

HRA Group Agreement**Effective Date:** _____**Section 1: Group Information**

Legal Name of Company:

Trading as:

Is this a current account with Amwins? YES NO

IF YES enter the 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: Debit Cards (Can only be used for Eligible Medical Expenses)Are the Employees to receive Debit Cards? YES NOAre Eligible Spouses to receive Debit Cards? YES NO**Section 4: Reimbursement**

Amwins Connect Administrations will issue reimbursement checks and the member also has the option to elect direct deposit.

Section 5: Plan and Eligibility

Name of Health Insurance Carrier:

Name of Health Plan:

Health Plan Year Effective Date:

Health Plan Year End Date:

HRA Plan Year Effective Date:

HRA Plan Year End Date:

Who is responsible for MD State Extension/COBRA?

of Employees Participating in the HRA plan?

Do you currently have an HRA Plan: YES NO

If YES, what is the plan year?

Front End Deductible? Yes No If YES, the Front End Deductible Amount is \$ _____

The members will be required to submit manual claims to satisfy the front end deductible. If debit cards are offered with this plan, the member's debit card will not be available for use until the front end deductible has been satisfied.

Section 6: Eligible Expenses

ICHRA Eligible Expenses (check all that apply) **See NOTE: below.**

- Medical Rx (excludes over-the-counter drugs) Over The Counter Drugs & Menstrual Products
 Dental Vision Section 213(d) Eligible Medical Expenses

Section 7: HRA Funding

Employers should monitor their account fund balance and replenish the funds as needed to ensure that monies are in the account to cover ongoing HRA expenses. In addition, the bank account must provide over-draft protection in the event there are insufficient funds in the HRA account at the time of claim payment.

HRA Monthly Funding	*Amounts		# of EE		Totals
Individual	*\$	X		=	\$
Parent & Child	*\$	X		=	\$
Parent & Child(ren)	*\$	X		=	\$
Husband & Wife	*\$	X		=	\$
Family	*\$	X		=	\$
*Required Field			Annual Total	=	\$

The Advantage HRA 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 HRA (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 8: Substantiation

Debit Card Claim Substantiation

The Internal Revenue Service (IRS) requires Plan Sponsors (Employer) to ensure that HRA Plans are properly substantiated. In other words, purchases made with the Amwins Connect Administrators Advantage HRA 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 may contact providers for necessary information on specific charges
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.

Substantiation Waiver:

We authorize Amwins Connect Administrators to approve all HRA debit card transactions without requiring the members to submit documentation to substantiate the transaction. We acknowledge that turning off the requirement for substantiation of debit card purchases violates IRS regulations. In doing so, we will also hold Amwins Connect Administrators harmless and we take full responsibility for any penalties and or citations that may be issued by the IRS for being non-compliant.

If the Employer wishes to waive Substantiation please check the box and sign and date below.

Employer Signature: _____ Date: _____

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 HRA 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 9: Amwins Connect Administrators Administrative Services

Amwins Connect Administrators Administration Fees

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

Implementation Fee:	\$250.00 (waived at renewal)
Monthly Administration Fee:	\$6.00 (if Amwins Connect Administrators administers the Group Health Plan as well) or \$250.00 Monthly Minimum Administration Fee

(The \$250.00 Monthly Minimum Administration Fee is applicable if Amwins Connect Administrators is administering a 'standalone' HRA plan and the total monthly PEPM fee is less than \$250.00).

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

HRA Plan Run-Out Services

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

1. If the Employer renews the Amwins Connect Administrators HRA Plan, Amwins Connect Administrators will provide Run-Out Services for the previous HRA Plan Year for a standard 90-day Claims Run-Out Period
2. If the Employer terminates the Advantage HRA Plan but continues to have Amwins Connect Administrators administer their group health plan, Amwins Connect Administrators will provide Run-Out Services for the previous HRA Plan Year for a standard 90-day Claims Run-Out Period. The Employer understands that they are responsible for funding the HRA account for reimbursements to the Employees for covered expenses incurred prior to the termination date of the HRA Plan but before the end of the 90 day claim run-out period.
3. If the Employer terminates the Advantage HRA Plan and the Group Health Plan with Amwins Connect Administrators, then this Advantage HRA agreement shall terminate and Amwins Connect Administrators will not perform Run-Out Services for the HRA Plan. The Employer understands that they are responsible for reimbursements to the Employees for covered expenses incurred prior to the termination date of the HRA Plan. Any claims received at Amwins Connect Administrators after the termination of this Agreement will be returned to the Employer.
Employers may purchase three (3) months of run out services to be processed by Amwins Connect Administrators at a rate of \$6.00 PEPM based on the number of active employees as of the date of termination from Amwins Connect Administrators. There is a minimum fee of \$250.00, which applies to groups less than 28 employees. The total fees will be invoiced to the group and must be paid before Amwins Connect Administrators will begin to administer the run out services.

The responsibilities of Amwins Connect Administrators are limited to enrolling eligible Employees in the HRA plan, invoicing the HRA administrative fees, processing HRA claims for payment, issuing Debit Cards to Employees, preparing Summary Plan Descriptions and providing an Employer website to manage your Advantage HRA Plan. The Advantage HRA website will provide Employers access to reports such as the Bank Transaction Reconciliation Report and the Manual Claim Reimbursements Report.

Employers will have access to the website to view the HRA plan activity. The website address for employers is: www.wealthcareadmin.com .

