



# Benefits Design Guide

Internal Use Only:  
To be completed by Transamerica

Relationship Manager Name

Email Address

Employer Code

Sales Force ID

Custom Funds Line Up ID

Employer portal used ☐ WX ☐ TA-Retire

## SECTION 1: Company Information

<b>Legal Company Name:</b>		<b>Do you have a DBA you would like to use?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Tax ID Number:</b>		<b>Doing Business as (DBA) Name:</b>	
<b>Mailing Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Division Names*</b> (only if applicable)			
<b>Divisional Reporting</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Divisional Banking*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Number of Benefit Eligible Employees:</b>		<b>Number of Expected Enrollments:</b>	

*\*Please note if you are setting up divisional banking, we will need a completed ACH form for each division. An additional ACH form will be provided on request.*

## SECTION 2: Company Contacts

For your security, only the below listed individuals will be authorized to communicate with our implementation and employer services team.

**Primary Contact** – Responsible for overall program / plan authorization. Recipient of all general communications and important notices about the plan. Automatically assigned Employer Portal access.

<b>Contact Type</b>	Primary Contact	<b>Email Address:</b>	
<b>Name:</b>		<b>Phone Number:</b>	

**Secondary Contact** – Designated as Primary Contact back-up contact, employer access will mirror primary's access.

<b>Contact Type</b>	Secondary Contact	<b>Email Address:</b>	
<b>Name:</b>		<b>Phone Number:</b>	

**Financial Contact** – Contact in charge of any aspects of money movement. They will receive email notifications related to any money movement.

<b>Contact Type</b>	Financial Contact	<b>Employer Portal Access?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name:</b>		<b>Division:</b>	
<b>Email Address:</b>		<b>Phone Number:</b>	

**Technical Contact** – Responsible for the coordination of transmission of employee data. Employer Portal access will be limited to file submissions and results unless otherwise designated.

<b>Contact Type</b>	Technical Contact	<b>Employer Portal Access?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name:</b>		<b>Division:</b>	
<b>Email Address:</b>		<b>Phone Number:</b>	

**Benefits** – Granted access to the HAS Benefits Portal only, no access to 401k portal.

**Reporting Only** - Granted access to employer portal with access to view auto generated reports and request on demand reports. *If they are limited to a specific division they will only be able to request reports, they will not have access to auto generated reports.*

<b>Contact Type</b>	<input type="checkbox"/> Technical <input type="checkbox"/> Financial <input type="checkbox"/> Benefits <input type="checkbox"/> Reporting Only <input type="checkbox"/> Investment Manager	<b>Employer Portal Access?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name:</b>		<b>Division:</b>	
<b>Email Address:</b>		<b>Phone Number:</b>	

<b>Contact Type</b>	<input type="checkbox"/> Technical <input type="checkbox"/> Financial <input type="checkbox"/> Benefits <input type="checkbox"/> Reporting Only <input type="checkbox"/> Investment Manager	<b>Employer Portal Access?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name:</b>		<b>Division:</b>	
<b>Email Address:</b>		<b>Phone Number:</b>	

## SECTION 3: Plan information

<b>Will Transamerica be creating your Plan Documents?</b> <b><i>If yes, please complete the attached addendum.</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please select which documents:
<b>Will Transamerica be completing your nondiscrimination testing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Adding Employee Information	
<b>How will your plan information be loaded on the system?</b>	<input type="checkbox"/> Employer Portal File/Manual <input type="checkbox"/> File Feed* <div style="margin-left: 20px;"> <input type="checkbox"/> Demographic <input type="checkbox"/> Enrollment <input type="checkbox"/> Contribution         </div>
<b>If a vendor will be sending files, who is the vendor?</b>	File Type: <input type="checkbox"/> Demographic <input type="checkbox"/> Enrollment <input type="checkbox"/> Contribution
<b>*Only complete the second section if you have a second vendor sending files.</b>	Contact Name: _____ Phone Number: _____ Email Address: _____
<b>If a vendor will be sending files, who is the vendor*?</b>	File Type: <input type="checkbox"/> Demographic <input type="checkbox"/> Enrollment <input type="checkbox"/> Contribution Contact Name: _____ Phone Number: _____ Email Address: _____
<b>These questions are only required if sending files*</b>	Email Address: _____
<b>*How do you handle employee Leave of Absence?</b> <i>When an employee is on an extended leave, how do you handle their payroll deductions for their benefits?</i>	<input type="checkbox"/> Stay active (continue to pay for and receive benefits) <input type="checkbox"/> Stop receiving benefits when they go on leave <input type="checkbox"/> Other _____
<b>*How do you handle employee Termination?</b>	
<i>When an employee is terminated, do they receive benefits until the end of the month or on termination day?</i>	<input type="checkbox"/> End of month <input type="checkbox"/> Termination Date
<i>Is it consistent for all plans?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (requires full explanation) _____

