

CONSUMER DRIVEN HEALTHCARE SPENDING ACCOUNT

Intake Form



Use this form for FSA, Commuter Spending Accounts, and HSA Plans only.

There is a separate form for HRA Plans.

PLAN YEAR

New Plan Year Effective Date:		New Plan Year End Date:	
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Do you currently have Spending Accounts in place that MoneyWise will be taking over?

- No
- Yes, Current Administrator will finish out Plan Year through runout period.
- Yes, MoneyWise will need to take over Administration & Run out as of the date specified below.

If Yes Please complete the following and also upload your current Plan Document [here](#):

Take over Plan Effective Date: ____/____/____

Take over Plan End Date: ____/____/____

PAYROLL DEDUCTIONS

Please review the questions below and attach your payroll calendar for the new plan year. Upload your Payroll Calendar [here](#).

What is your payroll cycle?

- Weekly (52 Pays Periods)
- Semi-Monthly (24 Pay Periods)
- Bi-Weekly (26 Pay Periods)
- Monthly (12 Pay Periods)
- Other: Please Specify: _____

What is your Payroll Deduction Rounding Procedure?

Please indicate the rounding method on how uneven payroll deductions should be handled.

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

Standard Rounding/Rounding to the Nearest Cent: Payroll deductions are typically rounded to the nearest cent. For example, if the deduction is \$10.456, it would round to \$10.46. If it's \$10.453, it would round to \$10.45.

Rounding Up to the nearest whole cent or dollar. If the deduction is \$10.45, it would round up to \$10.50.

Rounding Down to the nearest whole cent or dollar. If the deduction is \$10.43, rounding down would be \$10.40. In all cases we can adjust the deductions either at the first pay period or the last pay period.

- Round Up First Pay Period
- Round Up Last Pay Period
- Round Down First Pay Period
- Round Down Last Pay Period
- Standard Rounding (Nearest Cent) First Pay Period
- Standard Rounding (Nearest Cent) Last Pay Period

POP DOCUMENT INFORMATION

All MoneyWise Spending Account Plans include a Plan Document with integrated Premium Only Plan (POP) Document language. The POP Document is required for allowing employees to pay for eligible benefits like health insurance premiums on a pre-tax basis, reducing taxable income. This document ensures compliance with IRS Section 125 regulations, which govern pre-tax benefit contributions.

Please select all the benefits that you will be offering this plan year.

- | | | |
|---|---|---|
| <input type="checkbox"/> Group Medical Insurance | <input type="checkbox"/> Group Dental Insurance | <input type="checkbox"/> Medical FSA |
| <input type="checkbox"/> Group Term Life | <input type="checkbox"/> Group Vision Insurance | <input type="checkbox"/> Dependent Care FSA |
| <input type="checkbox"/> Short Term Disability | <input type="checkbox"/> Accidental Death & Dismemberment | <input type="checkbox"/> HRA |
| <input type="checkbox"/> Critical Illness Insurance | <input type="checkbox"/> Long Term Disability | <input type="checkbox"/> Transit Spending Account |
| <input type="checkbox"/> Hospital Indemnity Insurance | <input type="checkbox"/> Cancer Insurance | <input type="checkbox"/> Parking Spending Account |
| <input type="checkbox"/> Cash In Lieu of Benefits | <input type="checkbox"/> Voluntary Benefits | |
| <input type="checkbox"/> Specified Health Event | <input type="checkbox"/> HSA Contributions | |
| <input type="checkbox"/> Intensive Care Insurance | | |

What Is Your Annual Employee Elections Requirement?:

- Elections Required First Year Only
- Elections Required Each Year
- No Election Required, May Opt-Out

Do you allow a change of status if employee full-time status drops below 30 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you allow a change of status if employee is eligible for a Special Enrollment or Annual Open Enrollment Period in a qualified Health Plan within a Marketplace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you allow a change in status in the middle of the plan year if an employee's dependent is eligible for a Special Enrollment to enroll in a Qualified Health Plan within a state or federal Exchange?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like to include FMLA Language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like to include Participant Election Forms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

New Hire Benefit Waiting Period (Select Only One)

- Date of Hire
- 1st of the month following 30 days
- 1st of the month following 60 days
- 1st of the month following 90 days
- Other: Please Describe: _____

Employee Termination Rules for Loss of Eligibility:

- Exact Termination Date
- End of Month following Termination Date
- Other: Please Explain: _____

Runout for Submitting Claims for Loss of Coverage:

- 30 Days
- 60 Days
- Other Days: Please Specify: _____

ELIGIBILITY & ELECTIONS

Please specify below how MoneyWise will be receiving initial elections as well as ongoing eligibility throughout the plan year.

Are you an Employee Navigator Client? Yes No

If you answer YES - MoneyWise will have direct access to your employee elections via our Employee Navigator partnership, therefore there is nothing more you need to provide in this section.

