

Employer Application

Section 1 of 7 - Requested Benefits

Please check all that apply. □ Flexible Spending Account (FSA) ☐ Federal COBRA Administration Includes health care and dependent care FSA, POP, and 3 □ Direct Bill Administration baseline Cafeteria Plan and FSA Dependent Care NDTs □ Premium Only Plan (POP) ☐ Health Reimbursement Arrangement (HRA) ☐ Stand-alone POP (Documentation Only) POP with testing (Documentation Included) (ICHRA) Individual Coverage HRA □ Wrap Document Services ☐ (QSEHRA) Qualified Small Employer HRA One-time Wrap Document Preparation ☐ Health Savings Account (HSA) ☐ Bundled POP and Wrap Document Services **Employer-based solution** POP without Testing and Wrap Document Preparation ☐ Commuter Plan POP with Testing and Wrap Document Preparation Transit and Parking Reimbursement ☐ Non-Discrimination Testing (NDT) □ Lifestyle Spending Account (LSA) 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: 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:** Zip Code: _____ State: _____ Title: Primary Employer Contact: _____ Contact Phone: _____ Email Address(es):

Section 4 of 7 - Implen	nentation Contacts			
Please advise the preferred conto	acts for Flex to reach out to for imp	lementation.		
☐ 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 - Organi Please select only one.	zation Type			
☐ Corporation ☐ (Government Agency	☐ Sole Proprietorship	☐ Profession	onal Corporation
☐ Sub-chapter S-Corpora	tion 🔲 Limited Lia	bility Company (LLC)	☐ Professi	onal 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.				
Section 6 of 7 - Addition	onal Information			
Requested Effective Date:		Number of Eligible Emplo	yees:	
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 - Acknown	wledgement and Signate	ure		
I agree and represent that by s	igning below I acknowledge that on-refundable startup/annual fee			
I agree and represent that by since within and agree to the nowithdrawal of this application.		for the first year of these servic	es, even in the ev	

To submit the Flex Employer Application:

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