

VEHI Application for HRAs and FSAs



BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.

Reimbursement Account administration provided by HealthEquity

Please note, handwritten options or deviations from this form will not be accepted.

Application information

- Once your application is received, you will receive an email confirmation.
- You will receive a call from one of our representatives within 2 business days to verify the details of the application.
- If any changes are made, you will receive an email confirmation.
- After approval has been received, the application will be in a pending status until enrollment is received.
- Once enrollment is received your plan(s) will be setup.

Employer profile

School district	Tax ID	Phone ()	Fax ()
Street Address	City	State	ZIP

Employer entity: (Check one) C Corporation Government or Church Non-profit

An HRA may provide tax-free benefits only to employees, former employees, retirees, and their spouses or covered tax dependents. Because self-employed individuals are not "employees," an HRA may not provide tax-free benefits to self-employed individuals (i.e., sole proprietors, partners, and more-than-2% Subchapter S corporation shareholders).

Number of benefit-eligible employees: _____ **Estimated number of enrollees:** HRA _____ FSA _____ Other _____

When do employees become eligible for benefits (i.e. date of hire, after 30 days of employment)? _____

Employer contact

Plan contact (questions regarding plan)	Email	Phone (area code)	Fax (area code)
Funding contact (questions regarding funding)	Email	Phone (area code)	Fax (area code)
Billing contact (questions regarding billing)	Email	Phone (area code)	Fax (area code)

Who is your health plan provider? BLUE CROSS AND BLUE SHIELD OF VERMONT

Who is your account executive? ALLISON PLANTE **Phone number:** 802-371-3664 **Email:** plantea@bcbsvt.com

If you use a broker, please provide: **Name:** _____ **Phone number:** _____ **Email:** _____

Should the broker be setup with access to your HealthEquity employer portal? Yes No. If yes, Full access or Reports only

What is the medical plan start date? _____

What is the health plan's medical deductible?

Platinum Plan: Individual: \$ 500 EE + Child: \$ 1000 EE + Spouse: \$ 1000 EE + Children: \$ 1000 Family: \$ 1000

Gold Plan: Individual: \$ 1200 EE + Child: \$ 2400 EE + Spouse: \$ 2400 EE + Children: \$ 2400 Family: \$ 2400

Gold CDHP: Individual: \$ 1800 EE + Child: \$ 3600 EE + Spouse: \$ 3600 EE + Children: \$ 3600 Family: \$ 3600

Silver CDHP: Individual: \$ 3000 EE + Child: \$ 6000 EE + Spouse: \$ 6000 EE + Children: \$ 6000 Family: \$ 6000

Do you have health savings accounts (HSAs)? Yes No **Do you have HSAs with HealthEquity?** Yes No

General HRA design (These are provisions that will apply to all four plan designs below)

HRA plan year start date	HRA plan year end date	Medical deductible plan start date	Medical deductible plan end date
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Plan year run-out end date: _____

Run-out is the date after the end of the plan year the HRA will continue to pay for expenses incurred during the plan year. Rollover funds are not available until run-out period is complete.

Plan year run-out days for terminated employees: 0 days 30 days 60 days 90 days Other ___ days or by plan year run-out date

Note: Run-out is the number of days after the end of the plan year the HRA will continue to pay for expenses incurred during the plan year. Rollover funds are not available until run-out period is complete. HRA will pay expenses for terminated employees that were incurred on or before the termination date, if received within this number of days following termination.

Is the employer HRA contribution prorated for employees enrolling mid-year?

Yes No. If yes, Monthly or Quarterly

Will the HRA have additional incentive deposits?

Yes No

Eligible medical expenses:

Medical Dental Vision Rx All 213d Deductible Co-pays Coinsurance

Would you like to turn on autopay? Yes No

Select payee: Member Provider

*Required for Employee Pays First HRA plan. Applies to integrated claims. Claims will be automatically paid to the selected payee. Co-pays always auto-pay to member if auto-pay to provider is selected. There is a \$2 fee for paper checks.

