

RESOLUTION NO. T-2019-12-022R

A RESOLUTION AUTHORIZING THE CUNNINGHAM TOWNSHIP SUPERVISOR TO SIGN A CONTRACT FOR FLEXIBLE SPENDING ACCOUNT FOR HEALTH INSURANCE COVERAGE WITH KEY BENEFIT ADMINISTRATORS (EFFECTIVE JANUARY 1, 2020)

WHEREAS, Cunningham Township provides health insurance benefits to the Township Supervisor, Township Assessor and the eligible employees of those offices; and

WHEREAS, it is in the best interests of the Township to provide the most health and cost effective plan for employees; and

WHEREAS, establishing a Flexible Savings Account for the Township will allow employees to save on their health care costs;

NOW, THEREFORE, BE IT RESOLVED by the Township Board of the Town of Cunningham, that the Township Board authorizes the Township to Sign a contract for Flexible Spending Account for Health Insurance Coverage with Key Benefit Administrators.

APPROVED, this 9th day of December 2019 by the Township Board of Cunningham Township, County of Champaign, State of Illinois.

Charles A. Smyth, Township Clerk

Diane Wolfe Marlin, Township Chair



Danielle Chynoweth
Cunningham Township - 913

September 8, 2018

Dear Danielle:

Scheduled for Renewal: January 1st 2019

Thank you for renewing your Section 125 Flexible Benefit administration services with FlexPro at Key Benefit Administrators (KBA). Your renewal paperwork is included. Returning documents as of the dates listed allows FlexPro to have your plans ready for participants for the start of your plans. Pages require a signature and may ask you to confirm "no changes". These are critical pages for the plan set up to work properly in the new plan year. Return signed documents, note any changes, complete and include required additional pages or worksheets. See the Did You Know page for contact information.

Important Reminders for your Flexible Spending Plan:

Please return your signed and completed renewal packet by **October 15, 2018**

- Returned documents will be reviewed for signatures, check boxes and for noted changes.
- If changes require signed amendments or updated language, necessary documents will be sent to you.
- Once the documents have been verified, including any changes updated, FlexPro will generate a custom Employee Information Packet (EIP*).
- We send this document to you electronically and make it available to the Employees on the web portal at <https://keybenefit.wealthcareportal.com>.
- We also recommend providing either physical or electronic copies of your EIP for Employees during open enrollment, providing helpful information regarding the plans while Employees are making benefit decisions.

Please return your verified enrollment spreadsheets by **December 1, 2018**

- FlexPro will provide a pre-populated spreadsheet with current participant information.
- Review this carefully for any Employee eligibility changes, terminations and new participants.
- Including mobile phone numbers and email addresses improves participant experience by providing notices quickly for various claim and account notices.

Debit Card Eligible Employers Please Note: To be sure new participant Debit Cards arrive for the 1st day of the plan, FlexPro must have Employee data in house ready for processing by the 4th of the month prior to the new plan. Renewing participants with cards set to expire should automatically be issued new cards if they are enrolled in the new plan **prior** to the start of the plan. Cards expire every 3 years.

Additional Options:

Cunningham Township Communication Options (Choose one option):

- ☐ Yes, FlexPro should assist in communicating Section 125 Flexible Benefits Plan to our Employees.

Respond to FlexPro **October 16, 2018 for scheduling on-site visits.**

- ☐ No, thank you. We will be communicating the Section 125 Flexible Benefits Plan to our Employees.

NOTE: FlexPro offers options to schedule onsite meetings, conference calls as well as PowerPoint presentations tailored to your plans. We can also discuss with you additional marketing materials which may be helpful.

Cunningham Township Enrollment Packet (EIP) Options (Choose one option):

- ☐ We will only require an **electronic version** of the Employee Information/Enrollment Packet.
- ☐ We would like to place an order for printed Employee Information/Enrollment Packets. **

<input type="text"/>	# of packets needed should be sent by	<input type="text"/>	date to the following address:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Name	Mailing Address	City	ST	Zip Code	

**NOTE: Please contact FlexPro with any questions. Any applicable fees for printing and shipping will be on the Service Agreement page and in your monthly renewal invoice.*

Cunningham Township Online Enrollment (Choose one option):

- ☐ No, we are returning a completed enrollment spreadsheet to be used for the enrollment of participants.
- ☐ Yes, we would like to offer online enrollment to participants. NOTE: Emails are required for online notices to be delivered to returning participants. New participants can self-enroll but need to create an online profile to do so. We can also enter new participants by spreadsheet especially if online enrollment is after the card cut-off date.

Indicate the beginning and ending date for online enrollment to be available in WealthCare.

<input type="text"/>	to	<input type="text"/>	(Midnight)
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Return Required – Please choose one for each section.

DID YOU KNOW?

KBA, FlexPro Website: Available to both Employees and Employers 24 hours a day, 7 days a week. Please help us remind your Employees to periodically review their accounts online for pending or ineligible transactions. Unresolved, pending, or ineligible transactions may result in the temporary deactivation of Flex Benefit cards, where applicable, until the transactions are resolved.

- Employee website: <https://keybenefit.wealthcareportal.com>
- Employer website: www.wealthcareadmin.com

FlexPro Mobile: Employees can download the app from the App Store or Play Store by searching "FlexPro Mobile". Employee accounts must be registered with <https://keybenefit.wealthcareportal.com> in order to use this application on mobile devices. Once installed, Employees can log in with the ID information used in their registered account.

FlexPro Upload Feature: Upload Claims for Reimbursement and Receipts for pending Debit Card transactions directly from a PC, tablet or your smartphone. Some tablets and phones do require the mobile app to present all available features.

Web Chat: No time for a phone call? Have Flex questions while at work? No problem! Just open <https://keybenefit.wealthcareportal.com> and look for the **FlexPro Chat** link on the left side. Click, then begin chatting with FlexPro staff any time during normal business hours (8-5 Monday through Friday).

Fax or Email FlexPro: FlexPro offers another way to fax and email your requests for reimbursement and resolutions for pending transactions. Using either the fax number or email address below will send your claim information and substantiation documents directly to the online portal for processing. *For emails, please send anything other than text as an attachment rather than pasting to the body of the message to prevent system errors reading the data.*

- **844-560-6757 or 978-364-5086**
- **KeyBenefit_Receipts@alegeus.com**

Virtual Client Representative: Use the FlexPro customer service number to call anytime, day or night. Listen to the prompts and follow the steps. You will be provided a list of current options available. If you call during regular business hours, you can opt out to speak with FlexPro staff.

- **800-558-5553 (8am-5pm EST)**

Direct Deposit: We encourage all Employers to consider the direct deposit feature. This feature allows your Employees quicker access to their reimbursements. According to your reimbursement schedule, reimbursement amounts will automatically deduct from your designated bank account and then will be disbursed to the participant's bank account. Transactions appearing on your bank statement for direct deposits look much like the Flex Card transactions do now.

