

Please note, handwritten options or deviations from this form will not be accepted.

Employer information			
Company name		Employer Tax ID	
Street address	City	State	ZIP
Phone number ()	Alternative phone number ()		
Employer entity (Check one) <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Government <input type="checkbox"/> Church <input type="checkbox"/> Non-profit <input type="checkbox"/> Partnership			

Employer contact		
Primary contact	Email	Phone (area code)
If you use a broker, please provide: Name and/or HealthEquity broker ID: _____		
Phone number: () _____ Email: _____		
Should the broker be setup with access to your HealthEquity employer portal? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, what access do you allow (select one): <input type="checkbox"/> Full access or <input type="checkbox"/> Reports only		
Do you allow your broker to make reimbursement account plan changes (only available if full access is granted)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<small>Granting a broker access to or the right to make plan changes in the employer portal ("Portal") means that the Employer's broker may have access to Protected Health Information ("PHI") under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Employer hereby represents and warrants that Employer has entered into a valid business associate agreement ("BAA", as defined by HIPAA) with its broker. Broker and Employer will indemnify, defend, and hold HealthEquity, Inc. harmless for any action taken by broker in the Portal, or any use of PHI viewed or obtained in the Portal, that violates or is otherwise inconsistent with the terms of the BAA, the requirements of HIPAA, or obligations under applicable state privacy laws or regulations. Employer will notify HealthEquity in writing 30 days prior to any termination of its BAA with the broker, or any termination of its relationship with the broker, and will defend, indemnify, and hold HealthEquity harmless from any liabilities, damages, fines, penalties, fees, costs, or expenses incurred by HealthEquity related to Employer's failure to notify HealthEquity of such a termination.</small>		

Do you have health savings accounts (HSAs)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is HealthEquity administering the HSAs? <input type="checkbox"/> Yes <input type="checkbox"/> No

Health plan information
What is the name of your health plan partner? _____
Will we receive claims integration from your health plan partner? <input type="checkbox"/> Yes <input type="checkbox"/> No
The following information is required for HRA only.
What is the <u>medical</u> plan start date? _____
What is the health plan's <u>medical</u> deductible?
Plan 1: Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____
Plan 2: Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____
What is the health plan's <u>medical</u> out of pocket maximum?
Plan 1: Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____
Plan 2: Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____
RX claims accumulates towards which category?
Plan 1: <input type="checkbox"/> Medical Deductible <input type="checkbox"/> Medical out of pocket maximum <input type="checkbox"/> Neither
Plan 2: <input type="checkbox"/> Medical Deductible <input type="checkbox"/> Medical out of pocket maximum <input type="checkbox"/> Neither
Copayment claims accumulates towards which category?
Plan 1: <input type="checkbox"/> Medical Deductible <input type="checkbox"/> Medical out of pocket maximum <input type="checkbox"/> Neither
Plan 2: <input type="checkbox"/> Medical Deductible <input type="checkbox"/> Medical out of pocket maximum <input type="checkbox"/> Neither

HRA plan design 1**Group/Division number:** _____

Plan year start date	Plan year end date or <input type="checkbox"/> Ongoing*	Medical deductible plan start date	Medical deductible plan end date
*End date not needed for Ongoing plans.			

Plan year run-out end date: _____
Run-out is the date after the end of the plan year the HRA will continue to pay for expenses incurred during the plan year. Rollover funds are not available until run-out period is complete.

Plan year run-out days for terminated members (select one):
 0 days 30 days 60 days 90 days Other ____ days or by plan year run-out date
Note: HRA will pay expenses for terminated members that were incurred on or before the termination date, if received within this number of days following termination.

Is the HRA paired with a Health Savings Account? Yes No If yes, Member pays first should be filled out with the minimum amounts meeting IRS deductibles.

MSP Reporting: On Off
 Select Exception Reason:
 100% Retiree Less than 20 EEs and no ESRD Vision and/or Dental Only Plan Premium Only

HRA type – Select one type and complete the corresponding section.