Would you like members to be able to turn off autopay? (This can only be turned off when the HRA pays first) Yes No

Note: A debit card is not allowed on integrated claims when auto pay is turned on, unless that debit card is Rx only.

Select one of the following HRA types and complete the corresponding section within plan(s) below: HRA pays first Employee pays first HRA with debit card

Platinum plan design (Please note, handwritten options or deviations from this form will not be accepted) **Group number:** _____

HRA pays first

Annual HRA Employer Contribution (**\$ amount, not %**)

Individual: \$ _____ EE + Child: \$ _____ EE + Spouse: \$ _____ EE + Children: \$ _____ Family: \$ _____

When does the HRA contribution accrue for all employees? Annually Quarterly Monthly

Employee pays first - Employee pays HRA deductible for eligible expenses before HRA funds are used. (Autopay is required for this plan)

Annual HRA employer contribution (**\$ amount, not %**)

Individual: \$ _____ EE + Child: \$ _____ EE + Spouse: \$ _____ EE + Children: \$ _____ Family: \$ _____

HRA deductible – Is there a per person deductible? Yes* - Amount: \$ _____ No

Aggregate deductible: Individual: \$ _____ EE + Child: \$ _____ EE + Spouse: \$ _____ EE + Children: \$ _____ Family: \$ _____

*If yes, HRA will pay for the covered dependent once the deductible is met even if the amount above has not been met.

HRA pays first with a debit card (Individual payment cap not available)

Which expenses are reimbursable on the debit card? Rx All 213(d)

Annual HRA employer contribution (**\$ amount, not %**)

Individual: \$ _____ EE + Child: \$ _____ EE + Spouse: \$ _____ EE + Children: \$ _____ Family: \$ _____

Platinum plan design specifics (Please note, handwritten options or deviations from this form will not be accepted)

Will unused HRA employer contributions roll over from one plan year to the next?

Yes. Unused HRA employer contributions roll over into the next plan year. Maximum roll over amount \$ _____ or percent roll over _____ %

If yes, are there employer contributions that need to be rolled over from a prior administrator? Yes No

No. Unused employer contributions will not roll over into the next plan year.

Some employers would like to ensure the balance in the HRA never exceeds a certain balance when the rollover is applied. HealthEquity will take into consideration the balance in the account at the time the rollover is processed when determining the maximum accumulation.

Is there a maximum balance that the account should never exceed? Yes. Amount \$ _____ No

Note: Employer contributions cannot roll over to the following plan year until the run-out period is over. Unused employer contributions will roll over 20 days after the run-out period is over.

Is there an individual payment cap? Yes. Maximum amount HRA pays to any individual family member is: \$ _____ No

Gold plan design (Please note, handwritten options or deviations from this form will not be accepted) **Group number:** _____

HRA pays first

Annual HRA Employer Contribution (**\$ amount, not %**)

Individual: \$ _____ EE + Child: \$ _____ EE + Spouse: \$ _____ EE + Children: \$ _____ Family: \$ _____

When does the HRA contribution accrue for all employees? Annually Quarterly Monthly

Employee pays first - Employee pays HRA deductible for eligible expenses before HRA funds are used. (Autopay is required for this plan)

Annual HRA employer contribution (**\$ amount, not %**)

Individual: \$ _____ EE + Child: \$ _____ EE + Spouse: \$ _____ EE + Children: \$ _____ Family: \$ _____

HRA deductible – Is there a per person deductible? Yes* - Amount: \$ _____ No

Aggregate deductible: Individual: \$ _____ EE + Child: \$ _____ EE + Spouse: \$ _____ EE + Children: \$ _____ Family: \$ _____

*If yes, HRA will pay for the covered dependent once the deductible is met even if the amount above has not been met.

