

# Choice Strategies Master Application

Thank you for choosing Choice Strategies, a division of WageWorks.

1. Save this writable PDF form to your desktop to begin completing this application. Please ensure that all relevant sections are complete before submitting application. If you need assistance completing the application, please contact your sales representative.
2. Once complete, email the application to [installation@choice-strategies.com](mailto:installation@choice-strategies.com)
3. Choice Strategies processes new client applications and enrollments in the order in which they are received. We will send a series of email confirmations during the setup of your new account. For more information on the Implementation process, including expected timelines, please click [here](#).

**Questions?** Contact us at [sales@choice-strategies.com](mailto:sales@choice-strategies.com) or 1-888-278-2555 Option 6

**Complete this box only if you are already an existing client, and want to add an additional plan:**

I am an existing Choice Strategies client, and would like to add an additional plan to the ones that are already in place.

**Existing Client Company Name:**

**Existing Client Employer Code\* :** CHO \_\_\_\_\_

*\*Your Employer Code starts with the letters "CHO". You can find your CHO code in your admin guide or on any communication from Choice Strategies.*

- If any of the demographic or health plan carrier information on page 2-5 has changed, please provide the updated details only.
- If nothing has changed, and you have provided your Company Name AND Employer (CHO) Code above, you may **SKIP to page 5**, and complete the relevant sections just for the plans you wish to add.

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## Demographics

Complete page 2-3 if you are new to Choice Strategies. For existing clients that are adding additional plans, you may only complete fields that may have changed since your original plan implementation.

Employer Information		
<b>Company Name:</b>		
<b>DBA:</b>		
<b>Mailing Address:</b>		
<b>Mailing Address 2 (eg: Suite#):</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Fax:</b>	
<b>Federal Tax ID#:</b>		
<b>State of incorporation:</b>		<b>Fiscal Year End Date:</b>
<b>Type of Employer Organization (Select One) :</b>		
<input type="checkbox"/> S-Corp* <input type="checkbox"/> Sole Proprietorship* <input type="checkbox"/> Partnership* <input type="checkbox"/> LLC* <input type="checkbox"/> Union		
<input type="checkbox"/> C-Corp <input type="checkbox"/> Gov't Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other: _____		
<small>*Owners may not be able to participate on a tax-advantaged basis.</small>		
<b>Employer Industry (Select One) :</b>		
<input type="checkbox"/> Business Services <input type="checkbox"/> Education <input type="checkbox"/> Financial Services <input type="checkbox"/> Food, Beverage & Hospitality		
<input type="checkbox"/> Government <input type="checkbox"/> Health Care <input type="checkbox"/> High Tech <input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing		
<input type="checkbox"/> Media/Entertainment <input type="checkbox"/> Pharmaceutical/Biotech <input type="checkbox"/> Retail <input type="checkbox"/> Telecommunications		
<input type="checkbox"/> Transportation/Distribution <input type="checkbox"/> Utilities <input type="checkbox"/> Other: _____		
Employer Administrator Contacts		
<b>Primary Contact</b>		
<b>First Name:</b>	<b>Last Name:</b>	
<b>Title:</b>	<b>Phone:</b>	<b>Ext:</b>
<b>Email:</b>		
<b>Secondary Contact</b>		
<b>First Name:</b>	<b>Last Name:</b>	
<b>Title:</b>	<b>Phone:</b>	<b>Ext:</b>
<b>Email:</b>		

