



# AMERICAN BENEFITS GROUP

## CLIENT INFORMATION FORM

### 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

**Organization Type (please check):**  Privately Owned  Publicly Owned

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**Ownership Structure (please check):**  Principal Ownership Under 25%  Principal Ownership Over 25%

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**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.

**Type of Business (please check):**  Business to Business  Business to Consumer

N/A Government Agency  N/A Non-Profit International Presence  Yes

### COBRA

Is ABG Administering your COBRA?  Yes  No

COBRA Administrator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### INSURANCE CARRIERS

Medical: \_\_\_\_\_

Dental: \_\_\_\_\_

Vision: \_\_\_\_\_

Form Submittal by Printed Name

Form Submittal by Signature

Form Submitted Date

## Employer Plan Administrators

**Administrator Access:** ABG can provide a read-only 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:		

## Nondiscrimination Testing

In order to qualify for tax-favored status, Cafeteria, Flexible Spending and Health Reimbursement benefit 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 125 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. Some employers choose to perform these tests mid plan year in order to determine whether additional steps need to be taken before the end of the plan year so that the plan passes the nondiscrimination tests and preserves the tax treatment for the key and highly compensated. A second and final test would then be conducted as of the last day of 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

**To perform the required tests** please complete the **Nondiscrimination Testing Request Form** linked here [https://www.amben.com/demos/NondiscriminationTesting/ABG\\_NondiscriminationTestingRequestForm.pdf](https://www.amben.com/demos/NondiscriminationTesting/ABG_NondiscriminationTestingRequestForm.pdf)

**IMPORTANT: If we do not receive the Nondiscrimination Testing Request Form, we will assume that you do not want to test your Plan(s) with ABG.**

# Flexible Spending Accounts

## Enrollment

**Open Enrollment Period:** Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Will you be using the **ABG Online Enrollment System**?  Yes  No

**If No**, you must submit employee profile and election to American Benefits Group in an Excel template *linked here* [Enrollment Submission Spreadsheet \(XLS\)](#)

When will ABG be receiving the Enrollments \_\_\_\_\_

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

Will you be submitting ongoing eligibility files?  Yes  No (please note that it takes at least 15 business days for cards to be in-hand once enrollments are processed)

## Eligibility Guidelines

Number of Benefit Eligible Employees: \_\_\_\_\_

Participation in the Plan Begins (*please check*):

- As of date of hire
- From date of hire:  30 days  60 days  90 days  Other \_\_\_\_\_
- First of the month following:  DOH  30 days  60 days  90 days  Other \_\_\_\_\_
- Other (*please explain*): \_\_\_\_\_

Eligible Classes of Employees Covered (*please check all that apply*):

- Active \_\_\_\_\_ min. hours per week worked
- Union
- Other (*please explain*): \_\_\_\_\_

Do you track your employees by Division? If yes, please list them here: \_\_\_\_\_

## Payroll Contributions (*please complete all applicable fields*)

Will you be submitting ongoing payroll files?  Yes\*  No

**If Yes**, When can ABG expect your first payroll file.

**If No**, ABG will assume payroll contributions based on the frequency below.

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

**Qualified Reservist Election**

A special rule allows amounts in a health FSA to be distributed to reservists ordered or called to active duty. This rule applies to distributions made after June 17, 2008, if the plan has been amended to allow these distributions. Your employer must report the distribution as wages on your Form W-2 for the year in which the distribution is made. The distribution is subject to employment taxes and is included in your gross income.

A qualified reservist distribution is allowed if you were (because you were in the reserves) ordered or called to active duty for a period of more than 179 days or for an indefinite period, and the distribution is made during the period beginning on the date of the order or call and ending on the last date that reimbursements could otherwise be made for the plan year that includes the date of the order or call.

Have you adopted the *Qualified Reservist Election*?  Yes  No

**Flexible Spending Accounts – Plan Design**

Plan Effective Date: \_\_\_\_\_ Plan Name: \_\_\_\_\_

When did you first begin taking pre-tax deductions under a Section 125 Plan? \_\_\_\_\_

When did you first add FSA reimbursement accounts? \_\_\_\_\_

The name of the TPA that was previously administering the plan? \_\_\_\_\_

What is the 3 digit ERISA plan number associated with your Section 125 Plan? \_\_\_\_\_

If the Plan is a takeover, 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: \_\_\_\_\_

Please check the benefits to be included under your Section 125 Cafeteria Plan (even those not administered by ABG):

Medical  Dental and/or Vision Premium Conversion

Health Flexible Spending Account (FSA)  Dependent Care Assistance Plan (DCAP)

