

# 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 an Online Employer Portal Access Form (OEPAF) requesting access to Spending Accounts for appropriate administrators.
3. Contact your Independence representative for assistance.
4. Submit the completed, 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	Client ID
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 there are more than three authorized contacts is desired; please note if the contact is an add, delete, or an edit.
- Submit an **Online Employer Portal Access Form (OEPAF)** 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 Primary Spending Account 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	
Employer Contact Name	Email	Phone	Fax
Street Address Same as employer			
Add	Delete	Edit	

Are separate invoices by location or division required for your spending account products? Yes No

Billing Account Name	Billing Account Number	Group Number

For Internal Use Only:

--

<b>Section B: Health Savings Account</b>		
HSA Plan Effective Date	Group #s (Add additional groups in notes section below)	
How will employees enroll in their HSA?	Auto Enroll	Manual Enroll
Select all HSA contribution options under consideration: Direct ACH (Employee Contributions Only)      File download and upload via Employer Portal (>100 employees) Manual entry via Employer Portal (2-50 & mid-sized employers)      Upload of pre-configured file via the Employer Portal (>100 employees)(File Upload from Payroll/HRIS)		<i>Employers can use multiple contribution approaches; the primary determinate is the number of employees enrolled in the HSA. Reference the <a href="#">HSA Funding and Reconciliation Guide</a> for more information. The application can be submitted without completing this section.</i>
HSA Administrative Fee: Amount \$	Client Paid	Member Paid
Notes:		

<b>Section C: Healthcare Flexible Spending Account</b>		
FSA Plan Effective Date	FSA Plan End Date	Group #s (Add additional groups in 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 in to the next plan year. Maximum carryover amount \$ _____ (\$570 2022 IRS Maximum, but subject to change) No. Unused funds will not carryover in to 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, please auto-create the account to allow for carryover No, FSA funds will be forfeited
Elections: Enforce Employee Election Minimum: \$ _____ Enforce Employee Election Maximum: \$ _____ <input type="checkbox"/> Follow IRS Maximum		
Should claims autopay from the FSA?    Yes    No Should payment be sent directly to the provider of service?    Yes    No 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 If yes, please specify copay amounts for auto-substantiation:    Medical    Rx    Dental    Vision Note: A debit card is not permitted on integrated claims when auto-submit is selected, unless the debit card is for Rx only.		
Should employees be allowed to change autopay preferences, if applicable?    Yes    No		
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)		
Notes:		

**Section D: Limited Purpose Healthcare Flexible Spending Account**

LFSA Plan Effective Date	LFSA Plan End Date	Group #s (Add additional groups in 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 in to the next plan year. Maximum carryover amount \$ _____ (\$570 2022 IRS Maximum, but subject to change) No. Unused funds will not carryover in to the next plan year  Will Carryover be allowed if the employee does not participate in the FSA in the new plan year?    Yes, please auto-create the account to allow for carryover Note: FSA Carryover cannot be offered with Grace Period.    No, LFSA funds will be forfeited		
Elections: Enforce Employee Election Minimum: \$ _____ Enforce Employee Election Maximum: \$ _____ <input type="checkbox"/> 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: _____		
FSA Administrative Fee: Amount \$ _____ (FSA fee is always client paid)		
Notes:		

**Section E: Dependent Care Flexible Spending Account**

DCA Plan Effective Date	DCA Plan End Date	Group #s (Add additional groups in 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: Enforce Employee Election Minimum: \$ _____ Enforce Employee Election Maximum: \$ _____ <input type="checkbox"/> 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 through employer portal 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	Group #s (Add additional groups in 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				
<b>HRA Pays First</b>				
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.				
<b>Employee Pays First – Employee pays HRA deductible for eligible expenses before HRA funds are used.</b>				
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 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 employees 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      If yes, complete table below.      No				
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.				
<b>HRA Year End Rollover</b>				
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
\$	\$	\$	\$	\$

**HRA Reimbursement Options**

## Eligible Expenses:

Medical	Rx	Dental	Vision
Deductible	Coinsurance	Copay	Other/Not Covered
In-Network	Out-of-Network		

Should claims autopay from the HRA? Yes No

Should payment be sent directly to the provider of service? 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 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 \_\_\_\_\_