For Service Call: (800) 562-8454

box 469 okoboji, iowa 51355 fax 800 • 421 • 6737 www.sbsc.info



secure benefits systems

Comp

any information		
Company Name:		
Tax ID:		
Street Address 1:		
Street Address 2:		
City:		
State:		<u> </u>
Zip:		
Principal Office State:		
Number of Benefit Eligible Employees:		
Day to Day Administration Contact		
Title:		
Email Address:		
Phone:		
Fax:		
ER Portal Access:	Yes 🗌	No 🗆
Payroll Deduction Contact		
Tina		
Title:		
Email Address: Phone:		
Fax:		
ER Portal Access:	Yes 🔲 -	No 🗌
Plan Document Compliance		
Contact		
Title:		
Email Address:		
Phone:		
Fax:		
ER Portal Access:	Yes 🗌	No 🗆
HIPAA Contacts		
Name:		
Name:		
Name:		
(

Partnership, Sole Proprietors Government Entity or Church, profit Organization, Limited Lia Corporation Plan Number: Plan Year Start Date: Is this a short plan year? Is this a mid year assumption? Partnership, Sole Proprietors Government Entity or Church, profit Organization, Limited Lia Corporation Plan Year End Date: No Start Date: Plan Year End Date: No	Payroll Cyc	ile:	Bi-Weekl				Weekly			
Ist Payroll Date:										
Set Payroll Date:			Semi-Mo				r			
St Payroll Date:	Ist Payroll Da	ite:								
Ist Payroll Date:										
Adjust First Pay Date	Ist Payroll Date:									
Eligible Class of Employees: Salary Employees Only		Adjust First	Adjust First Pay Date			Round Down Adjust First Pay Date Adjust Last Pay Date				
Eligible Class of Employees: Salary Employees Only	Payroll Verificati	on:	Auto Post Deduction							
Employees: Salary Employees Only	- Lyron voimon				Payr	oll File				
Waiting Period from Date of Hire (DOH) DOH	-			mploye	ees Only					
Waiting Period from Date of Hire (DOH) DOH			Hourly E	mploye						
Date of Hire (DOH) DOH					Other	Ц	_			
Is the waiting period the same for all benefits? Employee Entry Date First day of the pay period following date requirements are met First day of the month following date requirements are met Date conditions for eligibility are met Do you offer the debit card? Will all participants receive a card? Please list which products you will offer the debit card for. Employer Entity Ex: C Corporation, S Corpora Partnership, Sole Proprietors Government Entity or Church, profit Organization, Limited List Corporation Summary Plan Number: Plan Year Start Date: Is this a short plan year? Is this a mid year assumption? Period of the month following date requirements are met Date conditions for eligibility are met No Ex: C Corporation, S Corpor		DOH								
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Is this a mid year assumption? Yes, Effective Date No		Yes			No					
assumption:	this a mid year	Ye	es, Effective Date			No]		
	nrollment Open Date:				ate:					
Original Plan Effective Date:		ite:								

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Is Employer subject Family Medical Leav	to ve Act?	Yes			No			
Is the plan subject COBRA?	to	Yes			No			
Are new elections	permitted d	lue to a						
status change?	pominio			Yes		- No		
Will Affiliated empl plan?	loyers exec	ute this		Yes		No		
If Yes, list employe	er tax ID an	d address					-	
9								
	A A						-	
Reimbursement	Account		-			:: i		
he HRA		3						
contribute?	Single	\$						
					an individual sement limit?			
	Single Plus			Yes				
}	Dependent	- -			an individual	If yes, pleas	e list the	
	Single Plus	,			rsement limit?	amount.		
	Spouse	\$		Yes _		\$		
					an individual			
	Family			Yes _	rsement limit?	amount.		
Does a threshold do		\$				 		
Does a threshold do of the insurance de								
need to be satisfied			Yes			No-skip		
		announts of the		<u></u>		to 5.5		
What are the thresh		imounts at the	•					
following coverage	IGACI2 (<u></u>		
	1							
Single	\$							
Single Single Plus						T		
Single Plus Dependent	\$	Is this per m		Yes	No 🗌			
Single Plus Dependent Single Plus Spouse	\$	Is this per m	ember?	Yes	No			
Single Plus Dependent Single Plus Spouse Family	\$ \$ \$	Is this per m	ember? ember?	Yes Yes				
Single Plus Dependent Single Plus Spouse Family What portion of the	\$ \$ \$	Is this per m	ember? ember?	Yes Yes	No			
Single Plus Dependent Single Plus Spouse Family What portion of the responsibility?	\$ \$ \$ insurance	Is this per m	ember? ember? he emplo	Yes Yes Oyee	No	Last		
Single Plus Dependent Single Plus Spouse Family What portion of the responsibility? First	\$ \$ insurance	Is this per m	ember? ember? he emplo	Yes Yes	No	Last		
Single Plus Dependent Single Plus Spouse Family What portion of the responsibility? First Will the HRA contri	\$ \$ insurance	Is this per m Is this per m deductible is the	ember? ember? he emplo	Yes Yes Oyee	No	Last		
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date of the HRA?	effective	1) (4)				,	
Can participants be for expenses incurre now and the original date of the HRA as I	ed between effective							
were employed by e			Yes				No	7
Welle elliployed by e	the Medical		-100				115	
Which pays out first the Medical FSA or HRA?			FSA				HRA []
			N/A	Щ				
Can the HRA funds be spent							Na -	7
down upon termination?			Yes	للا			No [
In order to restrict th	_	<u>~</u>						
incurred dates to a p								
you may establish a	run out		_		3			
period. How many d	lays after		Days					
plan year end can c	laims be							
filed?				_				
How many days after	er		Days			E40 535		
participants become								
can they file claims?								
Can unused dollars	be carried ov	er and used in sub	sequen	t pla	an			
years?			•	•				
Yes			No					
If yes, remaining		OR		Ur	to a Spe	cific	Amount?	\$
balance				-"				`
Do you allow participa	ants to elect a							
one time rollover of th								l_
HRA dollars into a He			Yes	$ \neg$			No	
Account?			. 00	L	8 1000			
Are retirees eligible	to						·	1_
participant in the HF			Yes				No	
If Yes, retirees are								
		reached	years o	of ac	10.			
Only those employe	100 11110 11010					age	equal to	
Only those employe	see who have	a combination of \				-0-		
Only those employe	es who have	a combination of y	Caro or					
Only those employe Other:	es who have	a combination of y	Curo or					
Only those employe	es who have	a combination of y	outo of	301				
Only those employe	es who have	a combination of y		301				
Only those employe	es who have	a combination of y						
Only those employe	es who have	a combination of y						
Only those employe Other:	es who have	a combination of y						
Only those employe Other:	es who have	a combination of y						
Only those employe Other: Dioyer Signature Employer	es who have	a combination of y						
Only those employe Other:	es who have	a combination of y						
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