

Independence Spending Account Large Market Comprehensive Application

Instructions:

1. Complete Section A. The remaining sections should only be completed for the applicable account type.
2. Submit one Online Group Portal Access (OGPAF) form requesting access to Spending Accounts for appropriate administrators. Note all administrators in Section A.
3. Contact your Independence representative for assistance.
4. Submit the completed, signed, approved application using the same method you use to submit medical plan setup.

Check the box for each type of account being offered, then complete the applicable section(s):

- | | |
|---|--|
| ☐ Health Savings Account: Section B | ☐ Flexible Spending Account – Dependent Care: Section E |
| ☐ Flexible Spending Account – Healthcare: Section C | ☐ Health Reimbursement Arrangement: Section F |
| ☐ Flexible Spending Account – Limited Purpose: Section D | |

If FSA and HRA, specify plan priority: _____

SECTION A – Employer Information

Employer Name	Tax ID	CID
Street Address 1	Street Address 2	
City	State	Zip
Billing Address (if different)		
Telephone	Fax	
Payroll Location/Reporting Code (if applicable)		
Number of Benefit Eligible Employees: _____ Estimated Enrollment: HSA: _____ FSA: _____ HRA: _____		

The following individual(s) are authorized to access Spending Account Contribution and Reporting information at an individual account level.

- To ensure proper auditing of individuals authorized to access spending account contribution and reporting information, please ensure all information related to contacts listed below is accurate.
- Please use the add/delete/edit indicators, as appropriate to ensure that the list of authorized contacts is effectively maintained if/when staffing changes occur.
- Use a separate form if access is desired for more than three individuals. Please clearly note if the contact is an add, edit, or delete.
- Submit an **Online Group Portal Access Form (OGPAF)** requesting access to **Spending Accounts** for each individual who needs to access the WealthCare Administration System to run spending account reports, process HSA contributions, etc.

Employer Spending Account Contact Name	Email	Phone	Fax
Street Address ☐ Same as employer			
☐ Add ☐ Delete ☐ Edit			

SECTION A — Employer Information (continued)

Employer Contact Name	Email	Phone	Fax
Street Address ☐ Same as employer			
☐ Add ☐ Delete ☐ Edit			
Employer Contact Name	Email	Phone	Fax
Street Address ☐ Same as employer			
☐ Add ☐ Delete ☐ Edit			

Will multiple bank accounts be used to process spending account contributions? ☐ Yes ☐ No

SECTION B — Health Savings Account

HSA Plan Effective Date	Plan Name	Subaccount # and Medical BPID (Add additional details in the notes section below.)
How will employees enroll in their HSA? ☐ Manual enrollment Manual enrollment requires each employee in the medical group(s) to proactively request that an HSA be opened on their behalf via the member portal. (Default option) ☐ Automatic enrollment Automatic enrollment requires no employee action. The HSA opening process is automatically initiated on behalf of the employees enrolled in the medical group(s). Note that the option selected is universally applied across all sub accounts.		
Select all HSA contribution options under consideration: ☐ Direct ACH (Employee pretax withheld payroll contributions only) ☐ File download and upload via Employer Portal ☐ Upload of pre-configured file via the Employer Portal (File Upload from Payroll/HRIS)		Employers can use multiple contribution approaches; the primary determinate is the number of employees enrolled in the HSA. Reference the HSA Funding Guide for Employers for more information. <i>The application can be submitted without completing this section.</i>
HSA Administrative Fee: Amount \$ ☐ Client Paid ☐ Member Paid		
Notes:		

SECTION C — Healthcare Flexible Spending Account

FSA Plan Effective Date	FSA Plan End Date	Subaccount # and Medical BPID (Add additional details in the notes section below.)	
FSA Group Run-Out Period ☐ 0 months ☐ 1 month ☐ 2 months ☐ 3 months ☐ Other _____		FSA Run-Out for Terminated Employees ☐ 0 months ☐ 1 month ☐ 2 months ☐ 3 months ☐ Other _____	
Grace Period Days: ☐ 0 days ☐ 75 days ☐ Other _____ days (cannot exceed 75 days) The FSA Grace Period provides additional time after the end of the plan year to incur expenses against the FSA. This time period begins the first day following the end of the plan year. Note: Grace Period cannot be offered with Carryover.			
FSA Carryover: ☐ Yes. Unused funds carryover into the next plan year. Maximum carryover amount \$ _____ (Note: The IRS maximum carryover limit is set annually and may change.) ☐ No. Unused funds will not carryover into the next plan year.			
Will Carryover be allowed if the employee does not participate in the FSA in the new plan year? Note: FSA Carryover cannot be offered with Grace Period.			
		☐ Yes, Note: an enrollment record is required for all participants. ☐ No, FSA funds will be forfeited	
Elections: Enforce Employee Election Minimum: \$ _____ Enforce Employee Election Maximum \$ _____ ☐ Follow IRS Maximum			
Will a debit card be issued with this FSA plan? ☐ Yes ☐ No If yes, please specify which expenses can be paid with the debit card: ☐ Medical ☐ Rx ☐ Dental ☐ Vision Note: If an option above is selected, \$ amount is required in corresponding section			
If yes, please specify copay amounts for auto-substantiation:		Medical \$ _____	Rx \$ _____
		Dental \$ _____	Vision \$ _____
How will Independence track individual employee/employer payroll deductions/contributions? ☐ Independence assumes deposits according to payroll calendar and annual election amount (System Deposit) ☐ Group will upload deposits according to payroll calendar (File Deposit) Payroll Calendar:			
☐ Weekly Date of first payroll during the new plan year: _____ ☐ Biweekly Date of first payroll during the new plan year: _____ ☐ Semimonthly Date of first payroll during the new plan year: _____ ☐ Monthly Date of first payroll during the new plan year: _____			
FSA Administrative Fee: Amount \$ _____ (FSA fee is always client paid)			
<i>An account holder with an FSA/LFSA and DCA will only incur one monthly fee.</i>			
Notes:			