## Co-Payment Amounts

Please indicate your co-payments for auto-approval of debit card transactions. Benefit summaries, percentages, and/or deductible amounts cannot be accepted.

☐ Our Plan does not offer co-payments (please check box)

Medical/Office Visits		Emergency Room Visits		Pharmacy		Dental		Vision	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	
\$		\$		\$		\$		\$	

## Payroll Deduction Information

The information provided here should reflect how you round uneven payroll deductions for paychecks. The rounding applies to the uneven amount for each pay period, with the adjustment being made either on the first pay period or the last pay period.

(Example: \$1,000 election/26 payrolls = \$38.4615)

<b>Rounding of Payroll Deductions:</b> <i>What method of rounding do you use?</i> <i>Standard: 4<sub>≤</sub> = round down; 5<sub>≥</sub> = round up</i>	<input type="checkbox"/> Standard Rounding	<input type="checkbox"/> Adjust First Period	<input type="checkbox"/> Adjust Last Period
	<input type="checkbox"/> Round Up	<input type="checkbox"/> Adjust First Period	<input type="checkbox"/> Adjust Last Period
	<input type="checkbox"/> Round Down	<input type="checkbox"/> Adjust First Period	<input type="checkbox"/> Adjust Last Period
<b>Benefits Deduction Payroll Cycle:</b> <i>How often do you withhold benefits deductions?</i>	<input type="checkbox"/> Weekly <input type="checkbox"/> 24 pay periods/year <input type="checkbox"/> 26 pay periods/year <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	<i>*If you have a second payroll schedule indicate it here.</i>	<input type="checkbox"/> Weekly <input type="checkbox"/> 24 pay periods/year <input type="checkbox"/> 26 pay periods/year <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly

Please **complete the specific payroll benefit deduction dates in the calendar below:**

<b>20</b>		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Pay Dates	1 <sup>st</sup>												
	2 <sup>nd</sup>												
	3 <sup>rd</sup>												
	4 <sup>th</sup>												
	5 <sup>th</sup>												

<b>20</b>		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Pay Dates	1 <sup>st</sup>												
	2 <sup>nd</sup>												
	3 <sup>rd</sup>												
	4 <sup>th</sup>												
	5 <sup>th</sup>												

## Section 4: Health Savings Account (HSA)

\*Only complete if offering a Health Savings Account

Employer will be obligated to provide its employees with all information governing the HSA.

**Please Note the HSA plan comes with a debit card.** A single card will be provided to employees if they are enrolled in more than one plan. Example: Health Savings Account and Dependent Care FSA or Health Savings Account, Dependent Care FSA and Limited purpose FSA.

<b>Will a Health Savings Account (HSA) be offered?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Estimated number of enrollments:</b>	
<b>Plan year start date:</b>	
<b>First contribution date:</b>	

## SECTION 5: Flexible Spending Accounts (FSAs)

Only complete if offering Flexible Spending Accounts through Transamerica. Employer will be obligated to provide its employees with all information governing the FSA.

**Please note the Medical FSA, Dependent Care FSA and Combination FSA plans come with a debit card\*.**

\*A single card will be provided to employees if they are enrolled in more than one plan. Example: Health Savings Account and Dependent Care FSA or Health Savings Account, Dependent Care FSA and Limited purpose FSA.

<b>Plan Year Start Date:</b>		<b>Plan Year End Date:</b>	
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Please complete each section for each FSA that will be offered.

