

Standard employer application for HRAs and FSAs



Once your application is received, you will receive an email confirmation. After the signed and dated application has been received, the application will be in a pending status until enrollment is received. Once enrollment is received your plan(s) will be setup.

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

Employer information			
Company name		ER Tax ID	
Street address	City	State	ZIP
Phone ()	Fax ()		
ER 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 or Church <input type="checkbox"/> Non-profit <input type="checkbox"/> Other _____			
An HRA may provide tax-free benefits only to employees, former employees, retirees, and their spouses or covered tax dependents. Because self-employed individuals are not "employees," an HRA may not provide tax-free benefits to self-employed individuals (i.e., sole proprietors, partners, and more-than-2% Subchapter S corporation shareholders).			
Please list owners and their dependents who are NOT eligible for the HRA Fund: _____			

Employer contact (Contacts listed below will be granted full access to your employer portal)		
Primary contact	Email	Phone (area code)
Additional contact	Email	Phone (area code)
Additional 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: <input type="checkbox"/> Full access or <input type="checkbox"/> Reports only		
Do you allow your broker to make reimbursement account plan changes? <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>		

Health plan information	
Who is your health plan provider? _____	What is the medical plan start date? _____
What is the health plan's medical deductible?	
Plan 1: Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____	
Plan 2: Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____	
Plan 3: Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____	
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

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

Plan year start date	Plan year end date	Medical deductible plan start date	Medical deductible plan end date
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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 employees:
 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 employees that were incurred on or before the termination date, if received within this number of days following termination.

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

HRA pays First Employee pays first HRA with debit card HRA cost share

HRA pays first

Annual HRA employer contribution (\$ amount, not %)
 Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____

When does the HRA contribution accrue for all employees? Annually Quarterly Monthly

Employee pays first - Employee pays HRA employee responsibility for eligible expenses before HRA funds are used.

Is the HRA paired with a Health Savings Account? Yes No
 Annual HRA employer contribution (\$ amount, not %)
 Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____
 HRA employee responsibility – Is there a per person employee responsibility? Yes* - Amount: \$ _____ No
 Aggregate family responsibility: Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____
 *If yes, HRA will pay for the covered dependent once the employee responsibility is met even if the aggregate family responsibility amount above has not been met.
Note: Autopay is required for this plan.

HRA pays first with a debit card

Which expenses are reimbursable on the debit card? Rx
 Annual HRA employer contribution (\$ amount, not %)
 Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____

Cost shared HRA – Payment for HRA reimbursable expenses is a split percentage between the HRA fund and the employee until the HRA has been exhausted. Autopay is required.

Annual HRA employer contribution (\$ amount, not %)
 Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____
 HRA pays _____% and Employee pays _____%

HRA design specifics 1

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.

Is the employer HRA contribution prorated for employees enrolling mid-year, as well as, for mid-year coverage changes? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, <input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly	Will the HRA have additional incentive deposits (due to rewards or wellness activity)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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This HRA pays for medical deduction only expenses. Do you allow RX's as well? Yes No

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

Would you like to turn on autopay*? Yes No
 *Required for Employee Pays First HRA plan. Applies to integrated claims. Claims will be automatically paid to the selected payee. Co-pays always auto-pay to member if auto-pay to provider is selected. There is a \$2 fee for paper checks.
 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.

HRA plan design 2**Group number:** _____

Plan year start date	Plan year end date	Medical deductible plan start date	Medical deductible plan end date
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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 employees:
 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 employees that were incurred on or before the termination date, if received within this number of days following termination.

HRA type – Select one and complete the corresponding section below.
 HRA pays First Employee pays first HRA with debit card HRA cost share

HRA pays first
 Annual HRA employer contribution (\$ amount, not %)
 Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____
When does the HRA contribution accrue for all employees? Annually Quarterly Monthly

Employee pays first - Employee pays HRA employee responsibility for eligible expenses before HRA funds are used.
 Is the HRA paired with a Health Savings Account? Yes No
 Annual HRA employer contribution (\$ amount, not %)
 Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____
 HRA employee responsibility – Is there a per person employee responsibility? Yes* - Amount: \$ _____ No
 Aggregate family responsibility: Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____
 *If yes, HRA will pay for the covered dependent once the employee responsibility is met even if the aggregate family responsibility amount above has not been met.
Note: Autopay is required for this plan.

HRA pays first with a debit card
Which expenses are reimbursable on the debit card? Rx
 Annual HRA employer contribution (\$ amount, not %)
 Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____

Cost shared HRA – Payment for HRA reimbursable expenses is a split percentage between the HRA fund and the employee until the HRA has been exhausted. Autopay is required.
 Annual HRA employer contribution (\$ amount, not %)
 Individual: \$ _____ EE + Spouse: \$ _____ EE + Child: \$ _____ EE + Children: \$ _____ Family: \$ _____
 HRA pays _____% and Employee pays _____%

HRA design specifics 2

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.

Is the employer HRA contribution prorated for employees enrolling mid-year, as well as, for mid-year coverage changes? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, <input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly	Will the HRA have additional incentive deposits (due to rewards or wellness activity)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Would you like to turn on autopay*? Yes No
 *Required for Employee Pays First HRA plan. Applies to integrated claims. Claims will be automatically paid to the selected payee. Co-pays always auto-pay to member if auto-pay to provider is selected. There is a \$2 fee for paper checks.
 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.

Employer invoicing options

To specify how you will send HealthEquity funds used to pay claims, select a invoicing option for each plan.

Note: HIA accounts are funded only as employees complete qualified events.

Would you like us to automatically debit (auto-debit) your account when claims invoices are generated? **HRA:** Yes No

HRA

Option 1: Reserve account invoicing*

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 _____

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)

Option 3: Fully funded

HealthEquity will invoice you for the total annual plan liability at the beginning of the plan year.

* **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 runout. 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.

****Payroll deposits:** Employers wishing to fund their plan liability in coordination with their payroll select this option. Using the deduction wizard on HealthEquity's employer portal, employers upload a file or enter amounts in the interface for the amount they wish to deposit. An invoice is generated and viewable on the portal for these deposit amounts. Funds on deposit are used daily to pay claims.

Banking information for:

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

(Please include a copy of a voided check 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
Person authorizing	Phone number
Signature	

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.

*Additional fee may apply.

Would you like plan documents? (For renewals, documents are only needed if making changes from prior plan year) Yes No

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	

For questions related to the completion of the form please contact HealthEquity at 1-866-382-3510 or via email onboarding@healthequity.com.

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)

HealthEquity Visa Health Account Card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC.

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.

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. The current surcharge rate is 1.25% and is subject to change.