<b>Billing Contact</b> <i>(Optional - only complete if different than Primary Contact)</i>			
<b>First Name:</b>		<b>Last Name:</b>	
<b>Title:</b>		<b>Phone:</b>	<b>Ext:</b>
<b>Email:</b>			
<b>Agent Information</b>			
<b>Broker Agency/Firm:</b>		<b>Federal Tax ID #:</b>	
<b>Broker First Name:</b>		<b>Broker Last Name:</b>	
<b>Email:</b>		<b>Phone:</b>	
<b>Mailing Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Type of Broker Organization (Select One) :</b>			
<input type="checkbox"/> S-Corp <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C-Corp <input type="checkbox"/> Other: _____			
<b>General Agency (if applicable):</b>			
<b>GA Rep First Name:</b>		<b>GA Rep Last Name:</b>	
<b>GA Email:</b>		<b>GA Phone:</b>	
<b>Benefit Eligibility</b>			
<b>Hours worked per week</b>	<b>Waiting Period</b> <i>(cannot exceed 90 days)</i>	<b>After waiting period, plan effective date</b> <i>(effective date cannot exceed 90 days from date of hire)</i>	<b>After termination, coverage end date</b>
<input type="checkbox"/> Same as health plan <input type="checkbox"/> 40 hours <input type="checkbox"/> Other: _____	<input type="checkbox"/> Same as health plan <input type="checkbox"/> 30 days <input type="checkbox"/> Other: _____	<input type="checkbox"/> Same as health plan <input type="checkbox"/> First day of the month <input type="checkbox"/> Other: _____	<input type="checkbox"/> Same as health plan <input type="checkbox"/> Date of Termination <input type="checkbox"/> End of month
<b># of Full Time Employees:</b>		<b># of Part-time Employees:</b>	
<b># of Employees eligible for benefits:</b>		<b># of Employees participating in Choice Strategies Plans (best estimate):</b>	
<b>Regulatory Information</b>			
<b>Is your plan subject to FMLA?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Employers with 50+ employees are typically subject to FMLA)</i>			
<b>Does the company have, or has it at any time had, an ERISA-qualified plan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(e.g. - self-funded health plan, 401k, or flexible benefit plan)</i>			
<b>ERISA Plan #</b> <i>(can be found on front page of Form 5500):</i> <input type="checkbox"/> 501 <input type="checkbox"/> Other: _____			
<b>COBRA Administration:</b> <i>(Employers with 20+ employees are usually subject to Federal COBRA)</i>			
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Self-Administered <input type="checkbox"/> Other Administrator*			
*Other Administrator Address: _____			
*Other Administrator Phone: _____			

## Health Insurance Carrier Plan

Please complete this section if you are offering an HRA and/or FSA plan

### Health Insurance Carrier Plan Information

**Health Plan 1 Carrier :** \_\_\_\_\_      **Health Plan 1 is:**    Fully Insured   OR    Self-Funded

Blue Cross Blue Shield of MA\*    Blue Cross Blue Shield of VT\*    ConnectiCare\*

EmblemHealth\*    Harvard Pilgrim Health Care\*    MVP\*    Tufts Health Plan\*

\*The Health Carriers listed above can provide Choice Strategies with a medical claims data feed. Claims data feeds help automate substantiation of employee claims and enables Choice Strategies to pay claims directly to providers or members automatically. If you indicate above that you utilize one of these carriers, we will send you an email, during the implementation process explaining the claims feed setup requirements, should you choose to utilize the claims feed option.

**Other Health Plan 1 Carrier :** \_\_\_\_\_

**Health Plan 1 Name:** \_\_\_\_\_

**\*\*\* Please include a copy of the Summary of Benefits for Health Plan 1 with this Application \*\*\***

**Health Plan 1 Deductible (if applicable)**

Single	Two-Person	Family	Other
\$	\$	\$	\$
<b>Health Plan 1 Deductible Year Start Date:</b> _____		<b>Health Plan 1 Deductible Year End Date:</b> _____	

**How are the two-person and family deductibles of your Health Plan 1 structured?**

**Aggregate** *(the entire deductible must be met by any one or combination of family members before benefits are paid for any family member)*

**Embedded** *(any one person inside of the family has to meet the single deductible before benefits are paid for that person. Other family members would have to meet the remainder of the deductible before benefits are paid to them.)*

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

**Select if you offer more than one health plan with an HRA**

**Health Plan 2 Carrier :** \_\_\_\_\_      **Health Plan 2 is:**    Fully Insured   OR    Self-Funded

Blue Cross Blue Shield of MA\*    Blue Cross Blue Shield of VT\*    ConnectiCare\*

EmblemHealth\*    Harvard Pilgrim Health Care\*    MVP\*    Tufts Health Plan\*

\*The Health Carriers listed above can provide Choice Strategies with a medical claims data feed. Claims data feeds help automate substantiation of employee claims and enables Choice Strategies to pay claims directly to providers or members automatically. If you indicate above that you utilize one of these carriers, we will send you an email, during the implementation process explaining the claims feed setup requirements, should you choose to utilize the claims feed option.

