



FMLA ADMINISTRATION

Before completing this form, it is important to determine whether your company is required to comply with Federal FMLA laws.

Please note that even if your company does not meet the criteria to comply with Federal FMLA you may still be required to comply with state-specific laws.

After completing this short eligibility section, if you are still unsure of your requirements, please contact us at FMLA@MoneyWiseSolutions.com before proceeding with this form.

Please Select Company Type:

- ☐ Private-Sector Employer (not government run)
- ☐ Private Elementary or Secondary School
- ☐ Public-Sector Employer (federal, state, and local government agencies (e.g., public schools, government offices))

Have you employed at least 50 workers for 20 or more work weeks in the preceding or current year?:

- ☐ Yes - FMLA Applies continue completing this form.
- ☐ No - FMLA does not apply, but state-specific leave laws could apply. Contact MoneyWise Solutions before completing this form.

FEDERAL LEAVE DETAILS

Define your Federal Leave Year:

- ☐ Calendar Year
- ☐ 12-Month Rolling Backward
- ☐ 12-Month Measured Forward
- ☐ Anniversary Date (Employee must have a hire date): ____/____/____
- ☐ Other: Fixed 12-Month Period (provide date range): ____/____/____ to ____/____/____

ADDITIONAL FEDERAL LEAVE AND COMPANY LEAVE PROGRAMS

Employers may provide leave beyond federal requirements but should carefully consider how to structure and track it. While the federal minimum must be met, additional leave does not necessarily grant restoration rights (employees right to return to position). Employers can either extend the federal program or create separate leave programs, such as corporate or state-mandated leave programs.

If additional leave is provided without a separate program, it cannot be counted separately from FMLA. Tracking multiple leave programs may be necessary, especially when complying with state laws. Employers can track leave concurrently under multiple programs or separately, depending on their policies. Employees are entitled to the most generous benefit available under federal or state law. However, leave beyond legal requirements lacks the same protections, making tracking and compliance essential.

Would you like to add more leave to the federal minimum (apart from state or corporate programs)?:

- ☐ Yes ☐ No

Enter the number of weeks you wish to add to Federal Minimum:

Separate Leave Programs:

Do you have or do you want to create a separate leave program, such as a corporate program?:

- ☐ Yes ☐ No

If Yes, please provide details here:

Program Name: _____

Will the additional corporate leave program provide leave in hours or weeks (e.g., 5 weeks or 8 hours)?:

Please specify the maximum number of weeks or hours provided: _____

How will eligibility for the corporate leave program be calculated? (Select one):

Months worked, Total weeks worked, Consecutive weeks worked

What is the required length of employment for eligibility? (Enter the number of months, weeks, or consecutive weeks as applicable.): _____

How will you determine your leave year for this program?

☐ Calendar Year

☐ 12-Month Rolling Backward

☐ 12-Month Measured Forward

☐ Anniversary Date (Employee must have a hire date): ____/____/____

☐ Other: Fixed 12-Month Period (provide date range): ____/____/____ to ____/____/____

COMPANY POLICIES FOR SICK, VACATION OR OTHER LEAVE

Having company policies for sick, vacation, and other leave ensures consistency, legal compliance, and accurate tracking, which helps the company and MoneyWise manage leave efficiently. You will be able to provide details about your company policies in this section.

Do you have a written policy available to employees containing conditions applicable to sick, vacation, or other leave usage?:

☐ Yes - Formal policy exists and available to employees

☐ No - There is no written policy

☐ Partially - Some are documented (i.e. PTO) but others (i.e. Vacation) are not.

If Yes, list the name of the policy and where/how employees access it.:

Are there specific rules or circumstances under which employees are allowed to use PAID LEAVE (such as PTO, Sick Leave, Family Leave)?: ☐ Yes ☐ No

If Yes, please rules and circumstances here or upload policy/handbook at the end of the form.

PREMIUM REMITTANCE ACKNOWLEDGEMENT

All FMLA remittance payments to the group can be made via check or ACH. If ACH is selected below, you will receive an email from Bill.com to initiate setup. If you already have a Bill.com account, you can add your Bill.com Payment Network ID below to set it up. MoneyWise will debit all monthly fees via ACH.

Preferred Remittance Method:

☐ Check

☐ ACH

If you selected ACH and have a bill.com account please list your Payment Network ID here:

☐ If ACH is Selected for Premium Remittance: I hereby authorize MoneyWise Solutions to initiate credit entries to the Account for Premium Remittance.

MONTHLY BILLING AUTHORIZATION & ACKNOWLEDGEMENT

Please note the following regarding monthly billing

- MoneyWise will debit all monthly fees via ACH.
- Please complete the attached [ACH FORM](#) and upload it [here](#)

- ☐ I acknowledge and agree that the FMLA Administration fee is \$.75 per employee per month (PEPM).
- ☐ I acknowledge and agree that the FMLA Administration fee is \$5.00 per Leave Active Participant per month while on leave.
- ☐ I acknowledge and agree that a minimum monthly fee of \$50.00 will apply if the PEPM and Per Leave Participant Fee total costs do not meet the minimum.
- ☐ I hereby authorize MoneyWise Solutions to initiate debit entries to cover Administrative Fee Funding for all employer paid fees, including but not limited to setup fees and monthly fees.

Electronic Signature:

Print Name:

Title:

Date: