



FSA Implementation Checklist

Section 125 – Flexible Spending Account 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: _____

GENERAL INFORMATION			
Company Name			
Address		City	State ZIP
Phone Number	Fax Number	E-mail	
BENEFITS COORDINATOR INFORMATION			
Name			
Phone Number	Fax Number	E-Mail	
PLAN DESIGN			
Fiscal Year: <input type="radio"/> Calendar Year <input type="radio"/> Plan Year			
Account Options:			
<input type="radio"/> Medical	Maximum Benefit \$ _____		
<input type="radio"/> Daycare	Maximum Benefit \$ _____		
<input type="radio"/> Additional Benefit	Maximum Benefit \$ _____		
<input type="radio"/> Adoption	Maximum Benefit \$ _____		
<input type="radio"/> Transportation	Maximum Benefit \$ _____		
<input type="radio"/> Parking	Maximum Benefit \$ _____		
2.5 Month Extension: <input type="radio"/> Yes <input type="radio"/> No			
Grace Period: <input type="radio"/> 30 Days <input type="radio"/> 60 Days <input type="radio"/> 90 Days <input type="radio"/> Other: _____			
How many pay cycles within a year or remaining this year?			
What is the date of your first contribution?			
Check runs? <input type="radio"/> Daily <input type="radio"/> Weekly			
Setup Fee: \$ _____			
Billing Fee: <input type="radio"/> Flat Fee \$ _____ <input type="radio"/> PEPM \$ _____			
Is Consociate • Dansig creating a new SPD for Section 125 Plan? <input type="radio"/> Yes (please complete the SPD Questionnaire) <input type="radio"/> No (attach copy of the current SPD)			
Did the employer elect the Benny Card? <input type="radio"/> Yes (please complete the Set Up and ACH Debit/Credit Forms) <input type="radio"/> No			
Will Consociate perform the Discrimination Testing for your Company <input type="radio"/> Yes (please complete the Discrimination Testing Form) <input type="radio"/> No (attach copy of your Discrimination Testing Results)			

BANKING INFORMATION FOR SECTION 125

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 setup in order for Consociate to process claims)

Please provide the following information:

- | | |
|--|--------------------------|
| <input type="radio"/> Daycare | Maximum Benefit \$ _____ |
| <input type="radio"/> Additional Benefit | Maximum Benefit \$ _____ |
| <input type="radio"/> Adoption | Maximum Benefit \$ _____ |
| <input type="radio"/> Transportation | Maximum Benefit \$ _____ |
| <input type="radio"/> Parking | Maximum Benefit \$ _____ |

2.5 Month Extension: m Yes m No

Grace Period: 30 Days 60 Days 90 Days Other: _____

How many pay cycles within a year or remaining this year?

What is the date of your first contribution?

Check runs? Daily Weekly

Setup Fee: \$ _____

Billing Fee: Flat Fee \$ _____ PEPM \$ _____

Is Consociate • Dansig creating a new SPD for Section 125 Plan?

- Yes (please complete the SPD Questionnaire) No (attach copy of the current SPD)

Did the employer elect the Benny Card? Yes (please complete the Set Up and ACH Debit/Credit Forms) No

Will Consociate perform the Discrimination Testing for your Company

- Yes (please complete the Discrimination Testing Form) No (attach copy of your Discrimination Testing Results)

Information Needed from Client

- Copy of Section 125 Plan Document
- Copy of SPD Questionnaire
- Copy of all Election Forms
- Signature Collection Form
- Copy of Voided Check
- Evolution Benefits Setup Form
- ACH Debit / Credit Form
- Discrimination Testing Form

Official Use Only

Signature of Agent: _____ Date: _____