Online Enrollment: The use of online enrollment allows the Employee to self-enroll in the upcoming plan. KBA, FlexPro encourages Employers to provide a demographic data file of eligible Employees - full name, SSN, address, DOB, and an e-mail address. This information will be used if an eligible Employee (not already enrolled in Flex) calls into Customer Service for assistance. A current Enrollee list is provided at the time the EIP is delivered. If you would like the listing earlier, please reach out to your FlexPro Manager. Detailed instructions will be incorporated within the *Employee Information Packet* for your Employees indicating how the Online Enrollment works if you elect this option.

Please feel free to contact your FlexPro representative should you have any questions. Send documents and questions directly to Flexpro@keybenefit.com as well.

Tirice Weddle

FlexPro, Account Manager
317-284-7151
Tweddle@keybenefit.com

Mindy Settles

Technical Coordinator, Flex Team Lead
317-712-4181
MSettles@keybenefit.com



Cunningham Township - 913

KBA Flexible Benefits Plan Administrative Services Agreement Services and Fees

I. Monthly Administration Services:		\$5.25 per participant	
Includes:		Subject to a minimum monthly admin charge of \$50.00	
➤ Participant claim processing			
➤ All checks and correspondence sent to Employer for distribution to Plan Participants			
➤ Toll-Free Phone/Fax for Participant and Employer			
➤ FlexPro Benefits Card: (Where applicable)			
• Point-of-Purchase Access to FSA Account		• Compliance with IRS guidelines on debit card usage	
➤ Online Account Management Services:			
• FSA balance inquiries, scheduled Employee emails		• DCA balance inquiries, scheduled Employee emails	
• On Demand reporting – Transaction History, Card Status, Enrollee Account Balance, Employer Disbursement			
II. Annual Services:		\$150.00	
➤ Renewal Setup			
• Enrollment Packets, E-file packets only			
• FSA participant set-up, E-file election remittance only			
• Annual non-discrimination Testing			
➤ One on-site Annual Enrollment Meeting			
III. Additional Services, as requested: (Please check one)		YES	NO
• Participant Direct Mail Service: Checks and correspondence mailed to participant's home – invoiced per participant, per month, unless combined with direct deposit			
No, You currently do not offer Direct Mail.	\$.50	<input type="checkbox"/>	<input type="checkbox"/>
• Participant Direct Deposit Option – Reimbursements directly to Employee's bank account – invoiced per participant per month unless combined with direct mail			
Yes, You currently do offer Direct Deposit.	\$0.50	<input type="checkbox"/>	<input type="checkbox"/>
• Employee Information Packets – hard copies sent to Employer, per packet, per year			
Optional; Electronic copies automatically provided.	1.00	<input type="checkbox"/>	<input type="checkbox"/>
• Hard copy enrollment forms returned to FlexPro for data entry – per participant, per enrollment form			
Optional; Pre-populated enrollment spreadsheet automatically provided.	2.00	<input type="checkbox"/>	<input type="checkbox"/>
• Initial On-Site Meeting request- Contact your ProTeam Manager for details			
Additional sites may be subject to additional fees.	250.00	<input type="checkbox"/>	<input type="checkbox"/>
• Perform 5500 Preparation fee; per form Effective April 2002, only flexible benefit plans with 100+ participants in the Health Care FSA are subject to the Form 5500 filing requirement. Employers who meet the requirements may complete the forms themselves or KBA will be happy to complete this form, please indicate. Municipalities are exempt.		300.00	<input type="checkbox"/>

Important Information

- Fees reflected are per participating FSA Employee, per month. Fees apply only to FSA participants, not to Employees solely participating in the plan's pre-tax premium provision.
- Invoices are generated monthly on the 15th of the month and emailed to the Employer. Payments are due within 30 days.
- Terminating group's administration fees will be charged for 90 days past plan termination including the grace period and run-off unless otherwise documented with signed termination forms.
- At least some non-discrimination testing is required for all entities each year. You will receive the necessary paperwork at the beginning of the plan year.
- Additional charges will be passed on to cover fees associated when incorrect banking information is provided or when drafts are returned for insufficient funds.

EMPLOYER/PLAN SPONSOR: Cunningham Township	PLAN YEAR DATES 01/01/2019 - 12/31/2019
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I have reviewed this schedule of services and fees. Changes and verification of not changes have been noted by selecting yes or no in the boxes provided. As an authorized representative for the Employer, I hereby authorize Flexpro at KBA to act as the third-party administrator of our Employer flexible benefits plan.

Signature:	Date:
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Return Required – Signed



Section 125 Plan Specifics

Cunningham Township - 913

PLAN YEAR: 01/01/2019 - 12/31/2019

PLAN OPTIONS		PLAN MAXIMUMS	
Premium Plan Option		Total Premiums	
Health FSA Plan Option Maximum:		\$ 2,650.00 Plan Maximum	
Limited Purpose FSA Plan Option Maximum:		\$ 2,650.00 Plan Maximum	
Eligibility Requirements:			
Employees must work 30 hours per week and may begin participation the first day of employment.			
Participation in the Premium Plan Option by New Hires:			
Upon Eligibility			
Participation in the Health FSA Plan Option by New Hires:			
Upon Eligibility			
Participation by Terminated Employees in the Health FSA:			
Terminated Employees will be allowed 0 days past termination to continue incurring expenses and 30 days to submit.			
Participation by Terminated Employees in the Dependent Care FSA:			
Premium Deductions:	Premiums will automatically be deducted as pre-tax without a signed Waiver of Participation form on file.		
Claims Submission:			
Claims must be submitted no later than noon E.S.T. Friday for check issuance the following Wednesday. Checks issued Weekly.			
Orthodontia Services:			
Your Employer does not offer Up Front Orthodontia payments. At the time services begin, the initial down payment may be reimbursed. The remaining balance may only be reimbursed according to the monthly payment structure outline in the Orthodontia contract. A copy of the Orthodontic contract must be provided to Flexpro at time of reimbursement.			
Carryover Option FSA:			
If a balance remains in the account, an amount up to \$500 will be transferred to the next plan year. Note: Debit Cards may <u>not</u> be used to pay for prior year expenses.			
Runout Period: Flexible Spending (FSA), Dependent Care (DCA):			
Claims must be submitted no later than 90 days after the end of the Plan Year.			
Note: Debit cards may <u>not</u> be used to pay for prior year expenses during the 90 day runout period. Paper claims may be submitted during this runout time.			
Notification Timeframe for Status Changes:			
Status changes must be submitted within 30 days of the qualifying event.			

For Flex Benefit Card Employers: Please remind your Employees to review their accounts online for pending or ineligible transactions. Unresolved, pending, or ineligible transactions will result in temporary deactivation of Flex Benefit card until the transaction is resolved.