HRA pays first with a debit card (Individual payment cap not available)

Which expenses are reimbursable on the debit card? Rx All 213(d)

Annual HRA employer contribution (**\$ amount, not %**)

Individual: \$ _____ EE + Child: \$ _____ EE + Spouse: \$ _____ EE + Children: \$ _____ Family: \$ _____

Gold plan design specifics (Please note, handwritten options or deviations from this form will not be accepted)

Will unused HRA employer contributions roll over from one plan year to the next?

Yes. Unused HRA employer contributions roll over into the next plan year. Maximum roll over amount \$ _____ or percent roll over _____ %

If yes, are there employer contributions that need to be rolled over from a prior administrator? Yes No

No. Unused employer contributions will not roll over into the next plan year.

Some employers would like to ensure the balance in the HRA never exceeds a certain balance when the rollover is applied. HealthEquity will take into consideration the balance in the account at the time the rollover is processed when determining the maximum accumulation.

Is there a maximum balance that the account should never exceed? Yes. Amount \$ _____ No

Note: Employer contributions cannot roll over to the following plan year until the run-out period is over. Unused employer contributions will roll over 20 days after the run-out period is over.

Is there an individual payment cap? Yes. Maximum amount HRA pays to any individual family member is: \$ _____ No

Gold CDHP design (Please note, handwritten options or deviations from this form will not be accepted) **Group number:** _____

HRA pays first

Annual HRA Employer Contribution (**\$ amount, not %**)

Individual: \$ _____ EE + Child: \$ _____ EE + Spouse: \$ _____ EE + Children: \$ _____ Family: \$ _____

When does the HRA contribution accrue for all employees? Annually Quarterly Monthly

Employee pays first - Employee pays HRA deductible for eligible expenses before HRA funds are used. (Autopay is required for this plan)

Annual HRA employer contribution (**\$ amount, not %**)

Individual: \$ _____ EE + Child: \$ _____ EE + Spouse: \$ _____ EE + Children: \$ _____ Family: \$ _____

HRA deductible – Is there a per person deductible? Yes* - Amount: \$ _____ No

Aggregate deductible: Individual: \$ _____ EE + Child: \$ _____ EE + Spouse: \$ _____ EE + Children: \$ _____ Family: \$ _____

*If yes, HRA will pay for the covered dependent once the deductible is met even if the amount above has not been met.

HRA pays first with a debit card (Individual payment cap not available)

Which expenses are reimbursable on the debit card? Rx All 213(d)

Annual HRA employer contribution (**\$ amount, not %**)

Individual: \$ _____ EE + Child: \$ _____ EE + Spouse: \$ _____ EE + Children: \$ _____ Family: \$ _____

Gold CDHP design specifics (Please note, handwritten options or deviations from this form will not be accepted)

Will unused HRA employer contributions roll over from one plan year to the next?

Yes. Unused HRA employer contributions roll over into the next plan year. Maximum roll over amount \$ _____ or percent roll over _____ %

If yes, are there employer contributions that need to be rolled over from a prior administrator? Yes No

No. Unused employer contributions will not roll over into the next plan year.

Some employers would like to ensure the balance in the HRA never exceeds a certain balance when the rollover is applied. HealthEquity will take into consideration the balance in the account at the time the rollover is processed when determining the maximum accumulation.

Is there a maximum balance that the account should never exceed? Yes. Amount \$ _____ No

Note: Employer contributions cannot roll over to the following plan year until the run-out period is over. Unused employer contributions will roll over 20 days after the run-out period is over.

Is there an individual payment cap? Yes. Maximum amount HRA pays to any individual family member is: \$ _____ No

Silver CDHP design (Please note, handwritten options or deviations from this form will not be accepted) **Group number:** _____

HRA pays first

Annual HRA Employer Contribution (**\$ amount, not %**)

Individual: \$ _____ EE + Child: \$ _____ EE + Spouse: \$ _____ EE + Children: \$ _____ Family: \$ _____

When does the HRA contribution accrue for all employees? Annually Quarterly Monthly

Employee pays first - Employee pays HRA deductible for eligible expenses before HRA funds are used. (Autopay is required for this plan)

Annual HRA employer contribution (**\$ amount, not %**)

Individual: \$ _____ EE + Child: \$ _____ EE + Spouse: \$ _____ EE + Children: \$ _____ Family: \$ _____

HRA deductible – Is there a per person deductible? Yes* - Amount: \$ _____ No

Aggregate deductible: Individual: \$ _____ EE + Child: \$ _____ EE + Spouse: \$ _____ EE + Children: \$ _____ Family: \$ _____

*If yes, HRA will pay for the covered dependent once the deductible is met even if the amount above has not been met.

HRA pays first with a debit card (Individual payment cap not available)

Which expenses are reimbursable on the debit card? Rx All 213(d)

Annual HRA employer contribution (**\$ amount, not %**)

Individual: \$ _____ EE + Child: \$ _____ EE + Spouse: \$ _____ EE + Children: \$ _____ Family: \$ _____

Silver CDHP design specifics (Please note, handwritten options or deviations from this form will not be accepted)

Will unused HRA employer contributions roll over from one plan year to the next?

Yes. Unused HRA employer contributions roll over into the next plan year. Maximum roll over amount \$ _____ or percent roll over _____ %

If yes, are there employer contributions that need to be rolled over from a prior administrator? Yes No

No. Unused employer contributions will not roll over into the next plan year.

Some employers would like to ensure the balance in the HRA never exceeds a certain balance when the rollover is applied. HealthEquity will take into consideration the balance in the account at the time the rollover is processed when determining the maximum accumulation.

Is there a maximum balance that the account should never exceed? Yes. Amount \$ _____ No

Note: Employer contributions cannot roll over to the following plan year until the run-out period is over. Unused employer contributions will roll over 20 days after the run-out period is over.

Is there an individual payment cap? Yes. Maximum amount HRA pays to any individual family member is: \$ _____ No

Medical FSA (Please note, handwritten options or deviations from this form will not be accepted) **Group number:** _____

Plan year start date	Plan year end date	Plan year run-out end date*: _____ <small>*Run-out is the date after the end of the plan year the FSA will continue to pay expenses incurred during the plan year.</small>
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Plan year run-out days for terminated employees: 0 days 30 days 60 days 90 days Other _____ days or by plan year run-out date
 FSA will pay expenses for terminated employees incurred on or before the termination date if received within this number of days following the termination date.

Grace period days: 0 days 75 days Other _____ days (cannot exceed 75 days)
 The FSA grace period provides an additional time period 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.

Grace period days for terminated employees: 0 days 75 days Other _____ days (cannot exceed 75 days)
Note: Carryover cannot be offered with a grace period.

Will unused Health Flexible Spending Account elections carryover from one plan year to the next? (Carryover cannot be offered with a grace period)
 Yes. Unused elections carryover into the next plan year. Maximum carryover amount \$_____ (cannot exceed \$500)
 If yes, are there unused elections that need to be rolled over from a prior administrator? Yes No
 No. Unused elections will not carryover into the next plan year.

Are employees eligible for the carry over dollars if they have not elected the FSA or LPFSA for the following plan year?
 Yes (eligibility for these employees will be required) No
Note: Unused elections cannot roll over to the following plan year until the run-out period is over. This typically happens 20 days after the run-out period is over.

Election minimum: \$_____ Election maximum: \$_____

Will a debit card be issued with this FSA plan? Yes No

Limited/Post deductible FSA (Please note, handwritten options or deviations from this form will not be accepted) **Group number:** _____

Plan year start date	Plan year end date	Plan year run-out end date*: _____ <small>*Run-out is the date after the end of the plan year the FSA will continue to pay expenses incurred during the plan year.</small>
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Plan year run-out days for terminated employees: 0 days 30 days 60 days 90 days Other _____ days or by plan year run-out date
 FSA will pay expenses for terminated employees incurred on or before the termination date if received within this number of days following the termination date.

