



Account executive name \_\_\_\_\_

Date \_\_\_\_\_

Effective date \_\_\_\_\_

**Consumer-Driven Health Care (HRA/FSA/DCA) Group Addendum** (Attach this completed form to the GDF)

|                                     |            |
|-------------------------------------|------------|
| <input type="checkbox"/> IBC / KHPE | CID Number |
|-------------------------------------|------------|

**Group information**

|                                     |       |          |                                 |                       |
|-------------------------------------|-------|----------|---------------------------------|-----------------------|
| Group name                          |       |          | Local Group Number              | National Group Number |
| Street address                      |       | Suite    |                                 |                       |
| City                                | State | Zip code |                                 |                       |
| Group administrator name            |       |          |                                 |                       |
| Group administrator's Email address |       |          | Group admin. – Telephone number |                       |

**Funding contacts**

Primary funding contact name (First, MI, Last)

|                                                                                                    |                                          |
|----------------------------------------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Please check if the primary funding contact has the same address as above | Primary funding contact telephone number |
|                                                                                                    | Primary funding contact fax number       |

Street address Suite

City State Zip code

Notice to replenish funds sent by:  Email  Fax Email address

Secondary funding contact name (First, MI, Last)

Secondary funding contact telephone number Secondary funding contact fax number

Notice to replenish funds sent by:  Email  Fax Email address

**Plan information**

Account types: Check all account types offered to employees under this group for current plan year.

Health Reimbursement Acct (HRA)  Medical Flexible Spending Acct (FSA)  Dependent Care Flexible Spending Acct (DCA)

**Health Reimbursement Account (HRA)  New  Renewal**

Plan start date:  /  /  Plan end date:  /  /

**HRA eligible expenses (complete if HRA is selected). Attach applicable medical and ancillary benefits summaries for group**

Unreimbursed eligible medical (standard)

Copay  Coinsurance  Deductible

Prescription drug expenses

Dental expenses

Vision expenses

IRS Code 213(d) (does not include premiums)

Other \_\_\_\_\_

**HRA claims rollover**

Claims rollover automatically passes eligible claims processed by IBC against the member's HRA and/or Medical FSA.

Yes

No; claims rollover (manual claims submission required)

**HRA debit card**

When the debit card and claims rollover are both offered, copayments (if an eligible HRA expense) will not be transmitted for processing against the HRA. This is a safeguard against duplicate disbursements. Participants must use the debit card at point of service for paying copayments, or they may submit a claim for reimbursement.

Yes  No

**Health Reimbursement Account (HRA)**

**HRA funds available to employees**

- Annual (full amount available at beginning of each plan year — *standard*)
- Monthly (1st day of each month)
- Quarterly (1st day of each quarter)
- Other \_\_\_\_\_

**HRA employer contribution amount** Standard is 50% of in-network deductible amount

- Single \$       .
- Two-party \$       .   (Explain \_\_\_\_\_)
- Family \$       .
- Other \_\_\_\_\_

**HRA employer special incentives**

- Employer will provide a financial incentive to encourage employees to become engaged in assessing and managing their health (for example, an additional contribution for completion of a health risk assessment).
- Explain \_\_\_\_\_

**HRA life event contribution changes** (conditions for special enrollment)

Life event changes allowed?  Yes  No, If yes, how are they handled \_\_\_\_\_

**HRA funds remaining at termination of employee**

- Remaining dollars forfeited to employer
- Employer allows remaining funds to be spent down on dates of service that occur after the termination of the employee
- Employer allows remaining funds to be spent down only on dates of service that coincide with the effective dates of the HRA plan
- Other \_\_\_\_\_

**HRA fund rollover (at the end of each plan year)**

- All rolls over (*standard*)
- None rolls over
- Specific dollar amount (enter HRA fund rollover maximum amount in next section below)
- Other \_\_\_\_\_

**HRA fund rollover maximum amount**

Dollar amount that is rolled over at end of plan year (or at termination).  
(If employer makes funds available at termination) \$       .

**HRA fund cap amount**

The dollar limit that participants may accumulate in their HRA at any one time.  
(To be provided only if group places a cap on HRA dollars) \$       .

