

Section 125 – Flexible Spending Account Implementation Checklist

To ensure a smooth and efficient transition to Consociate, we ask that you fill out the requested information below and fax to 217-233-2281. Consociate strives to provide exemplary service to our clients, and we look forward to working with you and your employees.

Effective Date: _____

Check Format: _____

GENERAL INFORMATION			
Company Name			
Address		City	State ZIP
Phone Number	Fax Number	E-mail	
BENEFITS COORDINATOR INFORMATION			
Name			
Phone Number	Fax Number	E-Mail	
PLAN DESIGN			
Fiscal Year: <input type="radio"/> Calendar Year <input type="radio"/> Plan Year			
Account Options:			
<input type="radio"/> Medical	Maximum Benefit \$ _____		
<input type="radio"/> Daycare	Maximum Benefit \$ _____		
<input type="radio"/> Additional Benefit	Maximum Benefit \$ _____		
<input type="radio"/> Adoption	Maximum Benefit \$ _____		
<input type="radio"/> Transportation	Maximum Benefit \$ _____		
<input type="radio"/> Parking	Maximum Benefit \$ _____		
2.5 Month Extension: <input type="radio"/> Yes <input type="radio"/> No			
Grace Period: <input type="radio"/> 30 Days <input type="radio"/> 60 Days <input type="radio"/> 90 Days <input type="radio"/> Other: _____			
How may pay cycles within a year or remaning this year?			
What is the date of your first contribution?		Do you skip any contribution dates?	
Check runs? <input type="radio"/> Daily <input type="radio"/> Weekly			
Setup Fee: \$ _____			
Billing Fee: <input type="radio"/> Flat Fee \$ _____ <input type="radio"/> PEPM \$ _____			
Is Consociate • Dansig creating a new SPD for Section 125 Plan? <input type="radio"/> Yes (please complete the SPD Questionnaire) <input type="radio"/> No (attach copy of the current SPD)			
Did the employer elect the Benny Card? <input type="radio"/> Yes (please complete the Set Up and ACH Debit/Credit Forms) <input type="radio"/> No			
Will Consociate perform the Discrimination Testing for your Company?		<input type="radio"/> Yes (please complete the Discrimination Testing Form) <input type="radio"/> No (attach copy of your Discrimination Testing Results)	

Banking Information for Section 125

Would you prefer to utilize:

- An account set up by Consociate on behalf of your organization at our banking partner
- Your own account (A new bank account must be set-up in order for Consociate to process claims)

Please provide the following information:

Bank Name: _____ Bank Address: _____

Routing Number: _____ Account Number: _____

Starting Check Number: _____ Copy of voided check or deposit slip

Do you wish to offer direct deposit as an option for claim reimbursement? Yes No

Please Note: Consociate will need to be granted access to your bank account via an online portal in order to load direct deposit reimbursement files.

If Yes - Bank Contact Name and Bank: _____ Phone#: _____

Please notify Bank Contact that we will be calling for setup and access.

Who will be the primary contact for approving and releasing check registers?

Accounting Coordinator: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Will the check register be Automatic Release? Yes No

Check Runs? Daily Weekly

Day of the Week? _____

Would you prefer the signature on the claims check to be a representative from your organization?

- Yes (Please complete the Signature Collection form)
- No, the president of Consociate will be the signer

For internal use only:

Information Needed from Client

- Copy of Section 125 Plan Document
- Copy of SPD Questionnaire
- Copy of all Election Forms
- Signature Collection Form
- Copy of Voided Check
- Evolution Benefits Setup Form
- ACH Debit / Credit Form
- Discrimination Testing Form

Official Use Only

Signature of Agent: _____

Date: _____