Grace period days: 0 days 75 days Other _____ days (cannot exceed 75 days)
 The FSA grace period provides an additional time period 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.

Grace period days for terminated employees: 0 days 75 days Other _____ days (cannot exceed 75 days)
Note: Carryover cannot be offered with a grace period.

Will unused Health Flexible Spending Account elections carryover from one plan year to the next? (Carryover cannot be offered with a grace period)
 Yes. Unused elections carryover into the next plan year. Maximum carryover amount \$_____ (cannot exceed \$500)
 If yes, are there unused elections that need to be rolled over from a prior administrator? Yes No
 No. Unused elections will not carryover into the next plan year.

Are employees eligible for the carry over dollars if they have not elected the FSA or LPFSA for the following plan year?
 Yes (eligibility for these employees will be required) No
Note: Unused elections cannot roll over to the following plan year until the run-out period is over. This typically happens 20 days after the run-out period is over.

Election minimum: \$_____ Election maximum: \$_____

FSA plan type(s): Limited-Purpose FSA (LPFSA)* Limited Purpose* to a Post Deductible FSA** Post Deductible FSA (PDFSA)**
*Limited dental, vision, preventative expenses
 **If post-deductible, the LPFSA switches to a full health care FSA once the IRS deductible is met (\$1,300 single/ \$2,600 family in 2016 or 2017).

Will a debit card be issued with this FSA plan? Yes No

Dependent Care Reimbursement Account (DCRA) plan (Please note, handwritten options or deviations from this form will not be accepted)

Plan year start date	Plan year end date	Plan year run-out end date*: _____ <small>*Run-out is the number of days after the end of the plan year the DCRA will continue to pay expenses incurred during the plan year.</small>
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Plan year run-out days for terminated employees: 0 days 30 days 60 days 90 days Other _____ days or by plan year run-out date
 DCRA will pay expenses for terminated employees incurred on or before the termination date if received within this number of days following the termination date.

Grace period days: 0 days 75 days Other _____ days (cannot exceed 75 days)
 The DCRA grace period provides an additional time period after the end of the plan year to incur expenses against the DCRA. This time period begins the first day following the end of the plan year.

Grace period days for terminated employees: 0 days 75 days Other _____ days (cannot exceed 75 days)

Election minimum: \$_____ Election maximum: \$_____

Payroll information (Applies to FSA/DCRA plans only, not HRA)

Section I: How HealthEquity will track individual employee/employer payroll deductions/contributions (Not needed for HRA only plans)

- HealthEquity assumes payroll deductions/employee contributions according to payroll calendar and annual election amount for: FSA DCRA
(Group will not send payroll details to HealthEquity)
- Group will upload payroll deductions/contributions through employer portal according to payroll calendar for: FSA DCRA

Section II: Payroll calendar (Not needed for HRA only plans) Note: Not all payroll schedules can be accommodated, please speak with HealthEquity to determine if your payroll schedule can be accommodated.

<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly-Weekly	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	
<input type="checkbox"/> Semimonthly	<input type="checkbox"/> Day _____ and every _____ month(s)	or the <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Last <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri and the <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Last <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
<input type="checkbox"/> Monthly	<input type="checkbox"/> Day _____ and every _____ month(s)	or the <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Last <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri

Date of first payroll during new plan year: _____

Employer funding options

To specify how you will send HealthEquity funds used to pay claims, select a funding option for each plan.

Note: HIA accounts are funded only as employees complete qualified events.