HRA pays first
When does the HRA contribution become available for all members (select one)? Annually (up front) Quarterly Monthly Deposit only
 (If deposit only, amounts following are not required.)
 Annual HRA employer contribution (whole dollar amounts, not %)
 Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____

Member pays first - Member pays for eligible expenses before HRA funds are used. (Deposit only and accrual contributions are not available with this plan design.)
 Annual HRA employer contribution (whole dollar amounts, not %)
 Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____
 HRA member responsibility – Is there a per person member responsibility? Yes* - Amount: \$ _____ No
 *If yes, HRA will pay for the covered dependent once the member responsibility is met even if the aggregate family responsibility amount above has not been met. Amount should equal individual responsibility.
 Aggregate family responsibility: Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____
Note: Autopay is required for this plan if claims are received from health plan (best experience). If not using autopay, members will need to manually submit all expenses that are incurred before reaching the deductible. This will allow HealthEquity to accurately track when the deductible has been met.

HRA with debit card
When does the HRA contribution become available for all members (select one)? Annually (up front) Deposit only
 (If deposit only, amounts following are not required.)
What expenses are allowed on the debit card (only select one)? Rx Dental/Vision Limited purpose* PDHRA All 213d
 Annual HRA employer contribution (whole dollar amounts, not %)
 Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____
 *PDHRA- dental and vision expenses allowed, will switch to a full health care HRA once the IRS deductible is met (IRS HSA minimum deductibles vary year over year). Preventative care is also allowed prior to deductible met date. Preventative expenses will need to be manually submitted if it is prior to the deductible met date.

Shared HRA - Payment for HRA reimbursable expenses is a split percentage between the HRA fund and the member until the HRA has been exhausted. Autopay is required if claims are received from health plan (best experience). Autopay is only available if claims for all eligible expenses are received through integration. In the absence of claims integration, manual claim submission must be permitted for all expenses, and autopay will not be utilized. *Proration is not allowed with a shared HRA. **Rollover is not allowed with a shared HRA.
 Annual HRA employer contribution (whole dollar amounts, not %)
 Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____
 HRA pays _____ % and Member pays _____ %

HRA design specifics

Is there an individual payment cap? Yes. Maximum amount* HRA pays to any individual family member is: \$ _____ No
 Note: Not available with a debit card HRA. *Can't be lower than the individual contribution.

Is the employer HRA contribution prorated for members enrolling mid-year, as well as, for mid-year coverage changes (not available on deposit only plans)?

Yes No If yes, Monthly or Quarterly

Will the HRA have additional incentive deposits (due to rewards or wellness activity)?

Yes No

Will unused HRA employer contributions roll over from one plan year to the next? Yes No

Maximum roll over amount (whole dollar amounts, not %)

Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____

Percent roll over amount _____ %

Manual (Automation logic doesn't support your rollover rules. You will provide amounts to HealthEquity within 30 days after the plan runout date.)

Are there employer contributions that need to be rolled over from prior administrator? Yes No

Note: Employer contributions cannot roll over to the following plan year until the run-out period is over. Unused employer contributions will roll over 30 days after the run-out period is over.

Eligible medical expenses: *All 213d Deductible Co-pays Coinsurance

Included expenses within category: Medical Dental Vision RX

*If all 213d is selected, all following included expenses are enforced.

Reminder: If your Rx and/or copays are counted towards your medical deductible and you select "medical deductible" as an eligible expense, please consider selecting Rx and/or copay as well.

Would you like to turn on autopay*? Yes No

*Required for Member Pays First HRA or Shared HRA if claims are received from health plan (best experience). Applies to integrated claims. Claims will be automatically paid to the selected payee. Co-pays and RX claims are always auto-pay to member if auto-pay to provider is selected. There is a \$2 check fee for eligible claims reimbursed to members without their personal EFT on file.

Select payee: Member Provider

Would you like members to be able to turn off autopay? (Only available with HRA pays first plans) Yes No

If yes, do you allow the ability to: Opt-into autopay Opt-out of autopay

Note: A debit card is not allowed on integrated claims when auto pay is turned on, unless that debit card is Rx Only. Auto pay for Rx will be turned off.

ICHRA/EBHRA and Retiree HRAs plan design

Plan year start date

Plan year end date

Medical deductible plan start date

Medical deductible plan end date

Plan year run-out end date: _____

Run-out is the date after the end of the plan year the HRA will continue to pay for expenses incurred during the plan year. Rollover funds are not available until run-out period is complete.