**HRA merchant codes/comments**

- If group uses a nonstandard merchant code list, check box and enter comments below describing what merchant code changes are required.
- Comments \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Medical Flexible Spending Account</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                | <input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Renewal</b>                                                                                                                                                                                                                                                                                                                                           |
| Plan start date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Plan end date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>(Does not include extension period, if selected) |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Medical FSA eligible expenses (complete if FSA is selected)</b> Attach applicable medical and ancillary benefit summaries for group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> IRS Code 213(d) (Standard) <input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance <input type="checkbox"/> Deductible<br><input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Medical FSA annual maximum/minimum amounts</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Medical FSA maximum amount \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Medical FSA minimum amount \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Medical FSA life event changes</b> (conditions for special enrollment)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| New election due to change in status allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, how are they handled? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Medical FSA leave of absence handling instructions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| How are Medical FSAs treated during leaves of absence?: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Medical FSA claims rollover</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                | <b>Medical FSA Debit Card</b>                                                                                                                                                                                                                                                                                                                                                                                         |
| Claims rollover automatically passes eligible claims processed by IBC against the member's Medical FSA and/or HRA.<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No (manual claims submission required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                | When the debit card and claims rollover are both offered, copayments (if an eligible FSA expense) will not be automatically transmitted for processing against the FSA. This is a safeguard against duplicate disbursements. Participants must use the debit card at point of service for paying copayments, or may submit a claim for reimbursement.<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Terminations / suspensions (medical FSA only)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| For terminated employees, participation ends: <input type="checkbox"/> Date of termination <input type="checkbox"/> Last day of the month following termination<br>(election of COBRA overrides these options)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Medical FSA paper claims deadline for acceptance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> Postmark <input type="checkbox"/> Date of receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Medical FSA claims filing deadlines</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Number of days to file a claim after plan year end:<br><input type="checkbox"/> 0 days <input type="checkbox"/> 30 days <input type="checkbox"/> 45 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days<br>Number of days to file a claim after termination:<br><input type="checkbox"/> 0 days <input type="checkbox"/> 30 days <input type="checkbox"/> 45 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days<br>Number of days allowed for extension of filed claims (accept missing information for claims received after the cutoff date):<br><input type="checkbox"/> 0 days <input type="checkbox"/> 30 days <input type="checkbox"/> 45 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Medical FSA eligibility extension</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> Check and complete if the group opts to adopt an FSA extension period<br><br>Eligibility extension reimbursement period <input type="text"/> <input type="text"/> days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                | Groups may offer up to a 2½-month extension after the end of a plan year to incur eligible medical and/or dependent care expenses and submit them against the previous year's account.                                                                                                                                                                                                                                |

**Dependent Care Flexible Spending Account** **New**    **Renewal**

Note: Participation in Dependent Care Flexible Spending Account (DCA) ends on the date of termination. Federal regulations do not permit additional contributions to Dependent Care Flexible Spending Accounts after employment ends. Terminated employees may file claims to exhaust funds remaining in Dependent Care Account after termination up to claims filing deadline.

If a group is electing both a Medical FSA and Dependent Care FSA, all effective dates and adjudication choices should be identical to the group's Medical FSA choices. (Does not include extension period if selected.)

Plan start date  /  / Plan end date  /  /   
(does not include extension period, if selected)**Dependent Care Flexible Spending annual maximum/minimum amounts**

The IRS limits Dependent Care Spending Accounts to \$5,000 for singles or for married couples who file a joint tax return. Married individuals who file separate tax returns are limited to a \$2,500 contribution annually.

Dependent Care FSA maximum amount \$  . Dependent Care FSA minimum amount \$  . **Dependent Care Flexible Spending Account (DCA) life event changes**New election due to change in status allowed?  Yes    No   If yes, how are they handled? \_\_\_\_\_**Dependent Care Flexible Spending Account (DCA) paper claims deadline acceptance** Postmark    Date of receipt**Dependent Care Flexible Spending Account (DCA) claims filing deadline**

Number of days to file a claim after plan year end:

 0 days    30 days    45 days    60 days    90 days

Number of days to file a claim after termination:

 0 days    30 days    45 days    60 days    90 days

Number of days allowed for extension of filed claims (accept missing information for claims received after the cutoff date):

 0 days    30 days    45 days    60 days    90 days**Dependent Care Flexible Spending Account (DCA) eligibility extension** Check and complete if the group opts to adopt a DCA extension periodEligibility extension reimbursement period   days

Groups may offer up to a 2½-month extension after the end of a plan year to incur eligible medical and/or dependent care expenses and submit them against the previous year's account.

**CDHC ordering, funding, and payroll data (all product types)****Ordering rules (payment priority)**

Does group offer both an HRA and an FSA?

 Yes    No

If yes, group must determine which account is drawn from first. Group's plan document must outline order. If not specified, HRA funds will be used before FSA funds.

Which account is drawn first when both HRA and FSA are offered (select one):    HRA used first    FSA used first**Account funding method** ACH (AHA initiates – attach original ACH auth form)    ACH (customer initiates)    Wire    Check**FSA / DCA payroll cycles**

Complete all fields below for all applicable payroll frequencies for this plan year.

Please use one of the following values for payroll frequency — annually, monthly, semimonthly, biweekly, weekly, other

Note: "Other" may be used for only one option and requires that comments be included

If additional space is needed for payroll cycles, attach the paper to this form with the additional cycle information.

| Payroll frequency | First payroll date | Last payroll date | # of pay periods |
|-------------------|--------------------|-------------------|------------------|
|                   | / /                | / /               |                  |
|                   | / /                | / /               |                  |

Other: \_\_\_\_\_

Employer signature \_\_\_\_\_

Date \_\_\_\_\_