**Other Health Plan 2 Carrier:** \_\_\_\_\_

**Health Plan 2 Name:** \_\_\_\_\_

**\*\*\*Please include a copy of the Summary of Benefits for Health Plan 2 with this Application\*\*\***

Health Plan 2 Deductible (if applicable)			
Single	Two-Person	Family	Other
\$	\$	\$	\$
Health Plan 2 Deductible Year Start Date:		Health Plan 2 Deductible Year End Date:	
<p><b>How are the two-person and family deductibles of your Health Plan 2 structured?</b></p> <p><input type="checkbox"/> <b>Aggregate</b> <i>the entire deductible must be met by any one or combination of family members before benefits are paid for any family member</i></p> <p><input type="checkbox"/> <b>Embedded</b> <i>any one person inside of the family has to meet the single deductible before benefits are paid for that person. Other family members would have to meet the remainder of the deductible before benefits are paid to them.</i></p>			
Notes:			

## Choice Strategies Plans

Plans to be administered by Choice Strategies
Please select all plans that apply, and then complete the corresponding plan design section(s).
<input type="checkbox"/> HRA (Health Reimbursement Account) <input type="checkbox"/> HSA (Health Savings Account) <input type="checkbox"/> FSA (Flexible Spending Account) <input type="checkbox"/> Transit and/or Parking Account <input type="checkbox"/> DCA (Dependent Care Account)
Premium Only Plan (POP) Documents
<p>Premium Only Plan (POP) language can be included in the Cafeteria plan documents provided with your FSA and/or DCA plans. If you do not have an FSA/DCA plan, and need POP documents, <b>EZPOP</b> is our WageWorks POP doc solution. <b>EZPOP</b> is a comprehensive service dedicated solely to POP document creation and ongoing support.</p> <p>I am ordering an FSA/DCA plan, and want to include POP language    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>*If you are not ordering an FSA/DCA plan, and need POP docs, please visit <a href="http://www.choice-strategies.com/applications-2">http://www.choice-strategies.com/applications-2</a> where you can download the EZPOP brochure/application.</b></p>
Owner Account(s) <i>optional</i>
<p>If the Employer Organization Type is a Sole Proprietorship, Partnership, S-Corp, LLC or LLP, owners (and in some cases, family members) are not eligible to participate on a tax-advantaged basis in HRA, FSA, DCA, Transit and/or Parking plans. Please contact Sales for more details.</p>
<p><b>Please set up the following plans for the Owner(s):</b></p> <p><input type="checkbox"/> <b>HSA (Health Savings Account)</b> – <i>owner must be enrolled in an HSA-qualified health plan to be eligible for an HSA</i></p> <p><input type="checkbox"/> <b>Owner's Convenience Account</b> - <i>This account is <u>not</u> tax-advantaged.</i>  <i>Owners can use a Choice Strategies debit card to pay for out-of-pocket medical expenses via company bank account. At the end of the year, the owner needs to account for their expenditures as imputed income.</i></p>
<p><b>Please list Owner(s) Names:</b></p>

## Health Reimbursement Arrangement (HRA)

If you are offering an HRA plan, please complete pages 6 through 9

### HRA (Health Reimbursement Arrangement)

HRA Plan Year Start Date:

HRA Plan Year End Date:

#### HRA Payments

#### How will Employees access HRA funding?

**Debit Card (Default)**

*Employees will also have the option to submit claims. Not all HRA plan designs can be administered on a debit card*

**Claim Submission Only\***

*any one person inside of the family can only access up to the single HRA funding amount*

**\*Please note - Debit cards are not available for embedded HRAs. Please consult your sales rep for details.**

**Carrier Claims Data Feed\***

*Choice Strategies can accept claims data feeds from select health plan carriers. Contact [sales@choice-strategies.com](mailto:sales@choice-strategies.com) or call 1-888-278-2555 Option 6 for more information on how claims data feeds can automate substantiation and expand HRA plan design options.*

**Member Pay**     **Provider Pay**     **Neither – just use feed to substantiate debit card charges**

**\*If Claim Submission Only or Carrier Data Feed Member Pay or Provider Pay option is selected, there will not be a debit card issued for HRA access. Would you like your employees to have access to a debit card for any other applicable FSA, DCA, Transit or Parking plans? (HSA plans will always be issued a debit card.)**

**Yes**     **No**     **Not applicable** (no other available plans)

#### HRA Funding Structure

#### How should the two-person and family HRA funding be structured?

**Aggregate** *the entire HRA funding amount is available to be used by any one family member or combination of members*

##### Aggregate HRA Funding Structure:

Single	Two-Person	Family	Other
\$	\$	\$	\$

Notes:

