

Effective Date:

New Application    Changes    Renewal



## Section 1: Group Information

Legal Name of Company:

Trading as:

Is this a current account with Amwins?  YES    NO

YES? – Amwins Account Number:

Physical Address:

City:

State:

ZIP:

Mailing Address (if different):

City:

State:

ZIP:

Type of Business:

Corporation    Partnership    C-Corp    S-Corp    Sole Proprietorship    LLC  
 Other \_\_\_\_\_

SIC:

Tax ID:



## Section 2: Contacts

Company Official:

Title:

Phone:

Email:

Administrative Contact:

Title:

Phone:

Email:

Agency Name:

Broker:

Phone:

Email:



## Section 3: Plan and Employee Eligibility Information

Name of Health Insurance Carrier:

Name of Health Plan:

Health Plan Year Effective Date:

Health Plan Year End Date:

FSA Plan Year Effective Date:

FSA Plan Year End Date

Who is responsible for MD State Extension/COBRA?

Do you currently have an FSA Plan?  YES    NO

If YES, what is the plan year?

Number of Employees Participating in the FSA Plan:

\_\_\_\_\_ Medical  
\_\_\_\_\_ Dependent Care FSA  
\_\_\_\_\_ Mass Transit  
\_\_\_\_\_ Parking

Annual Maximums:

\_\_\_\_\_ Medical  
\_\_\_\_\_ Dependent Care FSA  
\_\_\_\_\_ Mass Transit  
\_\_\_\_\_ Parking



## Section 4: Payroll Information

Payroll Schedule:

Weekly     Bi-Weekly     Semi-Monthly     Monthly

If multiple payroll schedules for different employees, please provide a payroll schedule for the entire plan year

First Payroll Deduction Date (First pay date on or after effective date):

If multiple payroll deduction dates for different employees, please provide the first payroll date for each payroll schedule

Claim Filing Limit (standard is 90 days):

Does your FSA Plan provide the 2 ½ month Grace Period?     YES     NO

Does your FSA Plan provide the Carryover Option?     YES     NO

If the plan wishes to offer the Carryover up to \$500 option, the Grace Period option **cannot** be offered. The Carryover option is only applicable for the Health FSA.

The FSA plan will follow the same eligibility guidelines (i.e. waiting periods, effective dates and termination dates) as the Health Plan. However, certain employees may not be eligible to participate in the tax advantages of an FSA (i.e. self-employed individuals, partners in a partnership, more than 2% shareholders in an S Corporation). Please consult with your Tax accountant for specific information.



## Section 5: Debit Cards

Does the Employer wish to provide Debit Cards?     YES     NO

Are the Employees to receive Debit Cards?     YES     NO

Are Eligible Spouses to receive Debit Cards?     YES     NO



## Section 6: FSA Funding

We recommend the Employer make an initial deposit equal to 2 month's FSA funds in the bank account so when claim expenses (debit card claims and manual claims) are presented to the bank for payment, the funds are there to cover the expense. Employers should monitor their account fund balance and replenish the funds as needed to ensure that monies are in the account to cover ongoing FSA expenses. In addition, the bank account must provide overdraft protection in the event there are insufficient funds in the FSA account at the time of claim payment.



## Section 7: Substantiation

### **Debit Card Claim Substantiation**

The Internal Revenue Service (IRS) requires Plan Sponsors (Employer) to ensure that FSA Plans are properly substantiated. In other words, purchases made with the Amwins Connect Administrators FSA Debit Card must be proven to be eligible under the Plan. Failure to comply with the IRS substantiation guidelines could result in the plan becoming non-qualified (losing its tax free status) and subject to penalties and/or fines imposed by the IRS.

Amwins Connect Administrators substantiates purchases made with the debit card by reviewing all transactions. Documentation requests are generated and sent to Employees for those transactions that cannot be substantiated through the system. Employees are required to provide the necessary documentation (generally EOB's, itemized statements or bills marked paid by patient) for substantiation.

### **Level of Substantiation**

1. Employees are instructed to keep all receipts and itemized statements for purchases made with the debit card.
2. Amwins Connect Administrators will request an itemized statement or Explanation of Benefits (EOB) from the health plan for all purchases.
3. Amwins Connect Administrators may auto-approve certain claim categories.

The request for itemized statements for purchases audited by Amwins Connect Administrators helps to ensure that all charges on the debit card are properly processed and only eligible procedures and products are purchased.