HSA		
HSA Funding:	Employee pre-tax salary deduction and Employer contributions	
Qualified HSA trustee/Custodian:		
Employer makes the choice (Employee must make contributions to the Employer designated Trustee/Custodian).		
Employer Contributions to the HSA:		
Fixed contribution available to all employees \$1800(individual) & \$3000(family); An Employee must participate in the Employer HDHP to receive matching, fixed or incentive contributions; An Employee must make HSA contributions through a pre-tax salary reduction to receive matching, fixed, or incentive contributions from then Employer ____		
HSA Contributions will be made:	Monthly	
Limited Purpose Health Care FSA Account Options:		
Out-of-Pocket Unreimbursed Preventative Care Expenses		
Out-of-Pocket Unreimbursed Dental Expenses.		
Out-of-Pocket Unreimbursed Vision Expenses.		
Post-Deductible Care:		
Eligible, out-of-pocket, unreimbursed, medical expenses that are incurred after the statutory minimum annual deductible has been satisfied, up to the maximum set by the group. (Indexed Annually)		
HSA Coordination of Benefits:		
Prospective election changes may be made to the HSA	Monthly	

HEART ACT	
HEART Act - Qualified Reservist Distribution (QRD) Amount:	The amount contributed to the Health Care FSA as of the date of the QRD request minus any reimbursements (recommended).
HEART Act - Medical Expenses Incurred After the Qualified reservist distribution (QRD):	Permit employees to continue to submit Health Care FSA claims incurred before the end of the Health Care FSA plan year (and grace period, if applicable).

<u>Return Required: Choose YES or NO & Initial</u>	
YES <input type="checkbox"/>	We will be making plan changes. We have marked this page, if applicable, and will review, complete and return any additional pages from the Plan Change Forms and Documents Section
NO <input type="checkbox"/>	We are not making any plan changes for this plan year
	Please Initial here to confirm the plan specifics have been reviewed

FSA/LPF PLAN INCREASE AMENDMENT

Group Name:	Cunningham Township	Group Number:	913
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IRS Plan Maximum Increase Important Information

- ❖ Each year, the IRS reviews the Health FSA Plan Maximums and normally increases it by \$50 for inflation adjustments. The option to increase the maximum is a voluntary option by the Employer. Typically, notification of this increase is not until late in the renewal year, often October. In anticipation of this *probable* increase, we are including an Amendment Form with the renewal documents.
 - You will be contacted with details and any additional information once proposed legislation has been enacted if necessary.
 - This form will serve as an Amendment to the Plan for implementation only when the Form is signed and returned.
 - This amendment will either allow your plans to be adjusted to the full allowed amount or will indicate there are to be no changes to your plan.
 - Indicated changes will apply to the upcoming renewal plan year and all subsequent plan years unless amended by the Client.
 - For any other change or for questions please contact FlexPro Staff to set up a meeting to discuss your options.

FSA/ LPF Plan Max Increase Amendment

The IRS has released an inflation adjustment for Health FSA Plan Maximums. With this adjustment there will be an increase to Flexible Spending Accounts. Please select the option below for your plans. Sign this form and return it to FlexPro. This form will act as the Amendment to the Plan.

- ☐ Yes, amend our plan to **offer** the increase in the FSA and/or LPF, if applicable, to the maximum amount as defined by the IRS for the renewal plan year.
- ☐ No, please do not amend our plan.

Approval for Changes

As an authorized representative of the Company listed above, I hereby authorize the FlexPro at Key Benefit Administrators to implement changes indicated by this form as needed for the Company account indicated above. This authorization will remain in effect until written notice is received by FlexPro at Key Benefit that terminates this authorization.

Authorizing Signature*Required* _____ Date:_____



Payroll Deposit Information

Cunningham Township - 913

PLAN YEAR: 01/01/2019 - 12/31/2019

Please Select One

☐ No Changes for Cunningham Township FlexPro should replicate the deposit calendar for the upcoming year exactly as it is in the current plan year. There will not be a Payroll Deposit Worksheet. No other pages are required if this option is selected.

DISCLAIMERS

- FlexPro will replicate your current plan year schedule, including any adjustments for holidays and number of deductions.
- FlexPro will be enrolling from the Employer Spreadsheet. We will match that data exactly.
- The system will automatically adjust the per pay in the last deposit date built in the system to match the indicated annual using the per pay which will be closest without going over the annual.
- The system has a limit and system cap to the amounts allowed for adjustments.
- Employers submitting adjustments outside system parameters may be contacted for alternate resolutions.

Disclaimer: By choosing to allow FlexPro to replicate the current plan year schedule for the upcoming plan year, Cunningham Township has agreed there will be no audit of plan dates. The current pattern will simply be duplicated and Cunningham Township understands contributions to the flexible spending accounts may be affected if there are any discrepancies between the Employer payroll settings and KBA, FlexPro auto deposit settings.

☐ Yes, Cunningham Township will return Payroll Deposit Worksheet pages to ensure our payroll deductions will match the FlexPro payroll deposits for the upcoming plan year. We will be including these additional pages with our returned renewal paperwork.

DISCLAIMERS

- If Employer has multiple pay schedules, separate pages for each schedule should be returned.
- Remember to allow for holidays, weekends, or skipped deductions.
- Per IRS regulations all deductions for a plan year must occur within the dates for that plan year. Adjustments may be made to allow for payroll processing, as long as all dates fall within the stated plan dates.
- FlexPro will be enrolling from the Employer Spreadsheet. We will match that data exactly.
- FlexPro will automatically adjust the per pay in the last deposit date built in the system to match the indicated annual using the per pay which will be closest without going over the annual.
- There is a limit and system cap to the amounts allowed for adjustments. Employers submitting adjustments outside system parameters may be contacted for alternate resolutions for payroll deposits.

PAYROLL SCHEDULES AVAILABLE:

Weekly 48 Standard- payrolls post each week on the specific date, except those where 5 pays occur, resulting in 48 total.

Weekly 52 Standard- payrolls post each week on the specific date, resulting in 52.

Bi-weekly 26 Standard – payrolls post every other week on the scheduled date, resulting in 26.

Bi-weekly 24 Standard – payrolls post every other week on the scheduled date, except where 3 occur, resulting in 24.

Monthly 12 Standard – payrolls post on a scheduled date each month, resulting in 12.

Semi-Monthly 24 Standard – payrolls post on the 1st & 15th or 15th & 30th.

Authorizing Signature*Required* _____ Date: _____

Signed Page Return Required, Please.

If you are making changes, please see the Plan Change Forms and Documents Section for the Payroll Deposit Worksheet.



Plan Set-Up Options Check List

Cunningham Township - 913

PLAN YEAR: 01/01/2019 - 12/31/2019

- The list of options below allows you to indicate “No Changes,” “Yes, Changes,” or “Not Applicable.”
- Changes should be noted on this page **and** the corresponding page in the packet should be marked also.
- You will find some referenced pages in the back section of this packet.
- Review and complete any applicable forms, including the other Renewal Packet pages.
- For no changes, simply sign and complete the front section pages, including the Plan Set-Up Options pages.
- All the items included in this packet are required by FlexPro to build your plan(s) and process claims accurately and according to your specific plan design.

To set up a meeting to discuss questions, contact the Account Manager or Technical Manager listed in the main packet or emailing Flexpro@keybenefit.com. See the page after the STOP SIGN for contact information.

