



AMERICAN BENEFITS GROUP

EXCEPTED BENEFIT HRA (EBHRA) - CLIENT INFORMATION FORM

Company Profile

Legal Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Executive Officer (signer): _____

Title: _____ Email Address: _____

Telephone: _____ Business Activity: _____

Employer Fed Tax ID#: _____ Tax Year Start Date: _____

Date of Organization: _____ State of Organization: _____

Affiliated Employers (list): _____

None

Organization Type (please check):

Non-Profit Organization

Government Agency

Partnership*

Sole Proprietorship*

LLC (Limited Liability Company)*

Sub-chapter "C" Corporation

Sub-chapter "S" Corporation*

Other _____

Form Submittal by Printed Name

Form Submittal by Signature

Form Submitted Date

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 with its obligations as Administrator.

ELIGIBILITY

Participation in the EBHRA (please check):

As of date of hire

From date of hire:

30 days

60 days

90 days

First of the month following:

DOH

30 days

60 days

90 days

Other (please explain): _____

AMOUNT OF EBHRA BENEFIT

For plan years beginning or after January 1, 2023, and throughout the calendar year following, an employer can provide up to \$1,950 in an Excepted Benefit HRA. This amount will be reviewed each year and adjusted for inflation as needed.

What will the maximum annual reimbursement amount be? _____

Will the annual benefit be pro-rated for employees hired mid-year? Yes No

Is so will this be based on quarterly entry? Yes No

ROLLOVERS

An HRA usually allows unused amounts at the end of a plan year to rollover into the new plan year; however, this is not required. Employers may design the EBHRA so that unused amount are surrendered back to the employer at the end of a plan year, a so-called “use it or lose it” provision. When a rollover is allowed, the amount rolled over does not count toward the annual limit for the new plan year.

Will the unused HRA benefit rollover to future plans years? Yes No

If so will there be a limit on the rollover amount? Yes No

Annual HRA Rollover limit _____

REIMBURSEMENTS

An EBHRA is generally used to reimburse premiums for excepted benefit insurance like dental or vision coverage or other medical excepted benefit policies. At the discretion of the employer, an Excepted Benefit HRA may also reimburse for:

- Short-term limited-duration insurance (STLDI);
- COBRA continuation of coverage premium; and,
- Cost sharing of co-pay, deductible, and other eligible medical, dental or vision expenses as defined under IRC 213d.

It may not reimburse Medicare Part B or D premiums or any part of an individual coverage or group health plan premium (except for COBRA continuation or individual coverage policies that consist solely of excepted benefits).

If the EBHRA allows for unreimbursed 213D Expenses the ABG HRA Debit Card will be provided to all participants

Reimbursement of Section 213D Medical Expenses are Allowed Yes No

PLAN YEAR

All HRAs run according to a 12-month plan year set by the employer.

Plan Start Date: _____ Plan End Date: _____

Short first year - Employers can begin an EBHRA with a calendar plan year at any time throughout the year using a short plan year for the first year.

For example, the employer wants the HRA to have a standard calendar plan year but would like to begin offering the benefit as soon as possible. Using a short first plan year, the EBHRA would start with a plan year running July 1, 2021 through December 31, 2021.

Starting with January 1, 2022, all following plan years would be set as standard calendar plan years.

Non-calendar plan year - While a calendar plan year works well with the EBHRA, it is not required.

Employers may choose to run their benefit plan in line with their fiscal or tax year, or their group health plan renewal date. A short first plan year can be used to make this adjustment as well.

Nondiscrimination Testing

In order to qualify for tax-favored status, self-insured medical plans must not discriminate in favor of highly compensated employees (HCEs) and key employees with respect to eligibility, contributions, and benefits. In order to evidence compliance, annual tests must be performed and the results documented for each benefit plan.

Under the 2007 proposed regulations, Code Section 105h nondiscrimination tests are to be performed as of the last day of the plan year, taking into account all non-excludable employees who were employed on any day during the plan year.

Per your Admin Agreement:

Testing Fees for Non-Assisted Testing run by client or broker through our NDX Testing Portal:

First two NDX test sets per Plan Year	Waived
Additional NDX test sets per Plan Year	\$395

Testing Fees for Assisted Testing run by ABG:

Per NDX test set	\$495
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To perform the required tests please complete the **Nondiscrimination Testing Request Form** linked here https://www.amben.com/demos/NondiscriminationTesting/ABG_NondiscriminationTestingRequestForm.pdf



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: 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. 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.

If you require Multiple Bank Accounts for Divisions or Plan Types, please complete and include our Multiple Bank Account Addendum linked here [Multiple Bank Account Addendum](#)

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 #:

Please attach a VOIDED copy of the account holder's check.

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

Card will be available for the following Flex Plans:

Health FSA Dependent Care Commuter Transit Commuter Parking Health Savings Account

HRA – **Please complete chart in the HRA set-up section**

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