Plan Type	Expected Number of Enrollments	Employee Maximum Annual Contribution	Employee Minimum Annual Contribution	Annual Employer Contribution
<b>Medical FSA</b>		<input type="checkbox"/> IRS Maximum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> No Minimum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> None <input type="checkbox"/> Other \$ _____
<b>Dependent Care FSA</b>		<input type="checkbox"/> IRS Maximum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> No Minimum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> None <input type="checkbox"/> Other \$ _____
<b>Limited Purpose FSA</b> Post Deductible FSA <input type="checkbox"/>		<input type="checkbox"/> IRS Maximum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> No Minimum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> None <input type="checkbox"/> Other \$ _____

**Grace Period** – Allows employees with unused benefits to incur expenses for qualified benefits after the plan year ends. Grace Period extension is defined as no more than two and one-half months after the end of the plan year – by the 15<sup>th</sup> of the third month. If a runout period is used, the runout will need to be greater than or equal to the Grace Period. Please note, a rollover cannot be used if a Grace Period is offered.

**Rollover** – Allows participants to roll over up to IRS Max of unused funds at the end of the plan year. Cannot be used if Grace Period is offered.

**Please choose only one of the following options for each plan; both cannot be offered.**

<b>Grace Period:</b> <i>Does the plan allow participants who have unused benefits to incur expenses for qualified benefits after the plan year ends?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please select account types:	<input type="checkbox"/> Medical FSA <input type="checkbox"/> Dependent Care FSA <input type="checkbox"/> Limited Purpose FSA
<b>Rollover:</b> <i>Will the plan allow participants to rollover unused funds at the end of the plan year?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please select account types:	<input type="checkbox"/> Medical FSA <input type="checkbox"/> Limited Purpose FSA
Select maximum rollover amount:	<input type="checkbox"/> IRS Max <input type="checkbox"/> Other \$ _____

**Runout period** – Allows employees to file claims after the plan year ends. Date of service for claims must be incurred during the plan year.

<b>Runout Period:</b> <i>Does the plan allow participants who have unused benefits to submit expenses after the plan year end that were incurred prior to the plan year-end?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please select account types and number of days allowed:	<input type="checkbox"/> Medical FSA _____ days following the Plan Year End Date
<i>*Please note if offering grace period, runout period must be longer than grace period.</i>	<input type="checkbox"/> Limited Purpose FSA _____ days following the Plan Year End Date
	<input type="checkbox"/> Dependent Care FSA _____ days following the Plan Year End Date

**Loss of Eligibility** – When an employee has been terminated from employment, they may become ineligible for benefits depending on how you want to handle terminated employees. \*

<b>Loss of Eligibility (please complete both sections):</b> (Ex. John left the company on 10/1; he goes to the Dr. on 10/2. Can he file a claim for his 10/2 Dr. Appt.)?	Can an employee who is no longer eligible file claims with a date of service after ineligible? <input type="checkbox"/> Yes <input type="checkbox"/> No
When an employee resigns retires, or is terminated, how many days do they have to finish filing claims for services incurred while they were an active employee?	Allow participants to file claims for: (please select <b>one</b> and indicate the number of days) <input type="checkbox"/> _____ days following the days after the plan year end date <b>OR</b> <input type="checkbox"/> _____ days after the last date they were 'Active'

Previous Plan Year Takeover (FSA)			
<b>Do you have a prior plan year that we will be taking over administration?</b>  <i>Check all that apply, additional information will be needed for us to administer the plans.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grace Period <input type="checkbox"/> Runout <input type="checkbox"/> Rollover		
<b>For what plans will we be taking over administration?</b>	<input type="checkbox"/> Medical FSA <input type="checkbox"/> Dependent Care FSA <input type="checkbox"/> Limited Purpose FSA		
<b>For what plan year dates are we taking over administration?</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>Plan year start date</b></td> <td style="width: 50%;"><b>Plan year end date</b></td> </tr> </table>	<b>Plan year start date</b>	<b>Plan year end date</b>
<b>Plan year start date</b>	<b>Plan year end date</b>		
<b>Do the settings for your prior plan year match exactly the plan details outlined for this year's plan?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, additional documentation is required with prior plan year details.		
<b>Previous Administrator Name</b>			

## SECTION 6: Health Reimbursement Arrangements (HRAs)

Only complete if offering a Health Reimbursement Arrangement

Employer will be obligated to provide its employees with all information governing the HRA.

