

FlexBank HRA Application

Legal employer name		
Address/City/State/Zip		
Phone number	Fax number	Tax ID Number
Contact name	Contact email address	
Related employers? List all related employers and associated Tax ID and addresses.		
Corporation type <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership / LLP <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non-profit _____ <input type="checkbox"/> Church <input type="checkbox"/> Government <input type="checkbox"/> School (public) <input type="checkbox"/> School (private) <input type="checkbox"/> PSC (note if file as a C or S) _____ <input type="checkbox"/> LLC (note if file as Partnership, C or S) _____ <input type="checkbox"/> Other _____ <small>Sole proprietors, partners within a partnership, owners of an LLC (filing as an S or partnership), owners of an LLP and more than 2% owners of an S-Corporation are prohibited from participating in an HRA. Rules of attribution apply to more than 2% S owners, thus owner's spouses, parents, children and grandchildren may not participate.</small>		
Group Health Insurance (Attach benefit summary from health insurance carrier.)		
Do you sponsor a group health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your group health plan self-funded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Health insurance renewal date
Does health plan deductible reset each calendar year or at the same time as the health insurance renewal?		
Do you deduct employee insurance premiums on a pre-tax basis? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, do you have a compliant Section 125 document on file? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, FlexBank can help.		
Do you have an ERISA wrap document as required by the DOL? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, FlexBank can help.		
HRA Plan Design		
If you have 100+ HRA participants and file a 5550, note the Plan number that should be assigned to the HRA (i.e. 501, 502, etc.).		Exclude union employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
Effective date of HRA	HRA Plan Year	
Who is eligible to participate in the HRA?		
<input type="checkbox"/> Employees + covered dependents covered by your employer sponsored group health plan.		
<input type="checkbox"/> Employees + covered dependents covered by your employer sponsored group health plan, but ineligible to contribute to an HSA.		
<input type="checkbox"/> Employees + covered dependents covered by a group health plan (other than one sponsored by the employer).		
<input type="checkbox"/> Employees with Medicare coverage; HRA reimburses Medicare premiums. Employer must have less than 20 employees and where Medicare pays primary.		
Describe the HRA plan design (i.e. what expenses are eligible for reimbursement; what is the maximum HRA benefit, etc.)		
Eligible Expenses (i.e. deductible, co-insurance, copays)*		
<small>*Group health plan must provide minimum value in order to reimburse expenses other than medical expenses (i.e. vision, dental, etc.).</small>		
Is the HRA benefit restricted to in-network expenses only or will it reimburse in- and/or out-of-network expenses?		
Is the full HRA benefit available on the first day of the plan year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Or do you restrict reimbursement to what has been accrued to date (i.e. per pay, monthly)?		
Do unused HRA benefits roll forward to be used in the next plan year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the maximum rollover amount?	
Do you offer a flexible spending account (FSA)? If yes, which plan pays first for eligible expenses? <input type="checkbox"/> FSA <input type="checkbox"/> HRA	Do the HRA participants also contribute to health savings accounts (HSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Benefit end date (i.e. date of termination, end of the month of termination)		
Broker / CPA Contact Information		
Who referred you to FlexBank? Please note the name and contact information.		
Next Step: Mail completed application and check payable to FlexBank, Inc. to 1250 W Dorothy Lane, Dayton, OH 45409. Thank you for your business.		