Plan year run-out days for terminated members (select one):

0 days 30 days 60 days 90 days Other ____ days or by plan year run-out date

Note: Run-out is the number of days after the end of the plan year the HRA will continue to pay for expenses incurred during the plan year. HRA will pay expenses for terminated members that were incurred on or before the termination date, if received within this number of days following termination.

Individual Coverage HRA (ICHRA)

Annual HRA employer contribution (whole dollar amounts, not %)

Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____

OR by deposits only – Participant Election amounts are managed by the employer through the employer portal.

Eligible premiums: Medical/Pharmacy Dental Vision Medicare

Excepted Benefits HRA (EBHRA)

Annual HRA employer contribution (whole dollar amounts, not %)

Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____

OR by deposits only – Participant Election amounts are managed by the employer through the employer portal.

Would you like a debit card issued? Yes No Note: A debit card is not able to be utilized for the purchase of premiums.

Eligible expenses: All 213d Medical Pharmacy Dental Vision

Eligible premiums: COBRA: Medical/Pharmacy Dental Vision

Group or Individual: Dental Vision

Other: Long Term Care

Retiree HRA

Is this an Ongoing plan with no end date? Yes No (If yes, no need to fill in Plan year end date above.)

Annual HRA employer contribution (whole dollar amounts, not %)

Individual: \$_____ EE + Spouse: \$_____ EE + Child: \$_____ EE + Children: \$_____ Family: \$_____

OR by deposits only – Participant Election amounts are managed by the employer through the employer portal.

Would you like a debit card issued? Yes No **Note:** A debit card is not able to be utilized for the purchase of premiums.

Eligible medical expenses: All 213d

Premiums: Medicare Medical Dental Vision Long Term Care

Would you like the plan to only reimburse supplemental premiums? No Yes If so, list qualified supplemental premiums below:

Specifics

Will unused HRA employer contributions roll over from one plan year to the next? Yes No

Maximum roll over amount (\$ amount, not%)

Individual: \$_____ EE + Spouse: \$_____ EE + Child: \$_____ EE + Children: \$_____ Family: \$_____

Percent roll over amount _____%

Are there employer contributions that need to be rolled over from prior administrator? Yes No

Note: Employer contributions cannot roll over to the following plan year until the run-out period is over. Unused employer contributions will roll over 30 days after the run-out period is over.

Full FSA

Group number: _____

Plan year start date

Plan year end date

Plan year run-out end date (Run-out is the date after the end of the plan year the FSA will continue to pay expenses incurred during the plan year.)

Plan year run-out days for terminated members: 0 days 30 days 60 days 90 days Other _____ days or by plan year run-out date
FSA will pay expenses for terminated members incurred on or before the termination date if received within this number of days following the termination date.

Grace period end date*: _____ (cannot exceed 2.5 months) *Enter as a date and not days. If left blank grace period will not be configured in the plan.

The FSA grace period provides an additional time period after the end of the plan year to incur expenses against the FSA. This time period begins the first day following the end of the plan year.

Note: Carryover cannot be offered with a grace period. Grace period cannot exceed the run-out dates.

Election minimum: \$_____ Election maximum: \$_____ OR, IRS Maximum limit

Will a debit card be issued with this FSA plan? Yes No

Will unused elections roll over from one plan year to the next? Yes No

Roll over minimum: \$_____ Roll over maximum: \$_____ OR, IRS Maximum limit

Are there unused elections that need to be rolled over from a prior administrator? Yes No

Note: Unused elections cannot roll over to the following plan year until the run out period is over. This typically happens 30 days after the run out period is over. Member eligibility is required in the new plan year for roll over to occur. Roll over cannot be offered with a grace period.

Limited/Post deductible FSA

Group number: _____

Plan year start date

Plan year end date

Plan year run-out end date (Run-out is the date after the end of the plan year the FSA will continue to pay expenses incurred during the plan year.)

Plan year run-out days for terminated members: 0 days 30 days 60 days 90 days Other _____ days or by plan year run-out date
FSA will pay expenses for terminated members incurred on or before the termination date if received within this number of days following the termination date.

