

# 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)**

**Health Savings Account (HSA)**

Employer-based solution

**Commuter Plan**

Transit & Parking Reimbursement

**Federal COBRA**

**Compliance dashboard**

Requires a \$750 first-year fee with application

**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](mailto:fpsales@flexiblebenefit.com) or F: 847-332-0320**

Or mail completed application to:

**Flexible Benefit Service Corporation  
8700 W. Bryn Mawr Avenue, Suite 1010S  
Chicago, IL 60631  
ATTN: Flex Plans Sales**

PROMO CODE: \_\_\_\_\_