SECTION D — Limited Purpose Healthcare Flexible Spending Account

LFSA Plan Effective Date	LFSA Plan End Date	Subaccount #and Medical BPID (Add additional details in the notes section below)
LFSA Group Run-Out Period ☐ 0 months ☐ 1 month ☐ 2 months ☐ 3 months ☐ Other _____		LFSA Run-Out for Terminated Employees ☐ 0 months ☐ 1 month ☐ 2 months ☐ 3 months ☐ Other _____
Grace Period Days: ☐ 0 days ☐ 75 days ☐ Other _____ days (cannot exceed 75 days) The LFSA Grace Period provides additional time after the end of the plan year to incur expenses against the LFSA. This time period begins the first day following the end of the plan year. Note: Grace period cannot be offered with Carryover.		
LFSA Carryover: ☐ Yes. Unused funds carryover into the next plan year. Maximum carryover amount \$ _____ (Note: The IRS carryover limit is set annually and may change.) ☐ No. Unused funds will not carryover into the next plan year. Will Carryover be allowed if the employee does not participate in the LFSA in the new plan year? ☐ Yes, Note: an enrollment record is required for all participants. Note: LFSA Carryover cannot be offered with Grace Period. ☐ No, LFSA funds will be forfeited		
Elections: Enforce Employee Election Minimum: \$ _____ Enforce Employee Election Maximum \$ _____ ☐ Follow IRS Maximum		
Will a debit card be issued with this Limited Purpose FSA plan? ☐ Yes ☐ No If yes, please specify which expenses can be paid with the debit card: ☐ Dental ☐ Vision If yes, please specify copay amounts for auto-substantiation: Dental \$ _____ Vision \$ _____		
How will Independence track individual employee/employer payroll deductions/contributions? ☐ Independence assumes deposits according to payroll calendar and annual election amount (System Deposit) ☐ Group will upload deposits according to payroll calendar (File Deposit) Payroll Calendar: ☐ Weekly Date of first payroll during the new plan year: _____ ☐ Biweekly Date of first payroll during the new plan year: _____ ☐ Semimonthly Date of first payroll during the new plan year: _____ ☐ Monthly Date of first payroll during the new plan year: _____		
LFSA Administrative Fee: Amount \$ _____ (LFSA fee is always client paid) <i>An account holder with an FSA/LFSA and DCA will only incur one monthly fee.</i>		
Notes:		

SECTION E — Dependent Care Flexible Spending Account

DCA Plan Effective Date	DCA Plan End Date	Subaccount # and Medical BPID (Add additional details in the notes section below)
DCA Group Run-Out Period ☐ 0 months ☐ 1 month ☐ 2 months ☐ 3 months ☐ Other _____		DCA Run-Out for Terminated Employees ☐ 0 months ☐ 1 month ☐ 2 months ☐ 3 months ☐ Other _____
Grace Period Days: ☐ 0 days ☐ 75 days ☐ Other _____ days (cannot exceed 75 days) The DCA Grace Period provides additional time after the end of the plan year to incur expenses against the DCA. This time period begins the first day following the end of the plan year.		
Elections: (DCA contribution limits are set by federal rules and may vary based on tax filing status.)		
Enforce Employee Election Minimum: \$ _____ Enforce Employee Election Maximum \$ _____ ☐ Follow IRS Maximum		
How will Independence track individual employee/employer payroll deductions/contributions? ☐ Independence assumes deposits according to payroll calendar and annual election amount (System Deposit) ☐ Group will upload deposits according to payroll calendar (File Deposit) Payroll Calendar: ☐ Weekly Date of first payroll during the new plan year: _____ ☐ Biweekly Date of first payroll during the new plan year: _____ ☐ Semimonthly Date of first payroll during the new plan year: _____ ☐ Monthly Date of first payroll during the new plan year: _____		
DCA Administrative Fee: Amount \$ _____ (DCA fee is always client paid) <i>An account holder with an FSA/LFSA and DCA will only incur one monthly fee.</i>		
Notes:		