<b>Plan Year Start Date:</b>		<b>Plan Year End Date:</b>	
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<b>HRA Plan Details – If offering more than one type of HRA additional paperwork is required.</b> Please note if you indicate Other additional paperwork may be required.	
<b>Select Eligible Expense List</b>	<input type="checkbox"/> General Purpose 213(d) <input type="checkbox"/> Limited Purpose (Dental and Vision) <input type="checkbox"/> Medical Only <input type="checkbox"/> Medical and Pharmacy <input type="checkbox"/> Other _____
Expected Number of Enrollments	
Will a debit card be offered with this plan? <i>(Note: For debit card to be offered, the plan must pay first and every dollar at 100%)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If offering FSA and HRA plans which plan pays out first to participants? Which plan should be exhausted first?	<input type="checkbox"/> FSA <input type="checkbox"/> HRA <input type="checkbox"/> Not Applicable
<b>Does this HRA require MSP Reporting?</b> <i>(Note: Dependent demographic information must be collected for HRA plans that require MSP Reporting)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Can participants be reimbursed for expenses incurred between now and the original effective date of the HRA as long as they were a participant?</b> <i>(Example: If this is the first time offering the HRA, would the plan design in the future pay back claims with dates of service back to the original date listed to the right?)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please provide the date HRA was first offered to employees ____/____/____

HRA Funding				
<b>How will funds be available to participants?</b>	<input type="checkbox"/> 100% plan year start or upon eligibility <input type="checkbox"/> 1 <sup>st</sup> of each Month <input type="checkbox"/> Per Payroll Frequency			
<b>Will funds be prorated for participants that start outside the plan year start date?</b>	<input type="checkbox"/> Monthly <input type="checkbox"/> No, employee gets full amount			
How much does the employer contribute to the HRA annually?				
Contribution Level	Single	Single Plus Spouse	Single Plus Dependent	Family
<b>Contribution Amount</b>				
<b>Amount varies</b> *This will require a contribution file	<input type="checkbox"/> Yes*			
<b>Is there an individual reimbursement maximum?</b>	<input type="checkbox"/> Yes, \$ _____ <input type="checkbox"/> No			



**Runout period** – Allows employees to file claims after the plan year ends. Date of service for claims must be incurred during the plan year.

<p style="text-align: center;"><b>Runout Period:</b></p> <p><i>Does the plan allow participants who have unused benefits to submit expenses after the plan year end that were incurred prior to the plan year-end?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ days following the Plan Year End Date</p>
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**Loss of Eligibility** – When an employee has been terminated from employment, they may become ineligible for benefits depending on how you want to handle terminated employees. *Please answer both questions below.*

<p><b>Loss of Eligibility (please complete both sections):</b></p> <p>(Ex. John left the company on 10/1; he goes to the Dr. on 10/2. Can he file a claim for his 10/2 Dr. Appt.)?</p>	<p>Can an employee who is no longer eligible file claims with a date of service after ineligible?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><i>When an employee resigns, retires, or is terminated, how many days do they have to finish filing claims for services incurred while they were an active employee?</i></p>	<p>How many days will you allow participants to file claims for services incurred while they were employed?</p> <p><i>(please select <b>one</b> and indicate the number of days)</i></p> <p><input type="checkbox"/> _____ days following the days after the plan year end date</p> <p><b>OR</b></p> <p><input type="checkbox"/> _____ days after the last date they were 'Active'</p>

**Rollover** – Allows participants to roll over up to 100% of unused funds at the end of the plan year to the next year's plan.

<p style="text-align: center;"><b>HRA Rollover</b></p> <p><i>If funds are rolling over to a subsequent plan year, the rollover will take place on Day 1 of the new plan year.</i></p>	<p>Can unused dollars be carried over and used in subsequent plan years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes,</p> <p><input type="checkbox"/> Up to \$ _____</p> <p><input type="checkbox"/> _____ % of Balance</p>
<p>When an employee has been terminated from employment; will their funds rollover to the next plan year for them to spend?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**Spenddown** –Allows employees the ability spend remaining balance of their HRA in subsequent plan years, even if they are no longer eligible for the HRA.