If you answered No, please tell us how you will be submitting eligibility data:

- Electronic File Feed via SFTP **or** MoneyWise Employer Portal

Our preferred method is via SFTP, followed second by the MoneyWise Employer portal. Please complete and submit the [SFTP Request Document](#). Since SFTP setup may take a few weeks, please send all eligibility data using an alternative format until you receive confirmation that the SFTP connection is active.

HEALTH SAVINGS ACCOUNT (HSA)

Only complete if offering Health Savings Account through MoneyWise Solutions

Plan Year Start Date:		Estimated Number of Enrollments:	
HSA Annual Maximum:		First Funding Date:	
Employee Contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If Yes, please specify amount and rules (i.e. based on enrollment level, etc.)

If Yes, when are the employer contributions made available (i.e. payroll date, start of plan year, quarterly, etc.)

HSA Transfer Only:

Only complete if you are transferring current balances from your Health Savings Account to MoneyWise Solutions. Employer is responsible for providing its employees with all communication regarding the transferring of their HSA funds. Please note that sending a bulk transfer of funds requires cooperation from your previous administrator.

Will you be sending a bulk transfer of your HSA dollars?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Target date of bulk transfer:	
Previous administrator:	

HSA Funding Acknowledgement:

I acknowledge that MoneyWise Solutions will debit the company bank account for all employee payroll deductions and employer contributions approximately 48 hours prior to each payroll date.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Only complete if offering Flexible Spending Accounts through MoneyWise Solutions.

Select type of FSA(s) offered:	<input type="checkbox"/> Medical FSA <input type="checkbox"/> Dependent Care FSA <input type="checkbox"/> Limited Purpose FSA
Plan Year Start Date:	
Plan Year End Date:	

Please complete each section below for any FSA that will be offered.

Plan Type	Expected Number of Enrollments	Employee Maximum Annual Contribution	Employee Minimum Annual Contribution	Annual Employer Contribution
Medical FSA		<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 \$_____
Dependent Care FSA		<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 \$_____
Limited Purpose FSA		<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 \$_____

PLAN RULES

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

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 15th 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.

Grace Period: Does the plan allow participants who have unused benefits to incur expenses for qualified benefits after the plan year ends?	<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
Rollover: Will the plan allow participants to rollover unused funds at the end of the plan year?	<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.

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please select account types and number of days allowed: *Please note if offering grace period, runout period must be longer than grace period.	<input type="checkbox"/> Medical FSA _____ days following the Plan Year End Date <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. *

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? <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 one and indicate the number of days) <input type="checkbox"/> _____ days following the days after the plan year end date OR <input type="checkbox"/> _____ days after the last date they were 'Active'

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

\$	\$	\$	\$	\$
\$	\$	\$	\$	\$
\$	\$	\$	\$	\$
\$	\$	\$	\$	\$
\$	\$	\$	\$	\$

COMMUTER SPENDING ACCOUNTS

Only complete if offering Commuter Spending Accounts through MoneyWise Solutions

Select type of QTA(s) offered Parking Mass Transit

Plan Year Start Date: _____ Plan Year End Date: _____

Please complete each section for each QTA that will be offered. Please Note the QTA plans come with a debit card.

Plan Type	Expected # of Enrollments	Maximum Total Monthly Contribution (amount may vary based on IRS guidelines)	Employee Minimum Monthly Contribution	Monthly Employer Contribution	Contribution Fund Type
Parking		<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
Mass Transit		<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.

Runout Period: 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ days following the Plan Year End Date
Maximum number of days to submit claim after date of service?	_____ IRS Maximum of 180 Days (standard) _____ days (no more than 180 days)

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

Loss of Eligibility: How the plan will be handled when an employee becomes ineligible	Claims filed with a date of service after loss of eligibility will not be accepted.
When an employee is terminated from the company, how many days do they have to finish filing claims for services incurred during the time they were active?	Participants can file claims with a date of service prior to loss of eligibility for: (please select one and indicate the number of days) <input type="checkbox"/> _____ days following the plan year end date (No more than 180 days) OR <input type="checkbox"/> _____ days after the last date they were 'Active' (No more than 180 days)
Commuter Rollover	Commuter dollars for active employees continuously rollover month to month, year to year per IRS regulations.

FUNDING & INVOICING ACKNOWLEDGEMENT

MoneyWise requires the company to set up a dedicated bank account through their chosen bank. ACH should be established directly from this preferred bank account for all spending accounts, as well as for the Monthly Administrative Invoice.

[ACH Form](#)

[BanCorp Form](#)

- I hereby authorize MoneyWise Solutions to initiate debit/credit entries to the Account for Reimbursement of Claims Including but not limited to manual, online, or debit card transactions for FSAs and HRAs
- I hereby authorize MoneyWise Solutions to initiate debit/credit entries to the Account for Contributions payroll deductions and employer contributions.
- Administrative Fee Funding for all employer paid fees, including but not limited to setup fees and monthly fees

Electronic Signature:	
Print Name:	
Title:	
Date:	