No Changes	Yes Changes	Not Applicable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Group's Address 205 W. Green Street, Urbana, IL 61801, Urbana, IL 61801
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary Contact Danielle Chynoweth supervisor@cunninghamtownship.org (217) 384-4144
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional Contact
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional Contact
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decision Maker Danielle Chynoweth supervisor@cunninghamtownship.org (217) 384-4144
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Billing Contact Danielle Chynoweth supervisor@cunninghamtownship.org
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broker Shirley Evans-Wofford soraya_santoyo@lambent-rms.com Lambent Risk Management Services, Inc.
FlexPro is working with our website vendor to increase options for medical matching and decreasing substantiation. A part of this is to collect and maintain accurate carrier information so we may review and work with those carriers.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major Medical: Major Medical with KBA: No KBA Group #: Type of Major Medical with KBA: If not KBA, who is your Major Medical Carrier: BCBS of Illinois
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision: Vision with KBA: KBA Vision Group #: If not KBA, who is your Vision Carrier:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gap: Gap with KBA: Gap Group #:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dental: Dental with KBA: No KBA Dental Group #: If not KBA, who is your Dental Carrier: Delta Dental
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: Other Products with KBA: ____Other Group #:



Health Spending Accounts and Limited Purpose Flexible Spending Accounts

<input type="checkbox"/>	There are no changes. We show that you offer HSA with Limited Purpose
<input type="checkbox"/>	Yes, we will be making changes to our Flexible Benefit Plans for an HSA or Limited Purpose FSA.
<input type="checkbox"/>	We are adding an HSA without allowing a Limited Purpose FSA. (Requires an amendment)
<input type="checkbox"/>	We are removing our HSA without allowing a Limited Purpose FSA. (Requires an amendment)
<input type="checkbox"/>	We are adding an HSA and allowing a Limited Purpose FSA. (Requires an amendment)
<input type="checkbox"/>	We are removing our HSA and allowing a Limited Purpose FSA. (Requires an amendment)
<input type="checkbox"/>	We do not have an HSA and are allowing a Limited Purpose FSA. (Requires an amendment) (1)
<input type="checkbox"/>	We do not have an HSA and are removing access to the current Limited Purpose FSA. (Requires an amendment) (1)

(1) IRS regulations permit a participant whose spouse is enrolled in an HSA under another Employer to participate in a Limited FSA.

No Changes	Yes Changes	Not Applicable	
This section references pages included in the main section of the Renewal Packet. Please be sure changes are reflected here. Use this section as a quick guide to critical pages requiring signatures and which pages should be marked to indicate changes.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administrative Services Agreement of Flexible Benefits Plan: Fees are reviewed annually by the Flex Pricing Committee. Review the fees in this document carefully as there may have been changes. The Fees page requires a signature to authorize FlexPro to continue administering your Flexible Benefit Plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Section 125 Plan Specifics: The Plan Specifics is a snapshot of the current plan set-up. Changes should be indicated on the page or sent by email. Be sure to also mark "Yes Changes" on this page. You are required to indicate YES or NO changes on this page.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll Deposit Information: The Payroll Deposit Information page the main packet offers 2 choices. NO Changes and YES, we are returning a worksheet with changes. See disclaimer and system requirements on this page. Also refer to disclaimers and information on the worksheet to avoid delays in plan set up. This page requires a signature.
Confirm your reports received by authorized contacts and make notes for any changes here. Contact us if you wish to discuss additional reporting options or questions related to your current reports to set up a meeting.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standard Automated Report: Daily Settlement This report is only available for Employers using flex benefit card and provides the final settlement total for the day with no line items. It is only the final total. For changes, please note contacts to remove and/or add. Please include both the contact names and email addresses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standard Automated Report: Enrollee Account Balance (EAB) The EAB is delivered on the 2nd of each month, and provides annual totals, year-to-date deposits, reimbursed total, and any balance due for ineligible charges on debit card transactions. For changes, please note contacts to remove and/or add. Please include both the contact names and email addresses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standard Automated Report: Employer Disbursement (EDR) The EDR is delivered according to your reimbursement schedule, on the 1 st of the month, or both and provides reimbursements by check or direct deposit, when applicable. For changes, please note contacts to remove and/or add. Please include both the contact names and email addresses.

No Changes	Yes Changes	Not Applicable	
This section tracks changes requiring additional pages found in the Plan Change Forms and Documents Section of this packet to be completed and returned along with the main packet. You only need to return pages in this section for the specific changes.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll Deposit Worksheet & Payroll Deposit Calendar: These pages should be viewed and returned together for <u>any</u> changes to payroll schedules or confirm the auto deposit schedule used by FlexPro matches the Employer exactly. Fill out and return the payroll and calendar pages.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Banking Information: Manual Claim– Check Reimbursement: These pages are required for changes to bank accounts for Employee reimbursement by physical check. This will be the bank FlexPro draws from for physical checks. If you have a small logo suitable for imprinting on your checks send that along with any other changes.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Banking Information: Manual Claim – Direct Deposit Reimbursement: These pages are required for changes to bank accounts for Employee reimbursement by direct deposit. This will be the bank FlexPro draws from for Employee direct deposit. Group currently offers Direct Deposit. To add or make changes related to direct deposit, see the Direct Deposit page in the next section.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Banking Information: Debit Card Transaction and ACH Authorization: FlexPro uses this to process flex card transactions for Employees and to process monthly Admin fees, when enabled. Please read through the worksheet pages for notes and explanations. (ACH = Automated Clearing House)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Only applies to Flex Card* : Medical Benefit Summary – Copayment: FlexPro uses merchant category codes to match your copays provided. Accurate copays in FlexPro improve automatic substantiation rates. Inaccuracies between FlexPro and your medical benefits may increase substantiation requests to your Employee.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ortho-Up-Front: For any changes please locate the Ortho pages in the back of this packet. Our records indicate that you do not accept claims for up-front payment of Orthodontia services.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grace Period, Runout and Carryover Information and Worksheet: This additional page explains the options allowed for Grace, Runout and Carryover as offered by FlexPro. Complete each related section so amendments to your plans can be properly drafted FSA Grace Period: FlexPro shows you currently do not offer the FSA Grace Period and your plan includes a 90 day Runout. Note: The Carryover option may not be elected at the same time as a Grace Period for FSA plan. DCA Grace Period: Our records indicate that you currently do not offer the DCA Grace Period. Your plan includes a 90 day runout. Year End Carryover: Carryover allows specified unused funds to “carryover” between one plan year and the next. This feature will create new FSA Plans for ANY participants in active status with unused funds as of last day of the plan. Enrollment in the new plan year is NOT required. FlexPro will include Carryover participants in PEPM totals for Monthly Administrative Services Billing. FlexPro shows you offer the Carryover Option for a maximum of \$500.00 . Important Note: FlexPro shows you currently offer the Carryover. Plans are not permitted to have a FSA Grace period with the Carryover option.

Authorizing Signature*Required* _____ Date: _____



Employers renewing with “No Changes” for any pages included as part of the main packet **STOP** here.

Please note the following:

All of the pages prior to this page are required with Signatures and/or Initials.
 Changes must be marked and included on the Plan Set-Up Options Check List matching section.
 Complete, Sign and return any additional worksheet pages required for changes.
 Blanks or incomplete sections will result in follow up contact and may result in delays

Return Required – Signed



For assistance in completing any of the enclosed paperwork or for any questions throughout your plan year, please contact one of the FlexPro staff listed below.