**Embedded** *any one person inside of the family can only access up to the Individual HRA funding amount*

**\*Please note - Debit cards are not available for embedded HRAs. Please consult your sales rep for details.**

##### Embedded HRA Funding Structure:

Individual Funding (Per Participant)	Will there be a cap on family funding?	If yes, Family Funding Cap
\$	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	\$

Notes:

**HRA Deductible:**

**Will employees/dependents be responsible to pay the first portion of eligible expenses (HRA Deductible) before HRA funds become available?**

- Yes** (If yes, complete section below)       **No**

**HRA Deductible Structure:**

**How should the two-person and family HRA deductibles be structured?**

- Aggregate** the entire family responsibility must be met before any HRA funds are available for any family members
- Embedded\*** any one person inside of the family must only meet the single deductible responsibility before HRA funds are available for that person. Other family members must meet the remainder of the deductible before HRA funding is available for them
- \*Debit cards are not available for embedded HRAs*

**Employee pays this amount before accessing HRA funding:**

Single	Two-Person	Family	Other
\$	\$	\$	\$

**Notes:**

**Will HRA funding be prorated for mid-year hires?**       **Yes**       **No**

**Will an Employee's unused HRA funds carry over to the next plan year account?\***

- Yes, carry over 100% of unused funds**       **No, unused funds will not carry over**
- Other:** \_\_\_\_\_

*\*Any amounts not carried over revert back to the Employer. Carryover of previous plan year HRA funding occurs approximately 4 months after the end date of the previous plan year. If Employee A's plan year ends 12/31/15, his remaining 2015 funds would stay in 2015 HRA until his 3 month run-out period to submit 2015 claims ends on 3/31/16. Then any remaining 2015 HRA balance will be deposited into his 2016 HRA in April 2016.*

**Notes:**

**HRA Eligible Expenses**

- ALL IRS 213(d) Eligible Expenses** (eg: Medical, Rx, Dental, Vision, Limited Over-the-counter Item, etc.)

**OR**

- HRA will cover only the following expenses checked on pages 8-9\***

*\*please select all expenses that apply to the HRA*

**Medical Deductible Expenses** - *If the HRA will pay Rx expenses, please also select "Prescription Expenses" below, even if prescriptions count towards the Medical Deductible.*

**Select if HRA will only pay a portion of each medical deductible claim - debit card not available for this selection**

HRA pays \_\_\_\_\_ % of each medical claim (% Pay plan design)

HRA pays claim, minus \$ \_\_\_\_\_ (HRA Copay plan design)

**Prescription Expenses** – *please select if the HRA will pay any Rx expenses, even if Prescriptions are counted towards the Medical Deductible*

*\*For groups utilizing an EmblemHealth or Blue Cross Blue Shield of MA claims data feed:*

*Prescription expenses are not included in the EmblemHealth or BCBSMA claims data feed, but can be eligible on the HRA. If you have one of these feeds, and choose to include Rx, these expenses can be paid via debit card or reimbursed via claim submission.*

**Select if HRA will only pay a portion of each Rx claim, and complete below**

**Prescriptions** – RxAbility allows for cost-sharing on a transaction by transaction basis on the debit card.

**HRA pays \_\_\_\_\_ % of each Rx transaction (% Pay design)**

*if selected, all Rx expenses, such as deductible, copays, etc., will be paid based on % indicated above*

**HRA pays transaction minus \$ \_\_\_\_\_ (HRA Co-Pay design)**

*CAUTION: Dollar amount is subtracted per card transaction, not per prescription.*

*For example, if an employee picks up 2 prescriptions at the same time, the amount indicated above will be subtracted from the total transaction, not subtracted per each prescription.*

**HRA pays a portion of each Rx Co-Pay (Split Co-Pay design)**

*Split Co-Pay design plans work best with health plans that have an underlying Rx Co-Pay structure.*

*CAUTION: HRA pays a flat dollar amount per transaction, not per prescription. If employees have multiple prescriptions, they must charge their card for each individual Rx, and the HRA will pay the amount indicated below.*

Health Plan Co-Pay	HRA Pays	Employee Pays
\$ _____	\$ _____	\$ _____

**Out of Network Expenses**

*\*For groups utilizing a claims data feed:*

*Out-of-network expenses greater than what is processed towards the deductible (balance billed amount) are not included in the claims data feed. If you have a claims data feed and choose to include Out-of-Network expenses, Employees will be able to submit claims for these expenses. Submitted claims can pay the provider or reimburse the member directly.*