Employees have access to the website to view their HRA claims activity. The website address for employees is <https://groupbenefitservices.wealthcareportal.com> .

Section 10: Patient Centered Outcomes Research Institute (PCORI) Fees

The Employer will be required to pay a PCORI Fee for each employee enrolled in the Individual Coverage HRA plan each year. The fee is based on when the plan year ends. Amwins Connect Administrators will assist in providing the information required for the employer to report to the IRS by July 31st of each year.

Click on the link below to see more information and the appropriate fees to be paid to the IRS. Fees and information are subject to change.

<https://www.irs.gov/newsroom/patient-centered-outcomes-research-institute-fee>

Section 11: Non Discrimination Requirements

Non Discrimination Requirements

This Plan will comply with all Federal tax law requirements necessary to obtain tax benefits available under the Internal Revenue Code, including the requirement that the plan does not discriminate in favor of certain "key Employees" or "highly compensated Employees." A plan discriminates as to eligibility unless it benefits:

- 70% or more of all Employees, or
- 80% or more of all Employees eligible to benefit under the plan, if 70% or more of all Employees are eligible to benefit under the plan, or
- A group of employees described in IRS Section 410(b)(2)(A)(i) that is found to be a nondiscriminatory classification in accordance with Prop. Treas. Reg. 1.410(b)-For these purposes, there may be excluded from consideration any Employees who have not completed three years of service, part-time Employees whose customary weekly employment is less than 20 hours and nonresident aliens.

A Health Reimbursement Arrangement Plan will not discriminate as to benefits if the type and amount of benefits available to highly compensated participants are also available on the same basis for all other participants. This test is applied by looking at available benefits rather than actual benefit payments under the plan.

Note: If the Plan is discriminatory, then all or part of the medical benefits paid for the benefit of a highly compensated Employee will be taxable to that Employee.

Non Discrimination and Health Benefits

The following information is from the IRC (Internal Revenue Code) - Section 105(h)

IRC Sec. 105 and Sec. 106 permit employers to offer certain health benefits on a tax-free basis. However, these rules can be different for highly compensated employees (HCEs) if the health plan is self-insured. An HCE is defined as:

- One of the five highest-paid officers
- A shareholder owning (actually or constructively) more than 10% of the company's stock
- Among the highest paid 25% of all employees

There are two (2) tests under this Section of the IRC that employers need to be aware of while planning the funded benefits.

1. **Eligibility Test** – for a plan to be considered nondiscriminatory with respect to eligibility to participate, it must pass one of the three coverage tests:
 - a. 70% of all employees benefit under the plan
 - b. The plan benefits 80% of eligible participants and 70% of all employees are eligible
 - c. The plan benefits a nondiscriminatory classification of employees (not HCEs)
2. **Benefits Test** – the IRS regulations indicate that the plan must provide the same benefits for both HCEs and non-HCEs. A self-insured health plan discriminates as to benefits unless all benefits provided for participants who are HCEs are also provided to all other participants. All benefits for dependents of HCEs must also be available on the same basis for the dependents of all other employees. The self-insured health plan will also be considered discriminatory as to benefits if it covers HCEs and the type or amount of benefits subject to reimbursement is offered in proportion to compensation.

When applying nondiscrimination test, all employees of a controlled group or affiliated service group, as defined in the IRC Sec. 414, are treated as employed by a single employer.

Benefits Received and Taxable Income under Non Discrimination Guidelines

If a benefit under the self-insured plan is available to HCEs but not to other employees, the total amount of reimbursement to the HCE with respect to that benefit is an 'excess reimbursement' and must be included in the HCE's income taxes as imputed income.

Employers and benefit consultants should always discuss these issues with Tax Accountants while designing health plans for employees.

Section 12: Disclaimers

- 1) A dedicated bank account should be established for the Advantage HRA Plan. ACH transfers will be made from this account to fund the Advantage HRA 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 Advantage HRA 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 HRA 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 HRA fund portion), claims incurred *during the entire paid premium period* are eligible for reimbursement.
- 5) Upon termination of a member, the member will have the ability to use the debit card until midnight of the date of the medical plan termination effective date. 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's termination, it is the company's responsibility for any charges incurred and paid after the termination date. If the employer does not want the employee to have use of the debit card immediately upon termination of employment, they will need to send an email to gbsdebitcard@gbsio.net to advise.
- 6) All Employees must complete and sign an enrollment form. HRA funds will be made available only when a completed and signed enrollment form is received by Amwins Connect Administrators.

- 7) The Advantage HRA Debit Cards will be mailed to the Employee's homes. Each Employee will receive one debit card. Additional debit cards can be requested on the Employee election form.
- 8) Debit cards reported lost, stolen or not received will be rendered permanently inactive. The Employer or the Employee will need to contact customer service to request 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 HRA claims.
- 13) 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.
- 14) I authorize Amwins Connect Administrators to allow access to information to my Broker via the Advantage HRA website to assist me in managing my Advantage HRA Plan.
- 15) 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 13: Authorization

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

Employer Name (printed): _____

Title: _____

Signature: _____

Date: _____

Broker Name (printed): _____

Agency: _____

Signature: _____

Date: _____

HRA/FSA Employer ACH Authorization Form

New Application
 Changes
 Renewal
 *No Changes
*If no changes are being made, please go to the Authorization Section 5 and sign

HRA
 FSA



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 HRA Group Agreement date _____ claims _____. All Point of Sale (POS) debit card transactions and funds for manual 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: _____