If you indicated “No Changes” for all the options above you may  here.

Sincerely,
Key Benefit FlexPro

Please contact your Benefit Consultant to discuss new opportunities for Flexible Spending Clients.

Tirice Weddle

FlexPro, Account Manager

317-284-7151

Tweddle@keybenefit.com

Please contact your FlexPro Renewal Manager for any renewal or general questions with your plan and Flexible Spending Accounts.

Mindy Settles

Technical Coordinator, Flex Team Lead

317-712-4181

MSettles@keybenefit.com

Section 125 Flexible Benefits Plan Change Forms and Documents

Cunningham Township

913

Renewal Detail Explanations and Change Forms

- The “Plan Set-Up Options,” included as the last 3 pages of required paperwork, are a checklist for renewing your plan.
- The pages included in this section are to assist you with modifying your current plan or explanation of services offered.
- To modify your plan, complete and return the corresponding page(s) applicable to the plan change request(s).
- If there are no plan modifications, you may skip this section.

Payroll Deposit Worksheet

Cunningham Township - 913

PLAN YEAR: 01/01/2019 - 12/31/2019

☐ Yes, we have elected to return Payroll Deposit Worksheet pages in order to be sure our payroll deductions will match FlexPro payroll deposits for the upcoming plan year.

☐ We have a single pay schedule and will be returning only 1 calendar page.

☐ We have multiple pay schedules and will be returning _____ # of calendar pages.

DISCLAIMERS

- Employers with multiple pay schedules must create pages or note specifics for each separate schedule.
- Remember to allow for holidays, weekends, or skipped deductions.
- Per IRS regulations all deductions for a plan year must occur within the dates for that plan year.
- Adjustments may be made to allow for payroll processing, as long as all dates fall within the stated plan dates.
- FlexPro will be enrolling from the Employer Spreadsheet. We will match that data exactly.
- FlexPro automatically adjusts last deposits in the system to match the indicated annual without going over.
- There is a limit and system cap to the amounts allowed for adjustments. Employers submitting adjustments outside system parameters may be contacted for alternate resolutions.

PAYROLL SCHEDULES AVAILABLE IN KBA, FlexPro system:

- Weekly 48 Standard

Payrolls post each week on the specific date except those where 5 pays occur, resulting in 48 total.

- Weekly 52 Standard

Payrolls post each week on the specific date, resulting in 52 total.

- Bi-weekly 26 Standard

Payrolls post every other week on the scheduled date, resulting in 26 total.

- Bi-weekly 24 Standard

Payrolls post every other week on the scheduled date, except those where 3 deposits occur in the same month where the last deposit is not posted, resulting in 24 total.

- Monthly 12 Standard

Payrolls post on a scheduled date each month, resulting in 12 total.

- Semi-Monthly 24 Standard

Payrolls post on the 1st & 15th or 15th & 30th.

NOTES:



Payroll Deposit – Calendar

Cunningham Township - 913

PLAN YEAR: 01/01/2019 - 12/31/2019

JANUARY 2019							FEBRUARY 2019							MARCH 2019							APRIL 2019						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4	5						2	3						1	2		1	2	3	4	5	6
6	7	8	9	10	11	12	4	5	6	7	8	9	10	3	4	5	6	7	8	9	7	8	9	10	11	12	13
13	14	15	16	17	18	19	11	12	13	14	15	16	17	10	11	12	13	14	15	16	14	15	16	17	18	19	20
20	21	22	23	24	25	26	18	19	20	21	22	23	24	17	18	19	20	21	22	23	21	22	23	24	25	26	27
27	28	29	30	31			25	26	27	28				24	25	26	27	28	29	30	28	29	30				
														31													

MAY 2019							JUNE 2019							JULY 2019							AUGUST 2019						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4							1		1	2	3	4	5	6					1	2	3
5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10
12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17
19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24
26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30	31
							30																				

SEPTEMBER 2019							OCTOBER 2019							NOVEMBER 2019							DECEMBER 2019						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7			1	2	3	4	5						1	2	1	2	3	4	5	6	7
8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14
15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21
22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28
29	30						27	28	29	30	31			24	25	26	27	28	29	30	29	30	31				

JANUARY 2020							FEBRUARY 2020							MARCH 2020							APRIL 2020						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4							1	1	2	3	4	5	6	7				1	2	3	4
5	6	7	8	9	10	11	2	3	4	5	6	7	8	8	9	10	11	12	13	14	5	6	7	8	9	10	11
12	13	14	15	16	17	18	9	10	11	12	13	14	15	15	16	17	18	19	20	21	12	13	14	15	16	17	18
19	20	21	22	23	24	25	16	17	18	19	20	21	22	22	23	24	25	26	27	28	19	20	21	22	23	24	25
26	27	28	29	30	31		23	24	25	26	27	28	29	29	30	31					26	27	28	29	30		

MAY 2020							JUNE 2020							JULY 2020							AUGUST 2020						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2		1	2	3	4	5	6				1	2	3	4							1
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22
24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29
31																					30	31					

SEPTEMBER 2020							OCTOBER 2020							NOVEMBER 2020							DECEMBER 2020						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4	5					1	2	3	1	2	3	4	5	6	7			1	2	3	4	5
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26
27	28	29	30				25	26	27	28	29	30	31	29	30						27	28	29	30	31		

NOTES:

Banking Information: Manual Claim - Check Reimbursement

Cunningham Township - 913

PLAN YEAR: 01/01/2019 - 12/31/2019

☐ Yes, we are making manual claim check bank changes as indicated below. See the marked sections below. FlexPro will ONLY make changes to sections marked YES for changes.

☐ Yes – Change the schedule for reimbursements. Deposits should start Date _____

Deposit Schedule

- ☐ WEEKLY 52 ☐ WEEKLY 48 (circle one) Monday Tuesday Wednesday Thursday Friday
☐ BIWEEKLY 26 ☐ BIWEEKLY 24 (circle one) Monday Tuesday Wednesday Thursday Friday
☐ MONTHLY 12 (indicate the day of the month) _____

☐ Yes - Change who will print the reimbursement checks.

- ☐ Checks will now to be printed by Employer. Check files will be delivered to designated conatacts.
☐ Checks should now be printed by FlexPro using the Employer bank account

☐ Yes - Change where checks are to be mailed. Additional fees to be applied. Employers who self-print may **not** select this option.

- ☐ Individual's Home Address ☐ Employer for Distribution

☐ Yes, we are making changes to when Employer Disbursement Reports should be sent. You may choose both.

- ☐ Monthly on the 1st ☐ At the same time as the reimbursement schedule

☐ Yes – Change banking information noted here for reimbursement by check. Employers who self-print may **not** select this option.