SECTION F — Health Reimbursement Account

(Copy Section if there is more than one HRA plan)

HRA Plan Effective Date	HRA Plan End Date	Subaccount # and Medical BPID (Add additional details in the notes section below)		
HRA Group Run-Out Period ☐ 0 months ☐ 1 month ☐ 2 months ☐ 3 months ☐ Other _____		HRA Run-Out for Terminated Employees ☐ 0 months ☐ 1 month ☐ 2 months ☐ 3 months ☐ Other _____		
HRA Type - Select one and complete the corresponding section below: ☐ HRA Pays First ☐ Employee Pays First				
HRA Pays First				
Annual HRA Employer Contribution (\$ amount, not %)				
Individual	Employee + Spouse	Employee + Child	Employee + Children	Family
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Is there a per person funding cap? ☐ Yes* - Amount _____ ☐ No				
*If yes, any one person covered on a multi-person plan cannot spend more than the designated amount.				

SECTION F — Health Reimbursement Account (continued)

Employee Pays First – <i>Employee pays HRA deductible for eligible expenses before HRA funds are used.</i>				
Annual Employee HRA Deductible (\$ amount, not %)				
Individual	Employee + Spouse	Employee + Child	Employee + Children	Family
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Is there a per person deductible (embedded)? ☐ Yes* - Amount \$ _____ ☐ No				
*If yes, any one person covered on a multi-person plan must satisfy the individual HRA deductible amount before their claims will be reimbursed from the HRA.				
Annual HRA Employer Contribution (\$ amount not %)				
Individual	Employee + Spouse	Employee + Child	Employee + Children	Family
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Is there a per person funding (embedded)? ☐ Yes* - Amount \$ _____ ☐ No				
*If yes, any one person covered on a multi-person plan cannot spend more than the designated amount.				
Can employees earn additional incentive deposits to their HRA? ☐ Yes ☐ No				
Is the HRA Employer Contribution prorated monthly for employees enrolling mid-year? ☐ Yes ☐ No				
Are HRA funds available annually based on employee's medical coverage tier? ☐ Yes ☐ No				
If no, you agree to send file for HRA Employer contribution.				
Will unused HRA funds roll over from one plan year to the next? ☐ Yes ☐ No				
If yes, complete the table below.				
Should rollover funds be available before the end of the prior year run out (enhanced run out)? ☐ Yes* ☐ No				
*If yes, incurred claims from either year will be paid first from available rollover funds.				
HRA Year End Rollover				
How much of remaining employee funds should rollover to the next plan year?				
☐ All ☐ _____% ☐ Cap Amount ☐ _____% up to cap amount ☐ None				
Individual	Employee + Spouse	Employee + Child	Employee + Children	Family
_____ %	_____ %	_____ %	_____ %	_____ %
Maximum Rollover Cap Amount: _____				
Individual	Employee + Spouse	Employee + Child	Employee + Children	Family
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

SECTION F — Health Reimbursement Account (continued)

HRA Reimbursement Options				
Eligible Expenses:				
☐ Medical	☐ Rx	☐ Dental	☐ Vision	
☐ Deductible	☐ Coinsurance	☐ Copay	☐ Other/ Not Covered	
☐ In-Network	☐ Out-of-Network			
Should reimbursements autopay from the HRA? ☐ Yes ☐ No				
Will a debit card be issued with this HRA plan? ☐ Yes ☐ No				
If yes, please specify which expenses can be paid with the debit card: ☐ Medical ☐ Rx ☐ Dental ☐ Vision				
If yes, please specify copay amounts for auto-substantiation:				
	Medical	Rx	Dental	Vision
	\$	\$	\$	\$
Notes:				
A debit card is not permitted on integrated claims when autopay is selected, unless the debit card is for Rx only.				
Debit cards are not available on HRAs where the employee pays first dollar of the HRA.				
Debit cards are not available for HRAs paying a percentage of the expense.				
Will there be cost sharing of each eligible HRA claim? ☐ No, claims will pay 100%				
☐ Yes, HRA will pay ____% of each claim				
Are employees be allowed to change autopay preferences, if applicable? ☐ Yes ☐ No				
HRA Administrative Fee: Amount \$_____ Fee is client-paid				
Internal Use Only:				
SCC Template _____		MCC Template _____		
Notes:				

Signature			
Print Name		Date	
Signature			
Relationship to Client: ☐ Client ☐ Producer/Consultant ☐ Other			