvenir Shops	5947	<input type="checkbox"/>
	Secondhand Stores	5931	<input type="checkbox"/>
Sporting Goods	Sporting Goods Stores	5941	<input type="checkbox"/>
	Sports Apparel, Riding Apparel Stores	5655	<input type="checkbox"/>
Transportation	Bus Lines	4131	<input type="checkbox"/>
	Passenger railways	4112	<input type="checkbox"/>
	Taxicabs and limousines	4121*	<input type="checkbox"/>
	Transportation – suburban and local commuter passenger, including ferries	4111	<input type="checkbox"/>
Bicycle Commuting	Bicycle Shops—Sales and Service	5940	<input type="checkbox"/>
Fitness	Sporting Goods Stores	5941	<input type="checkbox"/>
	Clubs—Country Clubs, Membership (Athletic, Recreation, Sports),	7997	<input type="checkbox"/>
	Private Golf Courses		<input type="checkbox"/>
	Recreation Services—not elsewhere classified	7999	<input type="checkbox"/>
	Sports Apparel, Riding Apparel Stores	5655	<input type="checkbox"/>
	Music Stores—Musical Instruments, Pianos, Sheet Music	5733	<input type="checkbox"/>
	Fabric, Needlework, Piece Goods, and Sewing Stores	5949	<input type="checkbox"/>
Personal Care	Dance Halls, Schools, and Studios	7911	<input type="checkbox"/>
	Schools and Educational Services—not elsewhere classified	8299	<input type="checkbox"/>
	Amusement Parks, Carnivals, Circuses, Fortune Tellers	7996	<input type="checkbox"/>
	Aquariums, Dolphinariums, Zoos, and Sea Aquariums	7998	<input type="checkbox"/>
	Government Services—not elsewhere classified	9399	<input type="checkbox"/>
	Artist Supply Stores, Craft Shops	5970	<input type="checkbox"/>
	Game, Toy, and Hobby Shops	5945	<input type="checkbox"/>

	Barber and beauty shops	7230	<input type="checkbox"/>
	Book stores	5942	<input type="checkbox"/>
	Associations—Civic, Social, and Fraternal	8641	<input type="checkbox"/>
	Organizations, Membership—not elsewhere classified	8699	<input type="checkbox"/>
	Organizations, Political	8651	<input type="checkbox"/>
	Organizations, Religious	8661	<input type="checkbox"/>
	Automobile Associations	8675	<input type="checkbox"/>
	Debt, Marriage, Personal—Counseling Service	7277	<input type="checkbox"/>
	Dry cleaners	7216	<input type="checkbox"/>
	News Dealers and Newsstands	5994	<input type="checkbox"/>
	Books, Periodicals, and Newspapers	5192	<input type="checkbox"/>
Education	Colleges, Universities, Professional Schools, and Junior Colleges	8220	<input type="checkbox"/>
	Schools, Elementary and Secondary	8211	<input type="checkbox"/>
	Schools, Correspondence	8241	<input type="checkbox"/>
	Schools, Business and Secretarial	8244	<input type="checkbox"/>
	Schools and Educational Services—not elsewhere classified	8299	<input type="checkbox"/>
	Schools, Trade and Vocational	8249	<input type="checkbox"/>

* Excluded due to IAS rules if using with healthcare benefits.

The LSA account includes a special purpose debit card that is programmed for eligible Merchant Category Codes for the expense categories covered by the plan design. These transactions are self-substantiated by the employee participant when they use the debit card. Benefits received under an LSA account are considered taxable income to the employee. ABG does not substantiate debit card transactions on the LSA account.

Printed Name

Signature of Authorized Signer

Funding

You can offer payroll-funded post-tax dollars at the frequency you choose. You elect to add the account to your benefit offering, designate the amount you would like to contribute per employee, and determine any limits you would like to set for specific service types (i.e., a \$500 limit for annual gym membership fees).

There are no funding limits or minimums associated.

Funding Frequency:

Amount: _____ Funding will be prorated based on employee effective date

Annual (1) Quarterly (4) Monthly (12) Other _____

REIMBURSEMENT ACCOUNTS FUNDING AGREEMENT

New Account Change of Account Effective Date: _____

American Benefits Group does not hold 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, as an authorized bank account signer, are authorizing American Benefits Group to draft funds from a designated bank account to reimburse your participants' claims. ****Please check each reimbursement method for which authorization is approved: Debit Cards and Direct Deposit, be sure to sign and date at the bottom of the page. If no signature is provided, or reimbursement method(s) selected, ABG will not be able to complete the account implementation process or change the bank account (if changing bank accounts).*

IMPORTANT: Please 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 for card replenishments. *Additionally, it will ensure fraud filters will not disrupt debits to your account.* Debits will show as **M&I Bank, Med-I-Bank or MBI Benefits Inc.** and the Company ID is **1383261866**. **If there are ACH failure you will be billed \$50 for each failure.**

Authorized Bank Account Information

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

Bank Name _____

Routing #: Account #:

Reimbursement Methods: The Lifestyle Account is a carded account, you may also offer reimbursement for manual claims via Direct Deposit to your employee's bank account.

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. **If there are ACH failure you will be billed \$50 for each failure.**

Bank Draft Paired with Direct Deposit to Participant:

Manual claims will be reimbursed once a week, the funds will be drafted from the account information provided and will be deposited directly to the participant's individual bank account. These drafts will display on the employer's bank statement 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 with **ID: 1383261866** labeled as: M&I Bank or Med-I-Bank.

Printed Name

Signature of Authorized Signer on Bank Account