/ /			
Effective date	Initial Check Number	Bank Institution Name	Indicate account as checking or savings
		Bank Account	
		Bank Routing Number	
		For security purposes, please print clearly the name of person appearing on checks.	
		Signature to appear on the checks. SIGNATURE WILL DISPLAY ON CHECKS	

Disclaimers:

- Fees may be passed along to Employers and Employees where issues related to bank account number, bank routing number, or insufficient funds notices received by FlexPro from financial institutions.
- Unless specified, changes will be processed as part of completing this packet and may be prior to the new plan start date.
- The initial check number is required to ensure duplicate numbers are not generated for your employer group.
- A screen capture of the signature presented here will imported into the system and will appear as it does here on your checks. For a clean image, please stay within the box and avoid the outer lines. This box has been sized for best results.
- Signing and returning this page allows FlexPro to initiate changes and access banking entities on behalf of the Company Account listed here..

Approval for Changes

As an authorized representative of the Company listed above, I hereby authorize the FlexPro at Key Benefit Administrators to implement changes indicated by this form as needed for the Company account indicated above. This authorization will remain in effect until written notice is received by FlexPro at Key Benefit that terminates this authorization.

Authorizing Signature*Required* _____ **Date:** _____



Banking Information: Manual Claim - Direct Deposit Reimbursement

Cunningham Township - 913

PLAN YEAR: 01/01/2019 - 12/31/2019

☐ Yes, we are making direct deposit bank changes for the reimbursement of claims as indicated below. See the marked sections below.

Current Direct Deposit Reimbursement Status: Cunningham Township - 913 **Group currently offers Direct Deposit.**

/ /	The change will be effective the beginning of the plan year, unless a date is specified
	Bank Institution Name
	Bank Account
	Bank Routing Number
	Please indicate account type as checking or savings

Why should we consider direct deposit?

Direct deposit allows Employer to provide an additional option for participants to receive their reimbursements quickly. Payments should be received by participants directly into their bank account on file within approximately 3 business days after claim release, depending on the participant's bank institution.

How does this work?

According to your reimbursement schedule, reimbursement amounts will automatically deduct from your designated bank account and then disbursed to the participant's bank account. Transactions appear on your bank statement for direct deposits look much like the Flex Card transactions do now.

How will your Employees set this up?

Your Employees may log in to their account at <https://keybenefit.wealthcareportal.com> and sign up for the direct deposit feature or FlexPro can supply an Employee Direct Deposit form within the Employee Information Packet (EIP).

Disclaimers:

- Employees may update their direct deposit information online once direct deposit is authorized by the Employer.
- Information will be provided in the Employee Information Packet (EIP) giving the Employee options.
- FlexPro recommends employers send or allow internal electronic access to the EIP each new plan year.
- Claims processed before the direct deposit is set up will be paid by check.
- Claims may be converted to check in the event of banking issues to get reimbursements out to participants.
- There may be fees passed along to Employers and Employees for bank account number, bank routing number, or insufficient funds notices received by FlexPro.
- Signing and returning this page allows FlexPro to initiate changes and access banking entities on behalf of the Company Account listed here.

Approval for Changes

As an authorized representative of the Company listed above, I hereby authorize the FlexPro at Key Benefit Administrators to implement changes indicated by this form as needed for the Company account indicated above. This authorization will remain in effect until written notice is received by FlexPro at Key Benefit that terminates this authorization.

Authorizing Signature*Required* _____ **Date:** _____



Banking Information – Debit Card Transaction & ACH Authorization

Cunningham Township - 913

PLAN YEAR: 01/01/2019 - 12/31/2019

☐ Yes, we are making debit card transaction & ACH authorization bank changes as indicated below. See the marked sections below. FlexPro will ONLY make changes to sections marked YES for changes

☐ Yes, we are already using the debit card feature and wish to make banking changes.

☐ No, we are not currently using debit cards and would like to implement this feature.

/ /	The change will be effective the beginning of the plan year, unless a date specified
	Bank Institution Name
	Bank Account
	Bank Routing Number
	Please indicate account type as checking or savings

DISCLAIMERS:

- The authorized representative of **Cunningham Township** hereby authorizes Alegeus Technologies WealthCare Administration or it's agent to initiate ACH transfer entries for the listed depository.
- When the account is first established, including any bank changes, a one dollar "prenote" settlement is performed when linking the physical bank account.
- The "prenote" is required by Alegeus and recommend by MasterCard to ensure any problems with the physical bank account are detected immediately, before participant card transaction activity begins. This early detection safe-guard saves significant manual processing and fees. The one dollar "prenote" is non-refundable.
- As an Employer, it is important you have access to www.wealthcareadmin.com. Access provides availability to many features, including checking the balance of Employee accounts and running real time reports. Employers can review transactions for Employer groups or specific individuals to identify pending or ineligible transactions.
- If you do not have a login or to reset your login information, please be sure to contact your ProTeam Manager or Benefit Consultant for assistance.
- All designated contacts and report recipients may be granted USER level access to the debit card system at the primary contact or decision maker's discretion. This log in grants access to various reports and features. Your ProTeam Manager or Benefit Consultant can assist in the set-up and can provide you with helpful hints on how to best use the website.
- Signing and returning this page allows FlexPro to initiate changes and access banking entities on behalf of the Company Account listed here.

Approval for Changes

As an authorized representative of the Company listed above, I hereby authorize the FlexPro at Key Benefit Administrators to implement changes indicated by this form as needed for the Company account indicated above. This authorization will remain in effect until written notice is received by FlexPro at Key Benefit that terminates this authorization.

Authorizing Signature *Required* _____ **Date:** _____



Medical Benefit Summary & Copayment Options

Cunningham Township - 913

PLAN YEAR: 01/01/2019 - 12/31/2019

- ☐ Yes, there are changes to our medical benefits for the new plan year.
- ☐ The Benefit Summary(ies) will be included with our renewal packet paperwork. No additional worksheets are required.
- ☐ There are changes to our Medical Benefits. Documentation is not yet available, and we will provide as soon as it is. No worksheet is required when returning a Benefit Summary, otherwise you will need to return the worksheet.
- ☐ We are returning the worksheet and would like FlexPro to make the changes indicated.
- Note which current copays should be replaced entirely with the ones provided.
 - FlexPro will only review copays indicated on the worksheet. Be sure to include all changes.
 - The Merchant Code is a MasterCard determined code for a specified service type/merchant.
 - Merchant Type allows FlexPro to group a Merchant Code with similar or shared copays.
 - Merchant Description is MasterCard determined for the name associated with the code.
 - The copay amount will be the dollar amount of the copay FlexPro should assign to a Merchant Code.