Limited-purpose FSA (LPF)  Health Savings Account

Other (please list) \_\_\_\_\_

Maximum FSA Election: \_\_\_\_\_ (if less than the IRS Maximum FSA) Minimum, if any: \_\_\_\_\_

Maximum LPF Election: \_\_\_\_\_ (if less than the IRS Maximum LPF) Minimum, if any: \_\_\_\_\_

Maximum DCAP Election: \_\_\_\_\_ (if less than \$5,000 the IRS Maximum DCAP) Minimum, if any: \_\_\_\_\_

Will Employer Contribute to the plan?  Yes\*  No

\*If Yes, please provide detail of contribution amounts and the timing of contributions:

## Flexible Spending Accounts – Year End Options

### 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 \_\_\_\_\_

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### Grace Period

**(if you choose Grace for your Health FSA – you may not choose carryover)**

A Grace Period is an optional extension of up to 2.5 months after the plan year ends to incur expenses against all remaining funds in the previous plan year.

Are you currently offering a Grace Period?  Yes  No

Do you want to offer employees a Grace Period?  Yes\*  No

\*If Yes, please indicate the last day claims may be incurred  2.5 months (maximum)  Other \_\_\_\_\_

Apply Grace Period to Health FSA?  Yes  No

Apply Grace Period to DCAP?  Yes  No

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### Carryover Provision

**(if you choose the Carryover – you may not choose the grace period for the Health FSA, however you may have the grace for the DCAP)**

The optional Carryover Provision allows employees who make an election for the new plan year in the amount of \$100 (our recommendation), the FSA plan's Carryover provision will be automatically permanently indexed to be equivalent to 20% of the federal annual contribution maximum under Section 125 of the IRC for that Plan Year. By statute, the increase to the Section 125(i) limit is rounded to the next lowest multiple of \$50. Increases to the maximum carryover amount, as the result of that indexing, will be in multiples of \$10 (20% of any \$50 increase to the Section 125(i) limit). This initial increase will be \$550 for plans that start/renew in 2020. Carryover funds can be used for new plan year expenses.

Are you currently offering the Carryover Provision?  Yes  No

Do you want to adopt the Carryover Provision?  Yes\*  No

Employees **must make an active new plan year election** to take advantage of the Carryover Provision.

New plan year election minimum:  \$100  Other \_\_\_\_\_

Adoption of IRS Special Provisions Include: \_\_\_\_\_

Please include copies of your amendments

# My Commuter Connect – Order Platform

## Plan Options

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. **As of January 1, 2016 the IRS eliminated the option for cash reimbursement for qualified transit expenses.**

The name of the TPA that was previously administering the plan: \_\_\_\_\_

Set-up Transportation benefit?  Yes  No

Set-up Parking benefit?  Yes  No

**NAISC #:** \_\_\_\_\_ Please include a copy of your W9

**First Month To Place Order:** \_\_\_\_\_

### Order Cut-off Date

The My Commuter Connect system has a cut-off of the 10<sup>th</sup> of each month for an employee to place orders for the following month. Example: December 10, 2021 for January 2022 orders. However, based on your payroll you may wish to choose an earlier date. Two days after your designated cut-off date you will receive an email with your total Funding amount as well as a link to the Comprehensive Payroll Deduction report. The **Long Island Rail Road** and **Metro North** passes have an earlier cut-off date of the forth of each month, so make sure employees plan accordingly.

Which day of the month would you like your Order Cut-off to be? \_\_\_\_\_

**Do You Offer a Subsidy?**  Yes  No If Yes. Transit Amount \_\_\_\_\_ Parking Amount \_\_\_\_\_

**Do You Allow Post-Tax Payroll Deductions?**  Yes  No

### New Hires & Terminations

Terminations or new hires must be communicated promptly using our [Eligibility Template](#). Please include your employer code, which will be provided to you during your implementation. Email changes or new hires to [processing@amben.com](mailto:processing@amben.com).

## Employer Plan Administrators

ABG can provide access to the My Commuter Connect / WiredCommuter system for Employer Plan Administrators.

There are two scheduled reports:

**Comprehensive Payroll Deduction Report** which is generated two days after your order cut-off date, designated administrators will receive an email alerting them to login and download the report.

**Order Funding Report** which will be emailed to designated administrators. This report shows the total order amount which ABG will draft from your bank account on about the 20<sup>th</sup> of each month.