Would you like us to automatically debit (auto-debit) your account when claims invoices are generated? **FSA:** Yes No **HRA:** Yes No

<input type="checkbox"/> HRA	<input type="checkbox"/> Option 1: Reserve account funding* <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Funding frequency</th> <th>Reserve amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Daily</td> <td>Maintain 3% (auto-debit is required)</td> </tr> <tr> <td><input type="checkbox"/> Weekly</td> <td>Maintain 10% balance of annual plan liability without a debit card 15% with card. Day of the week _____</td> </tr> <tr> <td><input type="checkbox"/> Monthly</td> <td>Maintain 20% balance of annual plan liability (<u>not available with a card</u>). Day of the month _____</td> </tr> </tbody> </table> <input type="checkbox"/> Option 2: Pay-as-you-go (with auto-debit) Each day if claim(s) are payable, an invoice is generated and your account is auto-debited 2 business days later. (Not available with a debit card) <input type="checkbox"/> Option 3: Fully funded HealthEquity will invoice you for the total annual plan liability at the beginning of the plan year.	Funding frequency	Reserve amount	<input type="checkbox"/> Daily	Maintain 3% (auto-debit is required)	<input type="checkbox"/> Weekly	Maintain 10% balance of annual plan liability without a debit card 15% with card. Day of the week _____	<input type="checkbox"/> Monthly	Maintain 20% balance of annual plan liability (<u>not available with a card</u>). Day of the month _____	<p>* Reserve account funding: Based on total annual plan liability and the frequency of funding, HealthEquity requests a percent to be held on the employer's behalf as a reserve. Reserve account funds are tracked by plan year, at the beginning of your new plan year HealthEquity will request funds for a new reserve account. Funds will be returned to you after runoff. As claims are processed each day, HealthEquity pays them from this reserve fund. Employer receives a replenishment request e-mail notification (according to funding frequency) asking that the reserve amount be brought back up to the target percentage. This method provides the fastest means of claims payment and is preferred.</p>
Funding frequency	Reserve amount									
<input type="checkbox"/> Daily	Maintain 3% (auto-debit is required)									
<input type="checkbox"/> Weekly	Maintain 10% balance of annual plan liability without a debit card 15% with card. Day of the week _____									
<input type="checkbox"/> Monthly	Maintain 20% balance of annual plan liability (<u>not available with a card</u>). Day of the month _____									
<input type="checkbox"/> FSA	<input type="checkbox"/> Option 1: Reserve account funding* <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Funding frequency</th> <th>Reserve amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Daily</td> <td>Maintain 3% (auto-debit is required)</td> </tr> <tr> <td><input type="checkbox"/> Weekly</td> <td>Maintain 10% balance of annual plan liability without a debit card 15% with card. Day of the week _____</td> </tr> <tr> <td><input type="checkbox"/> Monthly</td> <td>Maintain 20% balance of annual plan liability (<u>not available with a card</u>). Day of the month _____</td> </tr> </tbody> </table> <input type="checkbox"/> Option 2: Pay-as-you-go (with auto-debit) Each day if claim(s) are payable, an invoice is generated and your account is auto-debited 2 business days later. (Not available with a debit card) <input type="checkbox"/> Option 3: Payroll (DCRA only)** Fund the account as deposits are withheld from payroll (HealthEquity may not assume deductions with this funding method). <input type="checkbox"/> Option 4: Fully funded HealthEquity will invoice you for the total annual plan liability at the beginning of the plan year.	Funding frequency	Reserve amount	<input type="checkbox"/> Daily	Maintain 3% (auto-debit is required)	<input type="checkbox"/> Weekly	Maintain 10% balance of annual plan liability without a debit card 15% with card. Day of the week _____	<input type="checkbox"/> Monthly	Maintain 20% balance of annual plan liability (<u>not available with a card</u>). Day of the month _____	<p>**Payroll deposits: Employers wishing to fund their plan liability in coordination with their payroll select this option. Using the deduction wizard on HealthEquity's employer portal, employers upload a file or enter amounts in the interface for the amount they wish to deposit. An invoice is generated and viewable on the portal for these deposit amounts. Funds on deposit are used daily to pay claims. If at any time, funds are not available for payable claims, employers receive an e-mail notification of pending claims invoices that require payment.</p>
Funding frequency	Reserve amount									
<input type="checkbox"/> Daily	Maintain 3% (auto-debit is required)									
<input type="checkbox"/> Weekly	Maintain 10% balance of annual plan liability without a debit card 15% with card. Day of the week _____									
<input type="checkbox"/> Monthly	Maintain 20% balance of annual plan liability (<u>not available with a card</u>). Day of the month _____									

Plan processing order

If multiple accounts are offered, indicate the order in which the accounts should be considered for payment. It is most common to have the HRA considered first, especially if there is an HRA deductible. This applies to all transactions, including debit cards. If a zero balance is reached in the primary account, the secondary account will be used.