**Medical Coinsurance**

*\*For groups utilizing a ConnectiCare claims data feed:*

*Coinurance expenses are not included in the ConnectiCare claims data feed. If you have a ConnectiCare claims data feed and choose to include Medical Coinsurance expenses, Employees will be able to submit claims for these expenses. Submitted claims can pay the provider or reimburse the member directly.*



**Medical Co-Pays**

**Select if HRA will only pay a portion of each Health Plan Co-Pay**

Type of Co-Pay	Employee Pays	HRA Pays	Total Health Plan Co-Pay
<input type="checkbox"/> Office Visit	\$	\$	\$
<input type="checkbox"/> Emergency Room	\$	\$	\$
<input type="checkbox"/> Other:	\$	\$	\$
<input type="checkbox"/> Other:	\$	\$	\$

**Dental Expenses**

*\*Dental and/or Vision expenses are not included in the claims data feed, but can be eligible on the HRA. If you have a claims data feed plan, and choose to include Dental or Vision, these expenses can be paid via debit card or reimbursed via claim submission.*

**Vision Expenses**

**Other:**

**Notes:**

**HRA Takeover**

**Is there an existing HRA already in place with another administrator?**     **Yes**     **No**

**If yes, previous HRA administrator name:** \_\_\_\_\_

**If yes, will Choice Strategies be taking over the previous plan HRA?**

No, the previous administrator will finish the plan year and administer the run-out for old claims (Default)

Yes, Choice Strategies will administer the 3 month run-out period for old claims\*

Yes, Choice Strategies will be taking over the plan mid-plan year\*, effective date:

Other: \_\_\_\_\_

**\*If Choice Strategies will be administering the run-out or taking over the HRA plan mid-year, you will need to send us your employee's remaining balances on our **Choice Strategies HRA Takeover Template**. Please [click here](#) for additional information about the plan takeover process and to find a link to download the takeover template.**

**Takeover HRA Eligible Expenses:**

Same as HRA described above (Default)

Other: \_\_\_\_\_

**Takeover HRA funding:**

Same as HRA described above (Default)

Other: \_\_\_\_\_

**Notes:**

## Flexible Spending Account (FSA)

Complete this section if you are offering an FSA plan.

FSA (Flexible Spending Account)	
<b>FSA Plan Year Start Date:</b>	<b>FSA Plan Year End Date:</b>
<b>Employee FSA Election Maximum</b> <input type="checkbox"/> \$2,550 (IRS 2015 Maximum) <input type="checkbox"/> Other: _____ <i>Contributions greater than \$2,550 should be taken post-tax. Annual Maximum must be prorated for Short Plan Years (plan year less than 12 months) per IRS regulations.</i>	
<b>Will there be Employer FSA Contributions?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Employer FSA contributions are limited to either \$500 or an equal match of the employee's election. Employer FSA contributions do not count toward the \$2,550 employee maximum.</i>  <b>If yes:</b> <input type="checkbox"/> Equal Match of employee election <input type="checkbox"/> \$500 <input type="checkbox"/> Other \$ _____ (no more than \$500)	
<b>FSA Grace Period</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>2 ½ month period after plan end date when employees can spend down any remaining balance on new plan year expenses.</i>  <b>OR*</b>  <b>FSA Carryover</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If an employee did not spend their entire FSA election by the end of the plan year, up to \$500 of the remaining amount can be carried into the new plan year. This does not affect the amount the employee may elect for payroll deduction in the new year – they may still elect up to \$2,550.</i>  <b>If yes, maximum allowed to carry over into the new year:</b> <input type="checkbox"/> \$500 <input type="checkbox"/> Other \$ _____ no more than \$500	
<b>*An FSA plan CANNOT have both a Grace Period and a Carryover. If the employer chooses to offer, they must select one or the other. Carryover option is for FSA only – not for DCA.</b>	
<b>Notes:</b>	
<b>FSA Eligible Expenses (select all that apply)</b>	
<input type="checkbox"/> <b>ALL IRS 213(d) Eligible Expenses - Default</b> (eg: Medical, Rx, Dental, Vision, Limited Over-the-counter Item, etc.)  <input type="checkbox"/> <b>Limited Purpose Expenses</b>  <div style="margin-left: 20px;"> <input type="checkbox"/> <b>HSA-Qualified</b> - FSA is initially limited to only Preventive Medical (reimbursable via claim submission only), Dental and Vision expenses until it is confirmed that the employee has met minimum HSA deductible, then FSA is converted to an All-IRS 213 (d) Eligible FSA   <input type="checkbox"/> <b>HRA Deductible</b> - Pairs well with "Employee Pay First" HRA plan design - allows Employees to easily pay their HRA deductible with FSA funds. FSA maximum contribution will be set to equal the Employee's out-of-pocket HRA deductible (up to a maximum of \$2,550) and eligible expenses will be limited to match the eligible expenses of the HRA.  <b>*Please note – the HRA Deductible FSA is not available for HRA plans with an embedded deductible.</b> </div>	
<b>Notes:</b>	
<b>FSA Takeover</b>	
<b>Is there an existing FSA already in place with another administrator?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, previous FSA administrator name:</b> _____  <b>If yes, will Choice Strategies be taking over the previous plan FSA?</b> <input type="checkbox"/> No, the previous administrator will finish the plan year and administer the run-out for old claims (Default) <input type="checkbox"/> Yes, Choice Strategies will administer the 3 month run-out period for old claims*	

