CLIENT INFORMATION FORM - WEALTHCARE COMMUTER

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):* ☐ Non-Profit Organization ☐ Government Agency

☐ Partnership* ☐ Sole Proprietorship* ☐ LLC *(Limited Liability Company)**

☐ Sub-chapter "C" Corporation ☐ Sub-chapter "S" Corporation* ☐ 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 ________________________________