DISCLAIMERS:

- FlexPro will build your plan to automatically approve claims that match your plan copays as provided (1)
 - For NO changes or if benefits are not yet available, current merchant category codes will remain in place.
 - For Employers electing to use FlexPro Debit Cards for Flexible Spending Benefits, providing FlexPro with your Medical Plan Schedule of Benefits or Benefit Summary
 - Improves auto-approval rates for debit card participants at merchants and providers
 - Decreases substantiation requests for additional documentation
 - For Employers utilizing Flexible Spending Benefits by (2)
 - Improves claim processing and reduces documentation requests for employers
 - For Employers who do not use FlexPro Debit Cards, where participants are enrolled in Employer Plans processing specifically for copays, coins, deductibles etc, providing FlexPro with your Medical Plan Schedule of Benefits or Benefit Summary
 - Improves First Pass claim processing under the Plans eligible expenses rules
 - Decreases documentation requests for clarification of eligible benefits.
 - FlexPro requests Benefit Summaries at ONLY during the employer's Flex Plan renewal. If your medical benefits are not on the same renewal schedule you will need to provide changes to FlexPro at medical renewal.
 - Employers are responsible to submit Benefit Summaries any time there are changes to copays during their Flexible spending plan year.
 - FlexPro will only make changes indicated. Specify each benefit that is changes or provide a benefit summary for review.
- (1) *IRS guidelines, as outlined in Revenue Ruling 2003-43, allow automatic adjudication in the exact amount of the applicable medical plan copay. FlexPro systems are set up to allow us to process transactions accordingly.*
- (2) *Employers utilizing FlexPro Debit cards may experience an increase in substantiation requests going out to participants when there are any discrepancies between insurance benefits and merchant category codes assigned to plan in Flexpro. The system will assign to each merchant category applicable to the plan a dollar amount if one is provided. The system will automatically calculate up to 5 times that amount to match multiples of the same dollar in a single transaction. No dollar amount provided or for percentages of payment will be set to require documentation from participants.*

Approval for Changes

As an authorized representative of the Company listed above, I hereby authorize the FlexPro at Key Benefit Administrators to implement changes indicated by this form as needed for the Company account indicated above. This authorization will remain in effect until written notice is received by FlexPro at Key Benefit that terminates this authorization.

Authorizing Signature*Required* _____ Date:_____



Medical Benefit Summary & Copayment Worksheet

Cunningham Township - 913

PLAN YEAR: 01/01/2019 - 12/31/2019

Only return this page if you have indicated you are returning this worksheet for FlexPro to use to update your copay amounts.

- Note copays listed will entirely replace any copays for the specific merchant type.
- FlexPro will only review copays indicated on the worksheet. Be sure to include all changes.
- The Merchant Code is a MasterCard determined code for a specified service type/merchant.
- Merchant Type allows FlexPro to group a Merchant Code with similar or shared copays.
- Merchant Description is MasterCard determined for the name associated with the code.
- The copay amount will be the dollar amount of the copay FlexPro should assign to a Merchant Code.

Pharmacy RX:			Copays for Generic, Brand, & Formulary								
Mail Order RX:			Copays for Generic, Brand, & Formulary								

Merchant Type	Merchant Description	Copay Amount(s)
Vision Equipment; Office Visits(OV)	-Optometrists, Ophthalmologists -Opticians, Optical Goods & Eyeglasses	
Vision Equipment(No OV)	-Optical Instruments and Lenses -Eyeglasses and Eye Safety Shields -Ophthalmic Supplies -Optical Goods and Eyeglasses	
Dental & Vision Equipment (No OV)	-Dental/Lab/Medical/Ophthalmic Hosp Equip & Supp	
Dental Equipment; OV	-Dentists, Orthodontists	
Medical & Dental Labs only (No OV)	-Medical and Dental Laboratories	
Dental Labs Only (No OV)	-Dental Laboratories	
Ambulance Services	-Ambulance Services	
Hearing Aids	-Hearing Aids	
Chiropractors	-Chiropractors	
Nursing & Personal Care Merchants	-Nursing & Personal Care Facilities	
Nursing and Personal Care Merchants	-Nursing and Personal Care General	
OV & Specialist	-Orthopedic Goods, Prosthetic Devices -Osteopathic Physicians -Chiropodists, Podiatrists -Orthopedic and Prosthetic Appliances	
Home Health Care Providers	-Home Health Care Services	
OV; Specialist; allergy shot; Emergency Room; Urgent Care Facilities	-Doctors NEC -Immediate Care Facilities	
OV; Specialist; allergy shot; Emergency Room; Urgent Care Facilities; Pharmacy RX	-Hospitals	
OV; Specialist; allergy shot	-Psychiatric Hospitals	
OV; Specialist; allergy shot: Pharmacy RX	-Specialty Hospitals, except Psychiatric	
OV; Specialist; allergy shot; Emergency Room; Urgent Care Facilities	Specialty Outpatient Facilities, NEC Medical Services & Health Practitioners, NEC	

Return Required when choosing to use the worksheet option only



Section 125: Orthodontia Services Policy

Cunningham Township - 913

PLAN YEAR: 01/01/2019 - 12/31/2019

☐ Yes - Change how our Orthodontia Services are to be processed. See marked sections below. FlexPro will ONLY make changes to sections marked YES for changes. This will require an amendment and updates to documents such as EIPs.

Current Orthodontia Service Status: Our records indicate that you Do Not Accept claims for up-front payment of Orthodontia services.

No, Your Employer does not offer Up Front Orthodontia payments. At the time services begin, the initial down payment may be reimbursed. The remaining balance may only be reimbursed according to the monthly payment structure outline in the Orthodontia contract. A copy of the Orthodontic contract must be provided to KBA-Flexpro at time of reimbursement.

Changes to Orthodontia Service Status

☐ Yes – Change our Orthodontia services to NOT allow Ortho upfront payments.

No, your Employer does not offer Up Front Orthodontia payments. At the time services begin, the initial down payment may be reimbursed. The remaining balance may only be reimbursed according to the monthly payment structure outline in the Orthodontia contract. A copy of the Orthodontic contract must be provided to FlexPro at time of reimbursement

Monthly Reimbursement for Orthodontia Services:

- Orthodontia payments are typically due to merchants on a monthly basis during the length of the service.
- Our standard procedure is to process Orthodontia receipts on a monthly basis after each month has ended.
- FlexPro reimburses participant' Orthodontia based on the contract provided at the beginning of services.

☐ Yes – Change our Orthodontia Services to **allow** Ortho upfront payments.

Yes, your Employer offers Up Front Orthodontia payments. The total reimbursement for Orthodontia services may be made as services begin provided the participant actually paid for those service in full at the beginning of treatment.

or

At the time services begin, the initial down payment may be reimbursed. The remaining balance is reimbursed according to the monthly payment structure outline in the Orthodontia contract. A copy of the Orthodontic contract must be provided to FlexPro at time of reimbursement

Optional Up-Front Reimbursement for Orthodontia Services:

- Orthodontia may provide discounts for services when paying the entire amount up-front. This option allows Employers to offer this options to their participants. (1)
- There are some risks. **Cunningham Township** will be at risk for the participant full payment upfront as part of their FSA annual pledge before any services are actually rendered. They will only have been contracted with the provider.
- Orthodontia services will be reimbursed for full contract amounts prior to services being rendered when valid Ortho Contracts have been received **unless** this form is completed to revoke and returned.

(1) According to an authorized representative from the IRS, as part of an informal statement/guidance notice, it may be permissible to accept full payment of Orthodontia up- front, provided the patient has paid up-front. Orthodontia services will be processed in the manner indicated below until the direction from the IRS changes or the company revokes this option in writing.

Approval for Changes

As an authorized representative of the Company listed above, I hereby authorize the FlexPro at Key Benefit Administrators to implement changes indicated by this form as needed for the Company account indicated above. This authorization will remain in effect until written notice is received by FlexPro at Key Benefit that terminates this authorization.

