



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
- Standard Health Reimbursement Arrangement (HRA)**
Options include: Integrated HRA, Dental and Vision HRA, Excepted Benefit HRA, Retiree HRA, or Medicare Primary HRA
- Specialty Health Reimbursement Arrangement (HRA)**
Options include: GLP-1 HRA, Individual Coverage HRA (ICHRA), or Qualified Small Employer HRA (QSEHRA)
- 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 - Includes 6 tests

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.

Street Address: _____

Main Phone: _____

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

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

Telephone: _____ **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.

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.