	Authorized for access to the HR administration system?*	Receive Scheduled Reports?***
Primary HR: 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: Title:	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email: Tel:		

## 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

### 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)*

You will need to submit your per pay period contributions on our contribution spreadsheet

[https://amben.com/demos/forms/Payroll\\_File\\_manual\\_submission.xls](https://amben.com/demos/forms/Payroll_File_manual_submission.xls)

Please send your payroll file 2-3 days prior to your payroll date.

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 \_\_\_\_\_

## Health Reimbursement Arrangement

### HRA Plan Design

Please note that your HRA must comply with the Affordable Care Act (ACA) requirements beginning January 1, 2014 as clarified on September 13, 2013 in Treasury [Notice 2013-54](#). Your HRA can continue to reimburse all or a subset of eligible medical expenses as described under IRS Code Section 213(D) if:

1. Those eligible for the HRA are also eligible for, and enrolled in, an employer-sponsored ACA-compliant group medical coverage. Employer-sponsored ACA-compliant group medical coverage may be provided by the employer that offers the integrated HRA or employees may certify they have coverage under a spouse's or parent's ACA-compliant group medical plan.
2. The group medical plan meets the minimum value requirement.

If you are currently offering an HRA to all of your employees regardless of whether they are enrolled in an ACA compliant group medical plan you must terminate this plan or amend it so that it is only available to employees who have ACA-compliant group medical insurance with minimum value coverage. Please contact American Benefits Group immediately to discuss any changes or amendments you may need to do.

**Please confirm that all employees who are eligible to participate in your HRA are:**

- Enrolled in either your employer sponsored ACA-compliant group medical coverage  
**or**  
 Have certified that they have coverage under their spouses or parent's ACA compliant group medical plan

If you are currently offering an HRA to all of your employees regardless of whether they are enrolled in an ACA compliant group medical plan you must terminate this plan or amend it so that it is only available to employees who have ACA-compliant group medical insurance. Please contact American Benefits Group immediately to discuss any changes you need to do to your HRA account.

### HRA Plan Design

Plan Effective Date: \_\_\_\_\_

This Plan is:  An entirely new plan  A continuation (amendment or restatement) of an existing plan\*  
\*If so, what was the effective date of the original plan? \_\_\_\_\_

Who was previously administering the Plan? \_\_\_\_\_

What is the 3 digit ERISA plan number assigned to this plan? \_\_\_\_\_

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: \_\_\_\_\_

Participation in the Health Reimbursement Arrangement Begins (*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*): \_\_\_\_\_

Please indicate which employees will be eligible for the HRA:

- All Benefit Eligible employees
- Health Plan participants only
- HSA Plan participants only
- Retirees only
- Other (*please explain*): \_\_\_\_\_

Minimum hours per week worked to participate \_\_\_\_\_

**Linked HRA**

Is this HRA linked to a Health Plan?  Yes, please attach a Summary Plan Description for this Health Plan  No

What is the name of your Plan? \_\_\_\_\_

Is this Plan a High Deductible Health Plan (HDHP)?  Yes  No

Does the deductible run on a calendar year?  Yes  No, indicate the month when the deductible renews: \_\_\_\_\_

Do you want to run a short plan year so that the HRA year coincides with the Linked Health Plan year?  Yes  No

For a linked HRA, please indicate annual amounts:

	DEDUCTIBLE	ER CONTRIBUTION
Single:	\$ _____	\$ _____
2 Person:	\$ _____	\$ _____
Family:	\$ _____	\$ _____

Notes: \_\_\_\_\_

Is there a prescription deductible that the HRA will be funding?  Yes  No

If Yes, is the deductible embedded in the Medical Deductible?  Yes  No

Indicate annual RX deductible amounts:

	DEDUCTIBLE	ER CONTRIBUTION
Single:	\$ _____	\$ _____
2 Person:	\$ _____	\$ _____
Family:	\$ _____	\$ _____

Notes: \_\_\_\_\_

**Non-Linked HRAs and HRAs linked to a non-HDHP Health Plans**

**What coverage tiers are you offering?**

Employee only  Employee plus one  Family  Flat Rate

**HRA Plan where the HRA Reimburses eligible expenses first:**

<b>Employee only</b>	<b>Employee plus one</b>	<b>Family</b>	<b>Flat Rate</b>
Employer will pay first \$ _____			
Employee will pay second \$ _____			

Notes: \_\_\_\_\_

**HRA Plan where the Employee Reimburses eligible expenses first:**

<b>Employee Only</b>	<b>Employee plus one</b>	<b>Family</b>	<b>Flat Rate</b>
Employee will pay first \$ _____			
Employer will pay second \$ _____			