### **Improper Use of Debit Card**

If an employee fails to comply with the substantiation process or uses the debit card for unauthorized or ineligible expenses, the debit card will be deactivated and will no longer have the use of the debit card. They will be notified via a letter mailed to their home address.

They will still be eligible to submit claims via a claim form to Amwins Connect Administrators at the address located on the form. Their FSA claims will then be reviewed by Amwins Connect Administrators for eligibility and if eligible, a check/explanation of benefits will be mailed to them.



## Section 8: Amwins Connect Administrators Administrative Services

### **FSA Plan Run-Out Services**

Amwins Connect Administrators will offer FSA Plan Run-Out Services as follows:

1. If the Employer renews the Amwins Connect Administrators FSA Plan, Amwins Connect Administrators will provide Run-Out Services for the previous FSA Play Year for a standard 90-day Claims Run-Out Period
2. If the Employer terminates the FSA Plan but continues to have Amwins Connect Administrators administer their group health plan, Amwins Connect Administrators will provide Run-Out Services for the previous FSA Plan Year for a standard 90-day Claims Run-Out Period. The Employer understands that they are responsible for funding the FSA account for reimbursements to the Employees for covered expenses incurred prior to the termination date of the FSA Plan but before the end of the 90 day claim run-out period.
3. If the Employer terminates the FSA Plan and the Group Health Plan with Amwins Connect Administrators, then this FSA agreement shall terminate and Amwins Connect Administrators will not perform Run-Out Services for the FSA Plan. The Employer understands that they are responsible for reimbursements to the Employees for covered expenses incurred prior to the termination date of the FSA Plan. Any claims received at Amwins Connect Administrators after the termination of this Agreement will be returned to the Employer.

The responsibilities of Amwins Connect Administrators are limited to enrolling eligible Employees in the FSA plan, invoicing the FSA administrative fees, processing FSA claims for payment, issuing Debit Cards to Employees, preparing Summary Plan Descriptions and providing an Employer website to manage your FSA Plan. The Advantage FSA website will provide Employers access to reports such as the Bank Transaction Reconciliation Report and the Manual Claim Reimbursements Report. In addition, Employees will have access to the website to view their FSA claim activity. The website address is: [www.wealthcareadmin.com](http://www.wealthcareadmin.com)

### **Amwins Connect Administrators Administration Fees**

To implement and administer, Amwins Connect Administrators will charge the following fees:

Implementation Fee: \$250.00 (waived at renewal, absent of significant plan design changes)

Monthly Administration Fee: \$6.00 PEPM

The implementation fee is due by the effective date of the FSA Plan. The monthly administration fee (PEPM) will appear on your monthly Amwins Connect Administrators premium invoice along with your group health insurance premiums.



## Section 9: Disclaimers

- 1) A dedicated bank account should be established for the FSA Plan. ACH transfers will be made from this account to fund the FSA claims.
- 2) The bank account associated with this Plan must have overdraft protection. If overdraft protection is not provided for this account and a transaction is returned for insufficient funds, a \$25.00 fee per attempt will be assessed.
- 3) The implementation process will not begin until the completed ACH Authorization form is returned to Amwins Connect Administrators. The ACH Authorization Form is attached to this account.
- 4) The FSA Plan is subject to Maryland State Extension (MSE)/COBRA & HIPAA regulations which mean the funds are subject to MSE or COBRA extension of benefits. If the terminated Employee *does not pay* their MSE/COBRA premium (including the FSA fund portion), only claims *incurred prior to their termination date* are eligible for reimbursement. If the terminated Employee *pays* their MSE/COBRA premium (including the FSA fund portion), claims incurred *during the entire paid premium period* are eligible for reimbursement.
- 5) The FSA Debit Card will be deactivated upon notification of an Employee's termination. It is understood that if the company terminates any Employees, it is the company's responsibility to notify Amwins Connect Administrators immediately. If the company fails to notify Amwins Connect Administrators of an Employee termination, it is the company's responsibility for any charges incurred and paid after the termination date.
- 6) All Employees must complete and sign an enrollment form. FSA funds will be made available only when a completed and signed enrollment form is received by Amwins Connect Administrators.
- 7) The FSA Debit Cards will be mailed to the Employee's homes. Each Employee will receive one debit card. Additional debit cards can be requested by the Employee.