<p>When an employee is no longer eligible for the HRA, will their funds rollover to the next plan year?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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### Previous Plan Year Takeover (HRA)

<p><b>Do you have a prior plan year that we will be taking over administration?</b></p> <p><i>Check all that apply, additional information will be needed for us to administer the plans.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Runout <input type="checkbox"/> Rollover</p>
<p><b>For what plan year dates are we taking over administration?</b></p>	<p>Plan year start date _____ Plan year end date _____</p>
<p><b>Do the settings for your prior plan year match the plan details outlined for this year's plan?</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, additional documentation is required with prior plan year details.</p>
<p><b>Previous Administrator Name</b></p>	<p>_____</p>

## SECTION 7: Qualified Transportation Accounts (QTAs)

Only complete if Employer offers a Qualified Transportation Account administered through Transamerica. Employer will be obligated to provide its employees with all information governing the QTA.

<b>Plan Year Start Date:</b>		<b>Plan Year End Date:</b>	
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Please complete each section for each QTA that will be offered. **Please Note the QTA plans come with a debit card\*.**

\*A single card will be provided to employees if they are enrolled in more than one plan. Example: Health Savings Account and Parking or Health Savings Account, Mass Transit and Limited purpose FSA

Plan Type	Expected number of enrollments	Maximum Total Monthly Contribution (amount may vary based on IRS guidelines)	Employee Minimum Monthly Contribution	Monthly Employer Contribution	Contribution fund type How do you record it in payroll?
<b>Parking</b>		<input type="checkbox"/> IRS Maximum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> No Minimum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> None <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax <input type="checkbox"/> Both
<b>Mass Transit</b>		<input type="checkbox"/> IRS Maximum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> No Minimum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> None <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax <input type="checkbox"/> Both

**Runout period** – Allows employees to file claims after the plan year ends. Date of service for claims must be incurred during the plan year.

<p style="text-align: right;"><b>Runout Period:</b></p> <p><i>Does the plan allow participants that have unused benefits to submit expenses after the plan year end that were incurred prior to the plan year-end?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ days following the Plan Year End Date (No more than 180 days)</p>
<p><i>Maximum number of days to submit claim after date of service?</i></p>	<p>_____ IRS Maximum of 180 Days (standard)                  _____ days (no more than 180 days)</p>

**Loss of Eligibility** –When an employee has been terminated from employment they become ineligible for benefits.

<p style="text-align: right;"><b>Loss of Eligibility:</b></p> <p><i>When an employee resigns, retires, or is terminated, how many days do they have to finish filing claims for services incurred while they were an active employee?</i></p>	<p>Claims filed with a date of service after loss of eligibility will not be accepted.</p> <p>Participants can file claims with a date of service prior to loss of eligibility for: (please select <b>one</b> and indicate the number of days)</p> <p><input type="checkbox"/> _____ days following the days after the plan year end date</p> <p><b>OR</b></p> <p><input type="checkbox"/> _____ days after the last date they were 'Active'</p>
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<b>Commuter Rollover</b>	Commuter dollars for active employees continuously rollover month to month, year to year per IRS regulations.
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### Previous Plan Year Takeover (QTA)

<b>Do you have a prior plan year that we will take over administration?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>For what plan year dates are we taking over administration?</b>	Plan year start date _____ Plan year end date _____
<b>Do the settings for your prior plan year match the plan details outlined for this year's plan?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, additional documentation is required with prior plan year details.
<b>Previous Administrator Name</b>	_____

## SECTION 8: Lifestyle Spending Account (LSAs)

\* Only complete if offering a Lifestyle Spending Account

Employer will be obligated to provide its employees with all information governing the LSA.

<b>Plan Year Start Date:</b>		<b>Plan Year End Date:</b>	
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### LSA Plan Details – If offering more than one type of LSA additional paperwork is required.

Expected Number of Enrollments

#### LSA Eligible Expense List

**Select Eligible Expense List:** What expenses will the LSA cover? Choose the appropriate category(s) below.

<input type="checkbox"/> <b>Physical Wellness</b>	<input type="checkbox"/> <b>Financial Wellness</b>	<input type="checkbox"/> <b>Emotional Wellness/Other</b>
Athletic Equipment and Accessories Exercise Equipment Membership (Gym, Health Club, Spa and Fitness Studio) Fitness Classes Lessons Personal Trainer Fitness Trackers Entry Fees Passes Nutritional Supplements	Student Loan Reimbursement Home Purchase Expense Reimbursement Financial Advisor and Planning Services Financial Seminars and Classes Identity Theft Services	Meditation Classes Personal Development Classes (art, cooking) Non-Medical Counseling Services (marital, parental, etc.) Retreats (leadership, spiritual) Pet Care Camping Supplies Annual Park Pass Hunting and Fishing Licenses