Grace period end date*: _____ (cannot exceed 2.5 months) *Enter as a date and not days. If left blank grace period will not be configured in the plan.

The FSA grace period provides an additional time period after the end of the plan year to incur expenses against the FSA. This time period begins the first day following the end of the plan year.

Note: Carryover cannot be offered with a grace period. Grace period cannot exceed the run-out dates.

Election minimum: \$ _____ Election maximum: \$ _____ OR, IRS Maximum limit

LPFSA plan type(s): Dental/Vision FSA (LPFSA) Post deductible Dental/Vision* (PDLPFSA)
*PDLPFSA- dental and vision expenses allowed, will switch to a full health care FSA once the IRS deductible is met (IRS HSA minimum deductibles vary year over year). Preventative care is also allowed prior to deductible met date. If debit cards are selected, preventative expenses will need to be manually submitted if it is prior to the deductible met date.

Will a debit card be issued with this LPFSA plan? Yes No

Will unused elections roll over from one plan year to the next? Yes No
 Roll over minimum: \$ _____ Roll over maximum: \$ _____ OR, IRS Maximum limit

Are there unused elections that need to be rolled over from a prior administrator? Yes No
Note: Unused elections cannot roll over to the following plan year until the run out period is over. This typically happens 30 days after the run-out period is over. Member eligibility is required in the new plan year for roll over to occur. Roll over cannot be offered with a grace period.

Dependent care reimbursement account (DCRA) plan (Debit cards are not available on DCRA's)

Plan year start date	Plan year end date	Plan year run-out end date (Run-out is the date after the end of the plan year the FSA will continue to pay expenses incurred during the plan year.)
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Plan year run-out days for terminated members:
 0 days 30 days 60 days 90 days Other _____ days or by plan year run-out end date
DCRA will pay expenses for terminated members incurred on or before the termination date if received within this number of days following the termination date.
 Note: If client is offering Spend Down, client must choose "By plan year run out end date" for terminated members.

Grace period end date*: _____ (cannot exceed 2.5 months) *Enter as a date and not days. If left blank grace period will not be configured in the plan.
The DCRA grace period provides an additional time period after the end of the plan year to incur expenses against the DCRA. This time period begins the first day following the end of the plan year.
 Note: Carryover cannot be offered with a grace period. Grace period cannot exceed the run-out dates.

Do you allow Spend Down for Early Terminated members? Yes No
 Spend down must equal Plan Year End Date or Grace Period End Date

Election minimum: \$ _____ Election maximum: \$ _____ OR, IRS Maximum limit

Plan processing order

If multiple accounts are offered, indicate the order in which the accounts should be considered for payment. It is most common to have the HRA considered first, especially if there is an HRA deductible. If a zero balance is reached in the primary account, the secondary account will be used.

1 - Pays first 2 - Pays second 3 - Pays third HRA _____ FSA _____ HIA _____

Note: Enforcing plan processing may not apply depending on plan options and allowed expenses.

Payroll Record keeping (Applies to FSA/DCRA plans only. Not applicable to a HRA)

Section I: How HealthEquity will track individual member/employer payroll deductions/contributions (Not needed for HRA only plans.) Below specifications determine the configuration of the record keeping service provided by HealthEquity; HealthEquity does not hold or gather plan assets based on the below specifications.

Manual: Group will upload individual funding allocations through employer portal according to payroll calendar for: FSA DCRA
 Assumed: HealthEquity assumes individual funding allocations according to payroll calendar and annual election amount for:
 FSA DCRA (Group will not send allocation details to HealthEquity)
 Integrated: Third party sends funding allocations through electronic file feed. NOT AVAILABLE WITH FUNDING BASED ON ALLOCATION FILES.
 For: FSA DCRA

Section II: Payroll calendar (Do not complete if only for HRA or if "Manual" or "Integrated" was selected in Section I)

<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
<input type="checkbox"/> Semi-monthly	<input type="checkbox"/> 1 st & 15 th <input type="checkbox"/> 1 st & 16 th <input type="checkbox"/> 15 th & 30 th <input type="checkbox"/> 15 th & 31 st <input type="checkbox"/> 5 th & 20 th <input type="checkbox"/> 6 th & 21 st
<input type="checkbox"/> Monthly	<input type="checkbox"/> Day of month _____ Or <input type="checkbox"/> Last Friday of every month

Date of first payroll during new plan year (HealthEquity's assumed funding allocations will consider this first payroll date, the payroll frequency filled out above, and participant election amount to apply allocations to members' accounts. Any and all alterations outside of this assumed logic is not supported.)