<input type="checkbox"/> Yes, Choice Strategies will be taking over the plan mid-plan year*, effective date: <input type="checkbox"/> Other: _____
<i>*If Choice Strategies will be administering the run-out or taking over the FSA plan mid-year, you will need to send us your employee's remaining balances on our <b>Choice Strategies FSA/DCA Takeover Template</b>. Please <a href="#">click here</a> for additional information about the plan takeover process and to find a link to download the takeover template.</i>
<b>FSA Takeover Eligible Expenses:</b> <input type="checkbox"/> Same as FSA described above (Default) <input type="checkbox"/> Other: _____
<b>FSA Takeover funding:</b> <input type="checkbox"/> Same as FSA described above (Default) <input type="checkbox"/> Other: _____
<b>Notes:</b>

## Dependent Care Account (DCA)

Complete this section and payroll section (page 13) if you are offering a DCA plan.  
 Your DCA plan cannot be activated if payroll calendar is not provided.

DCA (Dependent Care Account)	
<b>DCA Plan Year Start Date:</b>	<b>DCA Plan Year End Date:</b>
<b>Employee DCA Election Maximum</b> <input type="checkbox"/> \$5,000 (IRS 2015 Maximum – Default) <input type="checkbox"/> Other: _____ <i>The sum of all pre-tax DCA contributions from earners in an IRS household should not exceed \$5000.</i>	
<b>DCA Grace Period</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>2 ½ month period after plan end date when employees can spend down any remaining balance on new plan year expenses.</i>	
<b>DCA Takeover</b>	
<b>Is there an existing DCA already in place with another administrator?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, previous DCA administrator name:</b> _____  <b>If yes, will Choice Strategies be taking over the previous plan DCA?</b> <input type="checkbox"/> No, the previous administrator will finish the plan year and administer the run-out for old claims (Default) <input type="checkbox"/> Yes, Choice Strategies will administer the 3 month run-out period for old claims* <input type="checkbox"/> Yes, Choice Strategies will be taking over the DCA plan mid-plan year*, effective date: <input type="checkbox"/> Other: _____	
<i>*If Choice Strategies will be administering the run-out or taking over the DCA plan mid-year, you will need to send us your employee's remaining balances on our <b>Choice Strategies FSA/DCA Takeover Template</b>. Please <a href="#">click here</a> for additional information about the plan takeover process and to find a link to download the takeover template.</i>	
<b>Takeover DCA Maximum Election:</b> <input type="checkbox"/> Same as DCA described above (Default) <input type="checkbox"/> Other: _____	
<b>Notes:</b>	

## Health Savings Account (HSA)

Complete this section if you are offering an HSA plan.

### HSA (Health Savings Account)

**PLEASE NOTE:** By transmitting HSA enrollments electronically, Employer hereby authorizes The Bank of New York Mellon ("the Bank") to establish a Health Savings Account on behalf of the Participant; it is understood that the [Deposit Agreement & Disclosure Statement](#) and [Rate and Fee Schedule](#) have been acknowledged by the Participant(s).

**HSA Plan Year Start Date:**

All employer contributions and employee pre-tax HSA deposits must be sent via HSA deposit template to [HSADeposits@choice-strategies.com](mailto:HSADeposits@choice-strategies.com). The HSA deposit template can be found on the Employer Forms page of our website: <http://www.choice-strategies.com/forms-2>

**Notes:**

## Transit and/or Parking Plans

Complete this section and payroll section (page 13) if you are offering a Transit and/or Parking plan.

