FLEX

Employer Application

Section 1 of 7 - Requested Benefits

Please check all that apply.

- ☐ **Flexible Spending Account (FSA)**
  Includes health care and dependent care FSA, POP, and 3 baseline Cafeteria Plan and FSA Dependent Care NDTs
- ☐ **Health Reimbursement Arrangement (HRA)**
  - ☐ Standard HRA
  - ☐ (ICHRA) Individual Coverage HRA
  - ☐ (QSEHRA) Qualified Small Employer HRA
- ☐ **Health Savings Account (HSA)**
  Employer-based solution
- ☐ **Commuter Plan**
  Transit and Parking Reimbursement
- ☐ **Lifestyle Spending Account (LSA)**
- ☐ **Federal COBRA Administration**
- ☐ **Direct Bill Administration**
- ☐ **Premium Only Plan (POP)**
  - ☐ Stand-alone POP (Documentation Only)
  - ☐ POP with testing (Documentation Included)
- ☐ **Wrap Document Services**
  One-time Wrap Document Preparation
- ☐ **Bundled POP and Wrap Document Services**
  - ☐ POP without Testing and Wrap Document Preparation
  - ☐ POP with Testing and Wrap Document Preparation
- ☐ **Non-Discrimination Testing (NDT)**
  Stand-alone Compliance Service

Section 2 of 7 - Broker Contact Who Will Assist with Implementation

If applicable, please complete in full.

Brokerage Name: _____

Producer / Account Manager: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email Address(es):** _____

Section 3 of 7 - Employer Information

Please complete in full.

Company Name: _____ **Federal Employer ID No:** _____

Enter company name exactly as it appears on the most recent tax documents.

Main Phone: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Primary Employer Contact: _____ **Title:** _____

Contact Phone: _____ **Email Address(es):** _____

Section 4 of 7 - Implementation Contacts

Please advise the preferred contacts for Flex to reach out to for implementation.

☐ **Employer & Broker** Flex will include **all** email contacts listed on page one unless otherwise noted. Additional or preferred contact email addresses can be listed here: _____

☐ **Broker Only** Flex will include all **broker** email contacts listed on page one unless otherwise noted. Additional or preferred contact email addresses can be listed here: _____

☐ **Employer Only** Flex will include all **employer** email contacts listed on page one unless otherwise noted. Additional or preferred contact email addresses can be listed here: _____

Section 5 of 7 - Organization Type

Please select only one.

☐ **Corporation** ☐ **Government Agency** ☐ **Sole Proprietorship** ☐ **Professional Corporation**

☐ **Sub-chapter S-Corporation** ☐ **Limited Liability Company (LLC)** ☐ **Professional Association**

☐ **Partnership** ☐ **Other:** _____

For FSA, POP, and HRA: Only employees can participate in this plan. Sole Proprietors, Partners in a Partnership, more than 2% shareholders of a Sub-chapter S-Corporation (including their spouses, children, grandchildren, and parents employed by the S-Corporation), Outside Directors, Limited Partners, and Partners/Owners of an LLC cannot participate.a

Section 6 of 7 - Additional Information

Please complete in full.

Requested Effective Date: _____ **Number of Eligible Employees:** _____

Does this employer currently have an in-force plan? ☐ **Yes** ☐ **No**

Is this employer being transferred (mid-year) from another Administrator? ☐ **Yes** ☐ **No**

Will enrollment/educational meetings be required for Flex to conduct? ☐ **Yes** ☐ **No**

Section 7 of 7 - Acknowledgement and Signature

Please complete in full.

I agree and represent that by signing below I acknowledge that I understand the terms of the Flex benefits that I have indicated here within and agree to the non-refundable startup/annual fee for the first year of these services, even in the event of the withdrawal of this application.

Employer Name: _____ **Name/Title:** _____

Signature: _____ **Date:** _____

To submit the Flex Employer Application:

Please email the completed application to your Flex Sales Consultant or to **fpsales@flexiblebenefit.com**.