### LSA Funding –How much and what timing will employees receive their funds.

<b>How will funds be available to participants?</b>	<input type="checkbox"/> 100% plan year start or upon eligibility <input type="checkbox"/> 1 <sup>st</sup> of each Month <input type="checkbox"/> Per Payroll Frequency <input type="checkbox"/> Varies (this will require contribution file)			
<b>Will funds be prorated for participants that start outside the plan year start date?</b>	<input type="checkbox"/> Monthly <input type="checkbox"/> No, employee gets full amount			
<b>How much does the employer contribute to the LSA annually?</b>				
<b>Contribution Level</b>	<b>Single</b>	<b>Single Plus Spouse</b>	<b>Single Plus Dependent</b>	<b>Family</b>
<b>Contribution Amount*</b> <small>*Not required if Varies is checked for how funds are available.</small>				
<b>Is there an individual reimbursement maximum?</b>	<input type="checkbox"/> Yes, \$ _____ <input type="checkbox"/> No			

**Runout period** – Allows employees to file claims after the plan year ends. Date of service for claims must be incurred during the plan year.

**Runout Period:**

*Does the plan allow participants who have unused benefits to submit expenses after the plan year end that were incurred prior to the plan year-end?*

☐ Yes ☐ No

\_\_\_\_\_ days following the Plan Year End Date

**Loss of Eligibility** – When an employee has been terminated from employment they may become ineligible for benefits depending on how you want to handle terminated employees.

**Loss of Eligibility (please complete both sections):**

(Ex. John left the company on 10/1; he goes to the Dr. on 10/2. Can he file a claim for his 10/2 Dr. Appt.)?

Can an employee who is no longer eligible file claims with a date of service after ineligible?

☐ Yes ☐ No

*When an employee resigns, retires, or is terminated, how many days do they have to finish filing claims for services incurred while they were an active employee?*

Allow participants to file claims for:

*(please select **one** and indicate the number of days)*

☐ \_\_\_\_\_ days following the days after the plan year end date

**OR**

☐ \_\_\_\_\_ days after the last date they were 'Active'

**Rollover** – Allows participants to roll over up to 100% of unused funds at the end of the plan year.

**LSA Rollover**

*If funds are rolling over to a subsequent plan year, the rollover will take place on Day 1 of the new plan year.*

Can unused dollars be carried over and used in subsequent plan years?

☐ Yes ☐ No

If yes,

☐ Up to \$ \_\_\_\_\_

☐ \_\_\_\_\_ % of Balance

When an employee has been terminated from employment; will their funds rollover to the next plan year?

☐ Yes ☐ No

**Spenddown** – Allows employees the ability spend remaining balance of their LSA in subsequent plan years, even if they are no longer eligible for the LSA.

When an employee is no longer eligible for the LSA, will their funds rollover to the next plan year?

☐ Yes ☐ No

## Section 9: Program Fees

Below is a list of the Transamerica program fees. Please chose if each fee will be paid by the employer or passed along to the employee. Please note: If fees are paid by the employer, all applicable fees will be passed along to the employee upon employment termination once the termination is received. Fees will not be waived for retroactive terminations.

FEES	AMOUNT	PAID BY
HSA-only Monthly Service Fee*	\$1.00	Employer <input type="checkbox"/> OR Employee <input type="checkbox"/>
Non-HSA only Monthly Service Fee (FSA/HRA/QTA)*	\$3.50	Employer paid Fee
Multi-Product Monthly Service Fee*	\$4.00	Employer paid Fee
HSA Paper Statement Fee	\$1.50	Employer <input type="checkbox"/> OR Employee <input type="checkbox"/>
Nondiscrimination Testing	\$	Employer Paid Annual Fee
Plan Document Annual Fee	\$	Employer Paid Annual Fee,
Additional Per Participant/Per Month Fee	\$	Employer <input type="checkbox"/> OR Employee <input type="checkbox"/>

\*Minimum monthly service fee of \$100/month.

## Section 10: Employer Signature

Primary Contact Signature:	
Print:	
Title:	
Date:	