Notes: \_\_\_\_\_

## HRA Plan Design Continued

### How are the funds in the HRA made available to your plan participants?

- 100% at the beginning of the plan year  
 Posted monthly on the first of each month  
 Posted quarterly on the first of each quarter  
 The employer and employee are responsible for a percentage of each expense (the total should equal 100%)  
     The employee is responsible for:    25%     50%     75%     Other (please specify) \_\_\_\_\_  
     The employer is responsible for:    25%     50%     75%     Other (please specify) \_\_\_\_\_

Will the funds be pro-rated for new hires based on the plan entry date?    Yes Monthly     Yes Quarterly     No

Do you offer an FSA plan?    Yes     No

If **yes**, the HRA will pay for all eligible expenses first and the FSA will pay second. If the benefit order is different please note here and describe \_\_\_\_\_

What expenses can the HRA benefits be used for and do you allow them to be paid for with the ABG Benefits Card (The card is not suitable for plans which require employees to pay the first portion or their deductible, or for plans which are required to reimburse non-RX deductible expenses.)

Expense	Card	Documentation Required To Substantiate Claim
<input type="checkbox"/> Deductible Expenses	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> EOB
<input type="checkbox"/> Co-pays	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> EOB
<input type="checkbox"/> Co-Insurance	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> EOB
<input type="checkbox"/> Dental	<input type="checkbox"/>	<input type="checkbox"/> Yes
<input type="checkbox"/> Vision	<input type="checkbox"/>	<input type="checkbox"/> Yes
<input type="checkbox"/> Over-the-counter	<input type="checkbox"/>	<input type="checkbox"/> Yes
<input type="checkbox"/> RX	<input type="checkbox"/>	<input type="checkbox"/> Yes
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Yes

**Run Out Period for End of Plan Year** – How many days after the end of the Plan Year will employees have to submit claims incurred during the plan year?

- 3 months     Other: \_\_\_\_\_

Participation in the HRA terminates:    Date of Termination     Last day of the month in which termination occurs

Number of days after termination to submit claims incurred prior to termination?

- 90 days     Other (please specify) \_\_\_\_\_

### COBRA

Please note that Health Reimbursement Arrangements are governed by ERISA; HIPAA and COBRA regulations. With a COBRA qualifying event an HRA participant must be offered COBRA on their HRA benefit.

What are the COBRA premium rates for your HRA?

Employee Only \_\_\_\_\_ Employee plus one \_\_\_\_\_ Family \_\_\_\_\_ Flat Rate \_\_\_\_\_

- The COBRA premium rate is a bundled rate for both the Integrated Health Plan and the HRA.  
 There will be separate premium for the Group medical plan and the integrated HRA.

# Health Savings Account

## Administrative

**Previous HSA Bank Custodian** \_\_\_\_\_

**Effective Date of The Plan:** Date you would like us to begin administration of this plan: \_\_\_\_\_

**Limited Purpose FSA (LPF):** Will you be offering an LPF?

## HR / Administrator Contacts

\* 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 individual bank accounts and funding.

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

	Authorized for access to the HR administration system?*	Receive 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:		
Broker Contact: Title:	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email: Tel:		

## HSA Enrollment

### Enrollment Options

- ABG Online Enrollment:** During your yearly open enrollment period, employees apply for their HSA bank account using ABG's WealthCare Portal. Using this method they will complete their application by signing all the necessary bank disclosures during enrollment. Please note upon renewal, employees do not need to apply/enroll in the HSA. ABG will only need to be alerted to those who no longer qualify to contribute to their HSA, or have terminated employer with your company.

*(no census file is needed for this method, enrollees create their own demographic records in the system)*

- Your Own Enrollment Method:** Collect enrollments using your own method. Once employees are entered into our system they will receive notifications from Avidia bank prompting them to complete their HSA Bank Account Application.

You may submit your enrollment data either by:

- Using ABGs [HSA Submission Spreadsheet](#)
- or*
- Ongoing eligibility file feed via your HRIS vendor.

## Limited Purpose Health Flexible Spending Account

A Limited Purpose Health Flexible Spending Account (LPF) can be used to reimburse qualified vision and dental expenses. Would you like to offer your employees an LPF?  Yes  No

You may also choose to have your LPF used to reimburse Post Deductible expenses once an employee has reached the federally mandated deductible, they may use the funds in their LPF/Post Deductible Health Care Flexible Spending Account to be reimbursed for General Purpose FSA medical expenses incurred after the date they reached their deductible. (\$1,300 if they are enrolled in a single HDHP, or \$2,600 if they are enrolled in a family HDHP).

