

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) | Will you self-administer the HRA <input type="checkbox"/> or hire FlexBank <input type="checkbox"/> ? | |
| Broker / CPA Contact Information | | |
| Who referred you to FlexBank? 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! | | |