

HealthEquity FSA/HRA Implementation Guide

Thank you for choosing HealthEquity as the administrator for your organization's health reimbursement arrangement (HRA) plan. We look forward to working with you and your employees with your tax-advantaged health reimbursement arrangement plan.

Step 1: Define Your HRA

Included in this Implementation Guide you'll find an HRA Employer Application to begin your organization's setup with HealthEquity. If you have any questions as you complete the application, please feel free to contact your HealthEquity Account Representative or call HealthEquity Employer Services at us at 877-642-0640. After you complete and sign the form, send the form along with a check for \$350 payable to HealthEquity to cover document preparation and plan setup.

Step 2: Additional Documents and Pre-Funding Deposit

After you submit your completed HRA Employer Application and check, we will send an e-mail to the contact person you designate on the application with legal documents to be signed. These documents will later be counter-signed by a HealthEquity representative and returned to you for your records.

Important: Please note that HealthEquity requires signed plan documents to be in place before your plan becomes active.

The documents and check for plan set up should be mailed to:

HealthEquity HRA Services
1276 South 820 East, Suite 201
American Fork, UT 84003

HRA Funding

To ensure that HRA funds are always available for your employees, HealthEquity requires that your HRA plan be pre-funded at 10% of the annual coverage of all eligible employees. For example, if your HRA covers 40 employees at \$500 for one year, your total annual coverage amount would be \$20,000 (40 employees x \$500). In this scenario, the required pre-funding amount would be \$2000 (10% of \$20,000). HealthEquity may request additional funds from time to time if claim activity exceeds the regular contributions.

Please include a check equal to 10% of your plan payable to HealthEquity when you return the legal group of documents. We must receive your signed legal documents and 10% pre-funding deposit before your HRA plan becomes active. We can also utilize a wire transfer or ACH to receive HRA funds according to your preference.

Step 3: Banking Arrangements

HealthEquity will hold HRA funds in an omnibus account used to pay claims. We reimburse claims from this account via check or direct deposit. HealthEquity will work with you to establish smooth banking process.

Step 4: Employee Enrollment

To administer your HRA, we need specific information about your employees, including personal data and individual benefit amounts. HealthEquity will work with you to determine whether you or your insurance carrier will provide this information.

After we have received the completed enrollment and legal documents, participant data and pre-funding deposit, your HRA will be activated within five business days. HealthEquity will contact you and confirm that your HRA setup has been completed.

Step 4: Employee Confirmation Process

A confirmation letter will be mailed to the homes of all employees who are enrolled in your HRA within seven to 10 business days after your account is activated. This letter includes Web site information for account access and our toll-free customer service number.

Thank you for working with us.

HealthEquity Employer Services

HealthEquity HRA Employer Application

Part 1: Company Information		
Company Name		
Address		
City	State	Zip
Federal Tax Identification Number:	State of Incorporation	ERISA Plan Number (if applicable)
Nature of Business:		
Employer Entity (check one):		
<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability <input type="checkbox"/> Government or church		
Business Principals		
CEO Name	CFO Name	
Primary Contact Information		
Plan administrator Name	Title	
Phone	Fax	
e-mail		
Payroll/Contributions Name	Title	
Phone	Fax	
e-mail		

Part 2: Plan Effective Dates		
Plan Name:	Plan No. <input type="checkbox"/> 501 <input type="checkbox"/> _____	
Plan Year Start Date: ____/____/____	Plan Year End Date: ____/____/____	Run Out Date: ____/____/____
Is the first a short plan year? <input type="checkbox"/> NO <input type="checkbox"/> Yes, please specify plan start date: : ____/____/____		

Part 3: Eligibility Requirements

a) The following employees are eligible to participate in the plan:

- All
- Salaried Employees Only
- Hourly Employees Only
- Part Time Employees
- Other:

b) The following employees are excluded from participating:

- No exclusions
- Part time employees expected to work less than hours per week.
- Employees under the age of:
- Union employees
- Non-resident aliens
- Other:

c) The service period employees must complete before being eligible to participate:

- Date of hire
- Number of days after hire:
- Number of months after hire:

d) Once employees are eligible, they can begin participating in the plan:

- Date employee becomes eligible.
- First day of pay period following the eligibility date.
- First day the month following the eligibility date.
- First day of quarter following eligibility date.
- First day of plan year following the eligibility date.

Terminated/Retires employees will:

- Cease contributions and reimbursements upon termination.
- Continue contributions and reimbursement for the remainder of the plan year.

Part 4: Plan Design (Please check benefits to be offered under this plan.)

- Health FSA
- Limited Purpose FSA (Dental and Vision only)
- Dependent Care FSA

- Health Reimbursement Arrangement (HRA)
(specify all that apply):
 - Medical
 - Vision
 - Dental
 - Prescription
 - Deductible Only
 - Premium Reimbursement Plan

If both an FSA and HRA are selected, please specify the benefit Order:

- FSA pays first
- HRA pays first
- Keep separate (allows employee to choose which account to use.)

Health FSA Maximum election: \$

Health FSA Minimum election: \$

2.5 month Grace Period for FSA? Yes No

FSA Run Out Period (Default is 90 days): Other (not to exceed 120 days)

HRA Classes/Benefit Tiers:

- Single \$
- Single +1 \$
- Family \$
- Other \$
- Other \$

HRA Benefit: Accrual:

- annual
- monthly
- weekly

HRA Benefit amount (maximum):

HRA Run Out Period (Default is 90 days): Other _____ (not to exceed 120 days)

HRA Roll Over.

- \$ _____ may roll over to the next coverage period with a maximum accumulation of \$ _____ .
- _____ % of unused funds may roll over to the next coverage period with a maximum accumulation of \$ _____ .
- HRA funds do not roll over.

Special Instructions:

<p>Deduction Frequency:</p> <p><input type="checkbox"/> weekly</p> <p><input type="checkbox"/> Biweekly</p> <p><input type="checkbox"/> Semi-monthly</p> <p><input type="checkbox"/> Monthly</p> <p>First payroll date:</p>	<p>The deductions are taken:</p> <p><input type="checkbox"/> Each time the employee is paid, or</p> <p><input type="checkbox"/></p>
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<p>Part 5: Authorized Signature</p> <hr/> <p>I hereby authorize HealthEquity to provide HRA services based on the information in this Employer Application.</p> <p>Authorized Signature: _____ Date: _____</p>
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Please Mail or Fax Completed Forms to:

HealthEquity Enrollment
1276 South 820 East, Suite 201
American Fork, UT 84003
Fax: 520-844-7090

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