

Flex Plans Employer Application



Section 1 of 6: Requested Flex Plans (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
 - Individual Coverage HRA (ICHRA)
 - Qualified Small Employer (QSEHRA)
- Health Savings Account (HSA)**
Employer-based solution
- Commuter Plan**
Transit & Parking Reimbursement
- Lifestyle Accounts**
- Federal COBRA Administration**
- Direct Bill**

Premium Only Plan (POP)

- Stand-alone POP (Documentation Only)
Requires a \$250 one-time fee with application
- POP with Testing (Documentation Included)
Requires a \$350 first-year fee with application

Wrap Document Services

- One-time Wrap Document Preparation
Requires a \$400 one-time fee with application

Bundled POP and Wrap Document Services

- POP without Testing and Wrap Document Preparation
Requires a \$500 one-time fee with application
- POP with Testing and Wrap Document Preparation
Requires a \$600 one-time fee with application

Non-Discrimination Testing (NDT)

Stand-alone Compliance Service - includes 6 tests

Section 2 of 6: Producer Information (If applicable, please complete in full.)

Brokerage Name: _____
Producer Name: _____ NPN: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Email Address: _____

Section 3 of 6: Employer Information (Please complete in full.)

Company Name: _____
(Enter company name exactly as it appears on the most recent tax documents.)
Federal Employer ID No: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____
The Employer/Organization entity is operating pursuant to the laws of the State of: _____
Primary Employer Contact Person: _____
Title: _____
Telephone: _____ Email Address: _____
Who should Flex contact to begin the implementation process? (Choose one)
 Producer **Employer Contact** (Producer would be copied on all communications)

Section 4 of 6: Organization Type (Please select only one.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Sub-chapter S-Corporation | <input type="checkbox"/> LLC (Limited Liability Company) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Professional Association | <input type="checkbox"/> 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 of employees of the S-Corporation) Outside Directors, Limited Partners and Partners/Owners of an LLC cannot participate.

Section 5 of 6: 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 6 of 6: Acknowledgement + Signature (Please complete in full.)

I agree and represent that by signing below I acknowledge that I understand the terms of the Flex Plans 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 Plans
Employer Application:**

For faster processing, you can email or fax the completed application to:

E: fpsales@flexiblebenefit.com or F: 847-332-0320

Or mail completed application to:

**Flexible Benefit Service LLC
8770 W. Bryn Mawr Avenue, Suite 1290W
Chicago, IL 60631
ATTN: Flex Plans Sales**