

For Service Call: (800) 562-8454

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secure benefits systems

Company Information

Company Name:			
Tax ID:			
Street Address 1:			
Street Address 2:			
City:			
State:			
Zip:			
Principal Office State:			
Number of Benefit Eligible Employees:			
Day to Day Administration Contact			
Title:			
Email Address:			
Phone:			
Fax:			
ER Portal Access:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Payroll Deduction Contact			
Title:			
Email Address:			
Phone:			
Fax:			
ER Portal Access:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Plan Document Compliance Contact			
Title:			
Email Address:			
Phone:			
Fax:			
ER Portal Access:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
HIPAA Contacts			
Name:			
Name:			
Name:			

Payroll Cycle:	Bi-Weekly 26	<input type="checkbox"/>	Weekly	<input type="checkbox"/>
	Bi-Weekly 24	<input type="checkbox"/>	Monthly	<input type="checkbox"/>
	Semi-Monthly	<input type="checkbox"/>	Other	<input type="checkbox"/>
1st Payroll Date:		2nd Payroll Date:		
1st Payroll Date:		2nd Payroll Date:		
1st Payroll Date:		2nd Payroll Date:		
How do you round payroll deductions?	<input type="checkbox"/> Round Up		<input type="checkbox"/> Round Down	
	<input type="checkbox"/> Adjust First Pay Date		<input type="checkbox"/> Adjust First Pay Date	
	<input type="checkbox"/> Adjust Last Pay Date		<input type="checkbox"/> Adjust Last Pay Date	
			<input type="checkbox"/> Do Not Adjust	
Payroll Verification:	Auto Post Deduction		<input type="checkbox"/>	
	Payroll File		<input type="checkbox"/>	

Eligible Class of Employees:	All Eligible		<input type="checkbox"/>	
	Salary Employees Only		<input type="checkbox"/>	
	Hourly Employees Only		<input type="checkbox"/>	
	Other		<input type="checkbox"/>	
Waiting Period from Date of Hire (DOH)	DOH	<input type="checkbox"/>	Days	
	Months		Years	
Is the waiting period the same for all benefits?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Employee Entry Date	First day of the pay period following date requirements are met			<input type="checkbox"/>
	First day of the month following date requirements are met			<input type="checkbox"/>
	Date conditions for eligibility are met			<input type="checkbox"/>
Do you offer the debit card?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will all participants receive a card?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please list which products you will offer the debit card for.				
Employer Entity	Ex: C Corporation, S Corporation, Partnership, Sole Proprietorship, Government Entity or Church, Non-profit Organization, Limited Liability Corporation			

Plan Summary

Plan Number:		Plan Year End Date:	
Plan Year Start Date:			
Is this a short plan year?	Yes	<input type="checkbox"/>	No
Is this a mid year assumption?	Yes, Effective Date		No
Enrollment Open Date:		Enrollment Close Date:	
Original Plan Effective Date:			

Is Employer subject to Family Medical Leave Act?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the plan subject to COBRA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are new elections permitted due to a status change?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will Affiliated employers execute this plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, list employer tax ID and address		

Health Reimbursement Account

How much does the HRA contribute?	Single	\$		
	Single Plus Dependent	\$	Is there an individual reimbursement limit? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list the amount. \$
	Single Plus Spouse	\$	Is there an individual reimbursement limit? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list the amount. \$
	Family	\$	Is there an individual reimbursement limit? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list the amount. \$
Does a threshold dollar amount of the insurance deductible need to be satisfied?		Yes <input type="checkbox"/>	No-skip to 5.5 <input type="checkbox"/>	
What are the threshold dollar amounts at the following coverage levels?				
Single	\$			
Single Plus Dependent	\$	Is this per member?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Single Plus Spouse	\$	Is this per member?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Family	\$	Is this per member?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
What portion of the insurance deductible is the employee responsibility?				
First <input type="checkbox"/>	Middle <input type="checkbox"/>	Last <input type="checkbox"/>		
Will the HRA contribution amount be available in a lump sum or will the benefit accumulate monthly?	Monthly <input type="checkbox"/>	Lump Sum <input type="checkbox"/>		
What types of expenses are eligible under the HRA?				
Please check box if plan is to include the following:				
Dental Expenses	<input type="checkbox"/>	Vision Expenses	<input type="checkbox"/>	
Prescription Drug	<input type="checkbox"/>	Medical Co Payments	<input type="checkbox"/>	
Over the Counter Items	<input type="checkbox"/>	Items Subject to a medical deductible	<input type="checkbox"/>	
Premiums	<input type="checkbox"/>	Items Subject to a dental deductible	<input type="checkbox"/>	
Co-Insurance	<input type="checkbox"/>	Items Subject to a vision deductible	<input type="checkbox"/>	

What is the original effective date of the HRA?				
Can participants be reimbursed for expenses incurred between now and the original effective date of the HRA as long as they were employed by employer?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>	
Which pays out first the Medical FSA or HRA?	FSA <input type="checkbox"/>	HRA	<input type="checkbox"/>	
	N/A <input type="checkbox"/>			
Can the HRA funds be spent down upon termination?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>	
In order to restrict the claim incurred dates to a plan year you may establish a run out period. How many days after plan year end can claims be filed?	Days			
How many days after participants become ineligible can they file claims?	Days			
Can unused dollars be carried over and used in subsequent plan years?				
Yes <input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, remaining balance <input type="checkbox"/>	OR	Up to a Specific Amount?	\$	
Do you allow participants to elect a <i>one time rollover</i> of their unused HRA dollars into a Health Savings Account?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>	
Are retirees eligible to participant in the HRA?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>	
If Yes, retirees are defined as:				
Only those employees who have reached _____ years of age.				
Only those employees who have a combination of years of service and age equal to _____				
Other: _____				

Employer Signature

Employer Signature	
Print	
Date:	

Comments:

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