Authorizing Signature*Required* _____ **Date:** _____



Important: Regarding Grace Period, Runout Period & Carryover Options

Cunningham Township - 913

PLAN YEAR: 01/01/2019 - 12/31/2019

Grace Period definition: The IRS-issued guidance (IRS Notice 2005-42) in May-2005 allowing flexible benefits plans to offer a Grace Period for up to 2 ½ months after the end of a plan year. This guidance modifies the "use-it-or-lose-it" rule, and may reduce participants' forfeitures. Offering the Grace Period is optional and allows participants access to their funds after the end of the plan year for expenses incurred during the Grace Period. *Note: If the Grace Period is chosen, the Runout occurs after the Grace Period.*

- ✓ Claims are processed against available funds during the Grace Period when FlexPro receives eligible dates of service prior to the end of the last day of the Grace Period.
- ✓ Debit card transactions for eligible plans with a Grace Period will pull funds from the prior plan year and the current plan year to complete transaction amounts requested, up to the election limits of each plan.

Runout definition: A runout period is a timeframe in the new plan year during which you can file claims for expenses incurred prior to the start of the new plan year. This is up to the Employer, not the IRS, and varies from Employer to Employer, however 90-day runout period is common. Plans ending December 31 where there is a 90-day runout period have until March 31 of the next plan year to submit claims against any remaining balances. *Note: If the Grace Period is chosen, the Runout occurs after the Grace Period.*

- ✓ Claims are processed against available funds during the runout period, when FlexPro receives them prior to the end of last day of the runout period.
- ✓ Debit cards may not be used to pay for prior year expenses during runout, however reimbursements may be requested via paper claims.

Carryover definition: The IRS-issued guidance (IRS Notice 2013-71) in November-2013 allowing flexible benefit plans to offer up to \$500 to carry over after the end of a plan year. Carryover is optional and determined by Employer. It can only be applied to Healthcare FSA accounts. Up to \$500 of unreimbursed funds from the plan year ending may be reimbursed with dates of service in either the prior or current plan year through the period of Runout. This guidance modifies the "use-it-or-lose-it" rule and may reduce participants' forfeitures. Flex Card expenses incurred in the new plan year during the runout period will be applied to the current plan year first before pulling funds from the carryover plan. Paper claims may be submitted to specifically direct funds to be used for specific services. NOTE: Employers may not offer both the Grace Period and the carryover option on their FSA plans. Employers may offer the grace on DCA accounts only when electing to use the Carryover Feature for FSA accounts.

Examples: 20AA will be the current plan year and 20BB will be the plan being renewed

- (1) An Employee with \$500 remaining at the end of 20AA would have that \$500 amount automatically transferred to a separate Carryover Tracking Plan (ROL). During runout, these carryover funds can be used by either 20AA or 20BB incurred service dates. At the end of the runout period, any remaining carryover funds in the ROL plan will be automatically transferred the Employee's 20BB FSA to be used for expenses incurred during the remainder of the plan year. If the Employee has available carryover funds and has not elected a 20BB FSA, the system will automatically create one so the money may be accessed by the participant for 20BB expenses.
- (2) An Employee with \$700 remaining at the end of 20AA plan would have \$500 transferred to a separate Carryover Tracking Plan (ROL) and \$200 will remain in the 20AA plan year to be used during the runout period only for 20AA expenses. During runout, these carryover funds can be used by either 20AA or 20BB incurred service dates. At the end of the runout period, any remaining carryover funds will be automatically transferred to the Employee's 20BB FSA to be used for expenses incurred during the remainder of the plan year. If the Employee has available carryover funds and has not elected a 20BB FSA, the system will automatically create one so the money may be accessed by the participant. If any of the \$200 remains in the 20AA plan year, it will be subject to the "use it or lose it" rule and forfeited.

Service Notice for Carryover Feature: The Carryover Feature **will** create new FSA Plans for individuals, who have funds available at the end of the prior plan year even if they are **not** enrolled in the new plan. KBA, FlexPro will administer claims for this eligible plan, and per person per month fees for administrative services (PEPM) and invoicing will be included as part of the monthly invoice.

Groups requesting changes to Grace Period, runout period and/ or Carryover Feature Options should review the information provided within this page. Contact FlexPro staff to set up a meeting to answer any additional questions and then complete the Grace Period, RunOut Period & Carryover Feature Worksheet. This page would not need to be returned.

Grace Period, Runout Period & Carryover Options Worksheet

Cunningham Township - 913

PLAN YEAR: 01/01/2019 - 12/31/2019

- ☐ Yes – Change our Grace Period, Runout Period and/or Carryover Options. See marked sections below.
- ☆ FlexPro will ONLY make changes to sections marked YES for changes. Changes Grace, Runout and Carryover Feature require system set up changes as well as Plan Document changes affecting how plans work required a hold on Enrollments until resolved. Debit cards are not eligible when paying for services in the prior year during Runout. Manual Claims should be submitted.
- ☆ Changes will be applied to the renewal plan year only and will be applied to subsequent plan years unless amended.

FSA Grace Period, Runout Period and Carryover Current Setup

- Our records indicate that you currently do not offer the FSA Grace Period. Your plan includes a 90 day runout off.
- Our records indicate that you currently offer Carryover.

FSA Grace Period Setup Changes

- ☐ Yes – Change our Grace Period. Grace Period may not be used with Carry Over.
- ☐ (0) Remove Grace ☐ 1 month ☐ 2 months ☐ 2½ Months – 75 days in Flexpro

FSA Runout Period Setup Changes

- ☐ Yes – Change our Runout Period.
- ☐ 30 days ☐ 60 days ☐ 90 days (select the new # of days)

FSA Carryover Setup Changes

- ☐ Yes- Change our Carry Over Feature. FSA plans with a Grace Period must be amended when adding Carry over. If you are removing Carryover it may or may not be added back at Employers discretion. Complete any Grace sections as applicable.
- ☐ Yes – Offer the Carryover option defaulted to IRS max unless noted: Other Carryover Max amount \$_____.
- ☐ Yes - Remove the carryover option. MUST be noted prior to any funds moving 3 days prior to the plan's last day.

DCA Grace and Runout Period Current Setup

FlexPro shows you currently do not offer the DCA Grace Period. Your plan includes a 90 day Runout.

DCA Grace Period Setup Changes

- ☐ Yes – Change our Grace Period. Note: 2 ½ months is set up as 75 days. Grace Period is allowed for DCA with FSA Carryover.
- ☐ (0) Remove Grace ☐ 1 month ☐ 2 months ☐ 2½ Months - 75 days in FlexPro

DCA Runout Period Setup Changes

- ☐ Yes – Change our Runout Period.
- ☐ 30 days ☐ 60 days ☐ 90 days (select the new # of days)

Approval for Changes

As an authorized representative of the Company listed above, I hereby authorize the FlexPro at Key Benefit Administrators to implement changes indicated by this form as needed for the Company account indicated above. This authorization will remain in effect until written notice is received by FlexPro at Key Benefit that terminates this authorization.

Authorizing Signature*Required* _____ Date: _____