Employer invoicing options

General assets will be provided to HealthEquity to fund the reimbursement of member claims. To specify how HealthEquity will invoice for general assets, select an invoicing option for each plan. **Note:** HIA accounts are funded only as members complete qualified events.

<input type="checkbox"/> HRA	<input type="checkbox"/> Option 1: Reserve account invoicing* <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr> <th style="width: 30%;">Invoicing frequency</th> <th>Reserve amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Daily</td> <td>Maintain 3% (auto-debit is required)</td> </tr> <tr> <td><input type="checkbox"/> Weekly</td> <td>Maintain 10% balance of annual plan liability without a debit card 15% with card. Day of the week _____</td> </tr> <tr> <td><input type="checkbox"/> Monthly</td> <td>Maintain 20% balance of annual plan liability (not available with a card). Day of the month _____</td> </tr> </tbody> </table> <input type="checkbox"/> Option 2: Pay-as-you-go (with auto-debit) – Each day if claim(s) are payable, an invoice is generated and your account is auto-debited 2 business days later. (Not available with a debit card) <input type="checkbox"/> Option 3: Fully funded – HealthEquity will invoice you for the total annual plan liability at the beginning of the plan year. <input type="checkbox"/> Option 4: Funding based on deposits**: – HealthEquity will invoice you as funds are added to the member's HRA. Auto debiting invoices is not allowed.	Invoicing frequency	Reserve amount	<input type="checkbox"/> Daily	Maintain 3% (auto-debit is required)	<input type="checkbox"/> Weekly	Maintain 10% balance of annual plan liability without a debit card 15% with card. Day of the week _____	<input type="checkbox"/> Monthly	Maintain 20% balance of annual plan liability (not available with a card). Day of the month _____	<p>* Reserve account invoicing: Based on total annual plan liability and the frequency of invoicing, HealthEquity requests a percent to be held on the employer's behalf as a reserve. Reserve account funds are tracked by plan year, at the beginning of your new plan year HealthEquity will request funds for a new reserve account. Funds will be returned to you after runoff. As claims are processed each day, HealthEquity pays them from this reserve fund. Employer receives a replenishment request email notification (according to invoicing frequency) asking that the reserve amount be brought back up to the target percentage. This method provides the fastest means of claims payment and is preferred.</p> <p>**Funding based on allocation files: Employers wishing to fund their plan liability in coordination with their payroll calendar select this option. Using the funding wizard on HealthEquity's employer portal, employers upload a file or enter funding amounts. An invoice is generated and viewable on the portal for these funding amounts. Funds on deposit is used daily to pay claims. Auto debiting invoices is not an option for funding based on allocation files.</p>
Invoicing frequency	Reserve amount									
<input type="checkbox"/> Daily	Maintain 3% (auto-debit is required)									
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<input type="checkbox"/> FSA/ LPFSA	<input type="checkbox"/> Option 1: Reserve account invoicing* <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr> <th style="width: 30%;">Invoicing frequency</th> <th>Reserve amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Daily</td> <td>Maintain 3% (auto-debit is required)</td> </tr> <tr> <td><input type="checkbox"/> Weekly</td> <td>Maintain 10% balance of annual plan liability without a debit card 15% with card. Day of the week _____</td> </tr> <tr> <td><input type="checkbox"/> Monthly</td> <td>Maintain 20% balance of annual plan liability (not available with a card). Day of the month _____</td> </tr> </tbody> </table> <input type="checkbox"/> Option 2: Pay-as-you-go (with auto-debit) – Each day if claim(s) are payable, an invoice is generated and your account is auto-debited 2 business days later. (Not available with a debit card) <input type="checkbox"/> Option 3: Fully funded – HealthEquity will invoice you for the total annual plan liability at the beginning of the plan year.	Invoicing frequency	Reserve amount	<input type="checkbox"/> Daily	Maintain 3% (auto-debit is required)	<input type="checkbox"/> Weekly	Maintain 10% balance of annual plan liability without a debit card 15% with card. Day of the week _____	<input type="checkbox"/> Monthly	Maintain 20% balance of annual plan liability (not available with a card). Day of the month _____	
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<input type="checkbox"/> Weekly	Maintain 10% balance of annual plan liability Day of the week _____									
<input type="checkbox"/> Monthly	Maintain 20% balance of annual plan liability Day of the month _____									

Banking information

Would you like us to automatically debit (auto-debit) your account when claims invoices are generated?