Would you like LPF to include Post Deductible Health Care Expenses?  Yes  No

Employees must submit an Explanation of Benefits (EOB) showing that they have reached their requisite federal deductible. All General Purpose FSA expenses submitted for reimbursement must have been incurred after the date they reached the federal deductible.

**PLEASE NOTE:** The **ABG Benefits Card** will only work for dental and vision expenses, claims for Post Deductible Health Care expenses will need to be filed manually.

## HSA Payroll Funding

### Employee Contributions

Employee Payroll Frequency:  Monthly (12)  Semi-Monthly (24)  Bi-Weekly (26)  Weekly (52)  
First payroll date in the plan year: \_\_\_\_\_

**Will The Employer Make Contributions?**  Yes  No

Frequency:  Yearly (1)  Monthly (12)  Semi-Monthly (24)  Bi-Weekly (26)  Weekly (52)  
First employer contribution date in the plan year: \_\_\_\_\_

### HSA Funding Directions

Please note that for your HSA Account, unless you have:

Established an Ongoing Payroll File (separate from eligibility file) with ABG (a connection between your HRIS or payroll vendor and our IT Department)

- and -

You have received confirmation that this file is in production from ABG's IT Department, then: You must provide your HSA funding each pay period, by submitting the Funding template linked here [http://amben.com/demos/HSA/ABG\\_HSA\\_FundingTemplate.xls](http://amben.com/demos/HSA/ABG_HSA_FundingTemplate.xls). Securely email this spreadsheet to [processing@amben.com](mailto:processing@amben.com) each pay period. Please make the effective date equal to the payroll date and designate if it is an employer deposit or an employee deposit. If you submit funding on this file, please submit three days prior to payroll date to assure funds will be in employee's accounts on their payroll date.

### Example using Friday as payroll date:

Tuesday	Send file to ABG
Wednesday	File Processing Complete
Thursday AM	Funds draft out of Employer's HSA bank account
Thursday PM	Funds available to the employee
Friday	Pay Day

HSA IRS Limits:	Single	Family
2022 Maximum Contribution	\$3,650	\$7,300
Catch-up Contribution (age 55+)	\$1,000	\$1,000

Please ensure that the HSA funding you request us to process conforms to these maximums.

### Terminated Employees

If one of your employees, who was enrolled, in an HSA, should terminate employment with you, you must notify ABG of the termination by emailing [processing@amben.com](mailto:processing@amben.com). ABG will process the termination of the employee's HSA under the employer's benefit options and will re-associate the employee's HSA to our an ABG Retail HSA. This will allow the employee to maintain access to their HSA balances.

1. Terminated employees with HSA balances will be provided with a new ABG Benefits card, which they should use going forward, to access their HSA funds.
2. If an employee has checks associated with their HSA, these checks are still valid for their new account.
3. The employee will need to re-register their HSA account in the WealthCare Portal, to continue to manage their HSA online. ABG will send terminated employees a notification once they have been located under the ABG HSA.
4. Going forward, a monthly fee in the amount of \$4.00 will be levied against the employees HSA account, as long as the employee has funds remaining in the account.

### Active Employees who cease to qualify for the HSA

As an employer, you have two options for handling the administration of the HSAs of your employees who cease to qualify for the HSA (because they are no longer covered under the HDHP). Please check the option you would like.

- Let the employee's HSA account remain active under the employer's benefit options, but cease processing contributions to the HSA. In this case:
- You, the employer will continue to pay the monthly PEPM fee for the administration of this HSA and this will be reflected in the monthly invoice from ABG.
  - The employee will be able to continue to access balances in their HSA using the same ABG Benefits Card that they use for any other benefit options ABG is administering for this employee.
  - Your employee will be able to login to view their HSA accounts using the same login that they are using to access any other active benefit options ABG is administering for the employer.

**Or,**

- Notify ABG that the participant is no longer covered under the HDHP and that the HSA benefit offered by the employer should be terminated for this employee (this is for cases where the employee continues to be your active employee). You will no longer be billed for this employee's HSA. In this case, ABG will:
- Re-associate the employee's HSA to an ABG Retail HSA account.
  - ABG will issue a new ABG Benefits Card, going forward, this card is the only card that can be used to access funds in the HSA.
  - The employee will be notified that they will need to create a separate login to manage their HSA (they will continue to access all other active accounts under their employer login using the card that was issue under their employer).
  - The employee will have a monthly fee of \$4.00 assessed against balances in their HSA.