

Section 105 or HRA 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: _____ EMPL _____ FAML _____ OUP _____

General Information

Company Name

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____ E-mail _____

Benefits Coordinator Information

Name

Phone Number _____ Fax Number _____ E-mail _____

Company Federal Tax ID Number

Fiscal Year for Section 105 or HRA is:

Will we be processing claims for a prior plan year? Yes No
(If yes, we will need a copy of the company statement from the previous administrator)

Section 105/ HRA Information

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- Copy of Section 105/HRA Plan Document
 - Copy of Enrollment/Application Forms
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Plan Information

HRA will reimburse which of the following items: Deductible OOP (coinsurance) Prescriptions Copays OTC items Vision Dental

Is the plan an open HRA (ie: covers all section 2130 expenses) Yes No

Insurance Carrier

Plan Deductible/Employee	Plan Deductible/Family	
How is the deductible met?	Individual	Accumulative
Employee Deductible Responsibility:	First	or Last
Employer Deductible Responsibility:	First	or Last
Employee OOP Responsibility:	First	or Last
Employer OOP Responsibility:	First	or Last

Will Employer Reimburse any Out of Pocket? Yes (Amount and Conditions of Reimbursement) No

Will the Benny card be used? Yes (complete set-up and ACH Debit/Credit form) No

Are Retirees included in the plan? Yes No

Is carryover deductible allowed? Yes (Please provide report with totals) No

How is Consociate receiving claims: Manual Electronic

Will unused funds rollover from one plan year to the next? Yes No

Is Consociate creating a new SPD for the Section 105/HRA? Yes (Please complete the attached SPD questionnaire) No (Please submit a copy of your current SPD)

Billing: Flat Fee \$ or PEPM \$

Set-up Fee Amount: \$

Banking Information for Section 105/HRA

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

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

Yes (Please complete the signature collection form)

No, the president of Consociate will be the signer

Banking Information for Section 105/HRA (continued)

Who will be the primary contact for approving and releasing the checks?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Will the check register be Automatic Release Yes No

Check runs: Daily Weekly

Information Needed from Client

Copy of Section 105/HRA Plan Document

Copy of SPD Questionnaire

Copy of Enrollment

Signature Collection Form

Copy of Voided Check

Copy of Carryover Deduction Report

Official Use Only

Signature: _____

Date: _____