Your Transit/Parking plan cannot be activated if payroll calendar is not provided.

### Transit and Parking Plans

**Plan Start Date:**

**Plan End Date:**

**Can employees elect greater than the \$130 2015 IRS Pre-tax Monthly Maximum for Transit plan?**

*\*Contributions greater than IRS maximums should be taken post-tax.*

Yes  No (Default) If yes, what is the maximum amount they may elect monthly? \$ \_\_\_\_\_

**Can employees elect greater than the \$250 2015 IRS Pre-tax Monthly Maximum for Parking plan?**

*\*Contributions greater than IRS maximums should be taken post-tax.*

Yes  No (Default) If yes, what is the maximum amount they may elect monthly? \$ \_\_\_\_\_

*Transit and Parking payroll contributions should be made on a monthly or bi-monthly basis in order to comply with the IRS monthly maximum guidelines. If your payroll schedule indicated above has a month with more than 2 pay periods, we will only show deposits for the first two pay periods for that month.*

### Transit and Parking Takeover

**Is there an existing Transit and/or Parking plan already in place?**  Yes  No

If yes, previous administrator name (if applicable): \_\_\_\_\_

**If yes, will Choice Strategies be taking over the previous plan?**

No, the previous administrator will finish the plan year and administer the run-out for old claims (Default)

Yes, Choice Strategies will be taking over the plan.\* Effective date: \_\_\_\_\_

Other: \_\_\_\_\_

*\*If Choice Strategies will be administering the run-out or taking over the Commuter plan mid-year, you will need to send us your employee's remaining balances on our **Choice Strategies Transit/Parking Takeover Template**. Please [click here](#) for additional information about the plan takeover process and to find a link to download the takeover template.*

**Notes:**

## Payroll Information

Complete this section if you are offering a DCA, Transit and/or Parking plan.

**PLEASE NOTE: Because the funds for these accounts are only available as they are deducted from the employee's payroll, this section is required in order to implement DCA, Transit or Parking plans.**

### Payroll Information

**Date of 1<sup>st</sup> Employee Payroll Contribution\*:**

*\*on or after plan effective date*

**Payroll Schedule** - when funds should be posted to employee accounts

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Weekly         | <input type="checkbox"/> Semi-Monthly                         | <input type="checkbox"/> Monthly      |
| <input type="checkbox"/> Bi-Weekly*     | <input type="checkbox"/> 1 <sup>st</sup> and 15 <sup>th</sup> | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 24 pay periods | <input type="checkbox"/> 15 <sup>th</sup> and last            |                                       |
| <input type="checkbox"/> 26 pay periods |   |                                       |

*\*If Bi-Weekly, please confirm if you would like 24 or 26 payroll deposits. If you select 26 payroll deposits, please note that in the months that have 3 pay periods, contributions that exceed the IRS pre-tax monthly maximum for Transit or Parking accounts must be taken post-tax.*

## Plan Substantiation

### Plan Substantiation Requirements

*The IRS stipulates that the employer ensure that plans are properly substantiated. In other words, purchases made by employees through tax-advantaged accounts must be proven to be eligible under the plan guidelines.*

**Full Substantiation Level (Default)** *\*Choice Strategies recommends*

**OR**

**Selective Substantiation** - *Auto-approving does not comply with IRS substantiation requirements*

- |  |    |   |
|--|----|---|
| <input type="checkbox"/> All transactions under \$ _____ | OR | <input type="checkbox"/> All Transactions     |
| <input type="checkbox"/> Medical Under \$ _____          | OR | <input type="checkbox"/> All Medical Expenses |
| <input type="checkbox"/> Dental Under \$ _____           | OR | <input type="checkbox"/> All Dental Expenses  |
| <input type="checkbox"/> Rx Under \$ _____               | OR | <input type="checkbox"/> All Rx Expenses      |
| <input type="checkbox"/> Other (specify details): _____  |    |   |

**Make cards inactive if employees don't respond to requests for documentation, or if they use the card for unauthorized purchases?**  **Yes (Default)**  **No\***

*\*IRS guidelines require that a member's card be de-activated in the case of unauthorized use and/or failure to comply with the substantiation process.*

**Notes:**

## Premium Only Plan (POP) Documents

Only complete this section if you want POP language included in your FSA/DCA cafeteria plan documents.