- 8) Debit cards reported lost, stolen or not received will be rendered permanently inactive. The member will have to contact Amwins Connect Administrators to order a new Debit Card.
- 9) The Employer may deduct invalid purchases from the Employee's paychecks.
- 10) Federal regulation mandates that most transactions will require receipt verification. Employees must be instructed to save all receipts for services paid with the debit card. Amwins Connect Administrators will request receipts via mail or email from Employees to substantiate claims.
- 11) Employees should be instructed to call Amwins Connect Administrators' Customer Service Department with any questions. That phone number is 410-832-1333 or 1-800-337-4973. As instructed by the automated call routing message, please press 6 for member services, then 2 for inquiries regarding FSA claims.
- 12) Your Employees by signing the Election Form are authorizing the Health Plan Insurer or Provider of service to release information on their behalf in order to substantiate purchases made with the debit card.
- 13) I authorize Amwins Connect Administrators to allow access to information to my Broker via the Advantage FSA website to assist me in managing my Advantage FSA Plan.
- 14) Amwins Connect Administrators considers any and all information, materials and systems to be confidential. Amwins Connect Administrators complies with HIPAA Privacy and Security regulations, which protects the confidentiality of our Clients' database containing information regarding their Employees, dependents, benefits and claims. Amwins Connect Administrators hereby warrants that this information is kept in strict confidence and maintained on the system by secure password protection



## Section 10: Authorization

I have read and understood the above details for the administration of the FSA Plan and I am appointing Amwins Connect Administrators, Inc. as our Third Party Administrator (TPA) of our FSA Plan. I understand and agree to the terms and conditions of this Amwins Connect Administrators FSA Group Agreement.

Employer Name (printed): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Broker Name (printed): \_\_\_\_\_

Agency: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## HRA/FSA Employer ACH Authorization Form

<input type="checkbox"/> New Application	<input type="checkbox"/> Changes	<input type="checkbox"/> Renewal	<input type="checkbox"/> *No Changes
*If no changes are being made, please go to the Authorization Section 5 and sign			

<input type="checkbox"/> HRA	<input type="checkbox"/> FSA
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### Section 1: Group Information

Legal Name of Company:
Trading as:

Is this a current account with Amwins?  YES  NO

YES? – Amwins Account Number:

Physical Address:		
City:	State:	ZIP:



### Section 2: Bank Information

Bank Name:	Contact Name	Title:	Phone:
Address:	City:	State:	Zip:
Bank Account Number:	Bank Routing/Transit Number:		

Please attach a voided check or MICR code sheet from the bank with this ACH Authorization form. In addition, MediBank/MBIBenefits will submit a \$1.00 pre-note debit to the above mentioned account.

The Advantage HRA Bank Account must be a checking account that includes overdraft protection. If a transaction is returned for insufficient funds, a \$25.00 fee will be assessed for each attempt.



### Section 3: Banking Process

#### Debit Card Transactions (POS)

- Debit Card swipes are settled within 1-3 business days after the debit card is used.
- Funds are withdrawn from the bank account listed above for all transactions settled on that date.
- "Daily Activity Statement" email is sent to administrative contact listed on the Advantage HRA Group Agreement. This email informs the employer of the funds being withdrawn from the account above.
- These transactions will appear on your monthly bank statement as MediBank or MBIBenefits

#### Manual Claims

- Manual claims received at Amwins Connect Administrators are processed daily and checks/EOB's are mailed each Monday.
- Employers will receive a weekly Manual Claim Reimbursement Report for the total amount of manual checks being dispersed.
- The transactions will appear on your monthly bank statement as Amwins Connect Administrators.

### Section 4: Authorization

I hereby authorize MediBank/MBIBenefits and Amwins Connect Administrators, to initiate ACH (Automatic Clearing House) fund transfers from the bank account identified above. The purpose of these fund transfers is to pay for eligible HRA expenses provided by the Employer's Advantage HRA Plan as defined by the signed Amwins Connect Administrators Advantage HRA \_\_\_\_\_ . All Point of Sale (POS) debit card transactions and funds for manual Group Agreement date claims will be deducted via ACH directly from this bank account.

Employer/Group Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

### Section 5: No Banking/ACH Changes Authorization

I acknowledge that I am an existing Amwins Connect Administrators FSA/HRA Advantage Plan client and there are no banking changes to report since last year. My previous year's ACH Form remains in effect for this year's renewal.

Employer/Group Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Broker Name: \_\_\_\_\_ Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_