



New Application  Changes  Renewal

## HRA Group Agreement

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

### Section 1: Group Information

Legal Name of Company:

Trading as:

Is this a current account with SISCO?  YES  NO

IF YES enter the SISCO Account Number:

Physical Address:

City:

State:

ZIP:

Mailing Address (if different):

City:

State:

ZIP:

Type of Business:  Partnership  C-Corp  S-Corp  Sole Proprietorship  LLC  
 Corporation  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  NO

Are Eligible Spouses to receive Debit Cards?  YES  NO

### Section 4: Reimbursement

SISCO 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. **Debit Cards cannot be offered if the plan wishes to implement the Front End Deductible.**

## Who cannot participate in an employer funded HRA benefit plan?

1. Owners who are 'self-employed individuals' (under Code §401(c)) are not considered employees and may not participate in an HRA on a tax-favored basis. Ineligible owners include:
  - a) Partners
  - b) Sole Proprietors
  - c) More than 2% shareholders in a Subchapter S corporation
2. Any employee who is the spouse, child, parent, or grandparent of a more than 2% shareholder of a Subchapter S corporation also cannot participate in the HRA on a tax-favored basis.
3. Any individual that is not 'eligible' to participate in the HRA on a tax-favored basis but does receive benefits/reimbursement from the HRA plan must report the benefit as taxable income.
4. Please list the individuals and/or employees not eligible to participate in the HRA based on the information above.


### Section 6: Eligible Expenses

HRA 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.

Plan Name #1 \_\_\_\_\_

HRA Annual Funding	*Amounts		# of EE		Totals
Employee only	*\$	X		=	\$
Employee and dependent	*\$	X		=	\$
Employee and dependents	*\$	X		=	\$
Employee and spouse	*\$	X		=	\$
Family	*\$	X		=	\$
<b>*Required Field</b>			<b>Annual Total</b>	<b>=</b>	<b>\$</b>

Plan Name #2 \_\_\_\_\_

HRA Annual Funding	*Amounts		# of EE		Totals
Employee only	*\$	X		=	\$
Employee and dependent	*\$	X		=	\$
Employee and dependents	*\$	X		=	\$
Employee and spouse	*\$	X		=	\$
Family	*\$	X		=	\$
<b>*Required Field</b>			<b>Annual Total</b>	<b>=</b>	<b>\$</b>

Plan Name #3 \_\_\_\_\_

HRA Annual Funding	*Amounts		# of EE		Totals
Employee only	*\$	X		=	\$
Employee and dependent	*\$	X		=	\$
Employee and dependents	*\$	X		=	\$
Employee and spouse	*\$	X		=	\$
Family	*\$	X		=	\$
<b>*Required Field</b>			<b>Annual Total</b>	<b>=</b>	<b>\$</b>

**The HRA Plan will follow the same eligibility guidelines (i.e. waiting periods, effective dates and termination dates) as the Health Plan.**

## 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 SISCO 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.

SISCO 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. SISCO may contact providers for necessary information on specific charges
3. SISCO may auto-approve certain claim categories.

The request for itemized statements for purchases audited by SISCO 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 de-activated and the member 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 SISCO at the address located on the form. Their HRA claims will then be reviewed by SISCO for eligibility and if eligible, a check/explanation of benefits will be mailed to them.

## Section 9: SISCO Administrative Services

### **SISCO Administration Fees**

To implement and administer, SISCO will charge the following fees:

**Implementation Fee:** \$250.00 (waived at renewal and in implementation if Client chooses Auto Rollover)

**Monthly Administration Fee:** Auto Rollover : \$6.50 PEPM  
Debit Card: \$8.75 PEPM  
Monthly Minimum of \$75.00

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

### **HRA Plan Run-Out Services**

SISCO will offer HRA Plan Run-Out Services as follows:

1. If the Employer renews the SISCO HRA Plan, SISCO 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 HRA Plan SISCO, then this HRA agreement shall terminate and SISCO 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 SISCO 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 SISCO at the current PEPM rate based on the number of active employees as of the date of termination from SISCO or at the monthly minimum. The total fees will be invoiced to the group and must be paid before SISCO will begin to administer the run out services.

The responsibilities of SISCO 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 HRA Plan. The HRA website will provide Employers access to reports such as the Bank Transaction Reconciliation Report and the Manual Claim Reimbursements Report.

## 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 HRA plan each year. The fee is based on when the plan year ends. SISCO will assist in providing the information required for the employer to report to the IRS by July 31<sup>st</sup> 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 HRA 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 HRA Plan. ACH transfers will be made from this account to fund the 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 SISCO. The ACH Authorization Form is attached to this account.
4. For group contracts issued or delivered to employers located in the state of Maryland, the 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 SISCO immediately. If the company fails to notify SISCO 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 [RAServices@siscobenefits.com](mailto:RAServices@siscobenefits.com) to advise.
6. The HRA Debit Cards will be mailed to the Employee's homes. Each Employee will receive one debit card
7. 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. Replacement card cost will be passed through to the Employer.
8. The Employer may deduct invalid purchases from the Employee's paychecks.
9. 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. SISCO will request receipts via mail or email from Employees to substantiate claims.
10. Employees should be instructed to call SISCOs' Customer Service Department with any questions. That phone number is 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.
11. I authorize SISCO to allow access to information to my Broker via the HRA website to assist me in managing my HRA Plan. SISCO considers any and all information, materials, and systems to be confidential. SISCO complies with HIPAA Privacy and Security regulations, which protects the confidentiality of our Clients' database containing information regarding their Employees, dependents, benefits, and claims. SISCO 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 SISCO as our Third-Party Administrator (TPA) of our HRA Plan. I understand and agree to the terms and conditions of this SISCO HRA 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 <small>*If no changes are being made, please go to the Authorization Section 5 and sign</small>
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<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 SISCO?  YES  NO

YES? – SISCO 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 FSA/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.

- 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 SELF INSURED SER HRA.

## Section 4: Authorization

I hereby authorize MediBank/MBIBenefits and SISCO, 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 FSA/HRA expenses provided by the Employer's FSA/HRA Plan as defined by the signed SISCO FSA/HRA Group Agreement date \_\_\_\_\_

All Point of Sale (POS) debit card transactions and funds for manual claims will be deducted via ACH directly from this bank account. Authorized

Individual Name : \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

## Section 5: No Banking/ACH Changes Authorization

I acknowledge that I am an existing SISCO FSA/HRA 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.

Authorized Individual Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

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