**If you are not offering an FSA and/or DCA plan, and need POP documents, please use our EZPOP document service. See page 5 for more details.**

Premium Only Plan (POP) Documents						
Employee Pre-Tax Payroll Deduction:	% of Employer Contribution:	OR	Employer Dollar Contribution per Tier:			
			Single	Two-Person	Family	
<input type="checkbox"/> Medical	%	OR	\$	\$	\$	
<input type="checkbox"/> Dental	%	OR	\$	\$	\$	
<input type="checkbox"/> Vision	%	OR	\$	\$	\$	
<input type="checkbox"/> Group Term Life	%	OR	\$	\$	\$	
<input type="checkbox"/> Disability	%	OR	\$	\$	\$	
<input type="checkbox"/> Cancer	%	OR	\$	\$	\$	
<input type="checkbox"/> Accidental Death & Dismemberment	%	OR	\$	\$	\$	
<input type="checkbox"/> HSA Contributions	%	OR	\$	\$	\$	
<input type="checkbox"/> Other:	%	OR	\$	\$	\$	
<b>Notes:</b>						

## Billing Information

Please complete this page – **REQUIRED for all plans.**

Billing is handled automatically via ACH from a client-authorized bank account. Click [here](#) for more details about the billing process.

**All debit card transactions (POS) and submitted claim payments will be deducted via ACH payment from the following bank account:**

Bank Name: \_\_\_\_\_

Bank Account Type:  Checking  Savings

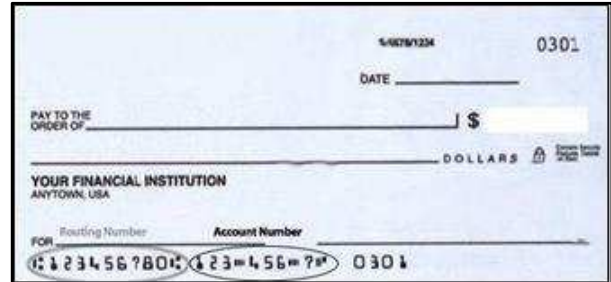
Routing #: \_\_\_\_\_

Verify Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Verify Account #: \_\_\_\_\_

Where to locate Routing and Account numbers:



Setup, Monthly Admin and Renewal fees will be paid from:  Same as above  Use account below

Bank Name: \_\_\_\_\_

Bank Account Type:  Checking  Savings

Routing #: \_\_\_\_\_

Verify Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Verify Account #: \_\_\_\_\_

*\*Please Note: This account must have overdraft protection. If it does not currently have overdraft protection, please add it prior to the effective date of the plan. If overdraft protection is not added to the bank account and a transaction is returned to Choice Strategies, a \$35.00 Non-Sufficient Fund (NSF) fee will be assessed. To confirm the account information provided, the Card processor will submit a non-refundable \$1.00 pre-note debit to the above mentioned account. It is the employer's responsibility to deposit a minimum of \$1.00 immediately to avoid a NSF \$35 fee from the card processor.*

### The banking process is as follows:

#### Debit Card Transactions (POS)

- Card Swipes are settled within 1-3 business days after the card is used.
- Funds are withdrawn from the bank account listed above for all transactions settled on that date.
- These transactions appear on your statement as "MBI MBI-I-BANK".

#### Manual Claims

- Manual claims are processed daily.
- Funds are withdrawn from Employer's bank account within 2-3 business days.
- These transactions appear on your statement as "Choice Strategies".

#### ACH Filter Information

If your bank has filters or ACH blocks in place for your account, please provide them with the below information authorizing Choice Strategies and our MasterCard vendor, "MBI", to initiate ACH transactions to the account.

#### CHOICE STRATEGIES FILTER INFORMATION (for Admin Fees & Submitted Claims)

Submitting Bank (ODFI): UNION BANK, N.A.

Company Name (Account name): CHOICE STRATEGIES AND CHOICE CLAIMS

Routing Number: 122000496

Company ID: N943351864, 1943351864, N94335186G, N94335186H, N94335186J

#### M&I BANK FILTER INFORMATION for MBI (for Card Transactions)

Submitting Bank (ODFI): M&I Bank

Company Name (Account name): MBI

Routing Number: 075000051

Origination ID: 07500005

Company ID: 1383261866 and W383261866