FSA: Yes No HRA: Yes No

The following banking information will be used for the initial funding and ongoing replenishment of the reserve account.

(Please include a voided check or bank letter that includes both account and routing numbers to verify this banking information)

Is a check available? Yes No*

*If no, a pre-note verification will be required.

Bank name	Bank address
Bank phone	Account type
Routing number	Account number

Optional features

Will you need nondiscrimination testing performed for your plan? Yes* No

If yes, you will need to provide HealthEquity additional eligibility information for each of your participants (ownership %, officer status, compensation, etc.). HealthEquity will provide additional instruction at the time your group is set up.

*An additional fee may apply.

Non-Discrimination Contact (Required for testing)

Email

Phone

Would you like plan documents? Yes No

(A plan document questionnaire gathering additional benefit information will be required to complete this request)

Signature (Required to proceed)

I hereby authorize HealthEquity to provide reimbursement account services based on the information provided in this form.

Print name

Date

Signature (Required to proceed)

Note: It is the client's responsibility to review and/or compare any and all plan documentation against their current plan documentation if one exists to ensure accuracy prior to returning to HealthEquity.

There is a \$250 fee to amend the plan design. An invoice in this amount will be created and published to the HealthEquity employer portal. • In the event that the change in plan design requires claims to be reprocessed, there is a \$250 per hour reprocessing fee. Minimum billing for 2 hours.

For questions related to the completion of the form please contact HealthEquity at 1-866-382-3510.

Member fees

Note: Please be aware that members may be assessed the following fees on their account. You may wish to advise them of these fees.

HealthEquity Visa® Card	Up to 3 FREE additional or replacement cards/\$5 per replacement	Electronic payment to self	FREE
		Paper check to self	\$2.00 per transaction
Card transaction	FREE	Stop payment request	\$20.00 per transaction
Payment to provider	FREE	Statement fee	\$1.00 paper statement (free for electronic)

This card is issued by The Bancorp Bank, N.A., Member FDIC, pursuant to a license from Visa U.S.A. Inc. This card can be used everywhere Visa debit cards are accepted for qualified expenses. This card cannot be used at ATMs and you cannot get cash back, and cannot be used at gas stations, restaurants, or other establishments not health related. See Cardholder Agreement for complete usage restrictions.

The link below includes the HealthEquity Terms & Conditions. Please note that by implementing your reimbursement accounts with HealthEquity, you are agreeing to our Terms & Conditions. Please take the opportunity to review: http://resources.healthequity.com/Documents/Employer/HealthEquity_RA_Web_Terms_of_Services.pdf.

Any fees, surcharges, or taxes imposed by law on the operation of the Plan (e.g., MA Health Safety Net or MA PIPA) will be passed onto the entity sponsoring the plan. The amount will be deducted automatically from the plan's funding account, and if there is insufficient funds to pay such amounts, the sponsoring entity will be invoiced for the amount. Timely payment of this amount is a condition precedent to services.

MA Health Safety Net Surcharge

This surcharge is assessed on a monthly basis on any payments made from a health reimbursement arrangement (HRA) to certain hospitals and ambulatory surgical centers in Massachusetts. If a member of your group has obtained a service at one of these designated facilities HealthEquity will invoice you for the surcharge on payments made to these providers. Invoices will be posted to the HealthEquity employer portal by the 5th of the month for payments that were made the prior month.

An HRA may provide tax free benefits only to members, former members, retirees, and their spouses or covered tax dependents. Because self-employed individuals are not "members," an HRA may not provide tax free benefits to self-employed individuals (i.e., sole proprietors, partners, and more than 2% Sub chapter S corporation shareholders).