1 - Pays first 2 - Pays second 3 - Pays third HRA FSA HIA

Co-pay matching (Debit card only)

To assist with debit card substantiation, please provide all co-payment amounts associated with your medical plan, including all medical, dental, and/or Rx, which can be provided by completing our FSA/HRA Copays Form (found on the last page of this document).

Optional features

Will you need nondiscrimination testing performed for your plan? Yes* No

If yes, you will need to provide HealthEquity additional eligibility information for each of your participants (ownership %, officer status, compensation, etc.). HealthEquity will provide additional instruction at the time your group is set up.

*Provided at an additional charge.

Would you like plan documents? (For renewals, documents are only needed if making changes from prior plan year) Yes No

Banking information

The following banking information will be used for the initial funding and ongoing replenishment of the reserve account.

Please include a copy of a voided check to verify this banking information.

Is a check available? Yes No*

*If no, a pre-note verification will be required.

Bank name	Bank address
Bank phone	Account type
Routing number	Account number
Person authorizing	Phone number
Signature	

Signature (Required to proceed)

I hereby authorize HealthEquity to provide reimbursement account services based on the information provided in this form.

Print name	Date
Signature	

For questions related to the completion of the form please contact HealthEquity at 1-866-382-3510 or via email onboarding@healthequity.com.

Employee fees

Note: Please be aware that members may be assessed the following fees on their account. You may wish to advise them of these fees.

HealthEquity Visa® Card	Up to 3 FREE additional or replacement cards/\$5 per replacement	Electronic payment to self	FREE
Card transaction	FREE	Paper check to self	\$2.00 per transaction
Payment to provider	FREE	Stop payment request	\$20.00 per transaction
		Statement fee	\$1.00 Paper statement (free for electronic)

HealthEquity Visa Health Account Card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC.

The link below includes the HealthEquity Terms & Conditions. Please note that by implementing your reimbursement accounts with HealthEquity, you are agreeing to our Terms & Conditions. Please take the opportunity to review: http://resources.healthequity.com/Documents/Employer/HealthEquity_RA_Web_Terms_of_Services_20140626.pdf.

Any fees, surcharges, or taxes imposed by law on the operation of the Plan (e.g., MA Health Safety Net or MA PIPA) will be passed onto the entity sponsoring the plan. The amount will be deducted automatically from the plan's funding account, and if there is insufficient funds to pay such amounts, the sponsoring entity will be invoiced for the amount. Timely payment of this amount is a condition precedent to services.

MA Health Safety Net Surcharge

This surcharge is assessed on a monthly basis on any payments made from a health reimbursement arrangement (HRA) to certain hospitals and ambulatory surgical centers in Massachusetts. If a member of your group has obtained a service at one of these designated facilities HealthEquity will invoice you for the surcharge on payments made to these providers. Invoices will be posted to the HealthEquity employer portal by the 5th of the month for payments that were made the prior month. The current surcharge rate is 1.87% and is subject to change.

VEHI FSA/HRA copays form



Mail, email, or fax completed forms to:

Address: HealthEquity, Attn: Reimbursement Accounts
15 W Scenic Pointe Dr, Ste 100, Draper, UT 84020

Email: onboarding@healthequity.com

Fax: 801.407.1792

This form should only be completed when a debit card is offered with your plan to assist us with copay matching for debit card transactions. It is important that this form be completed prior to the plan effective date as we cannot retroactively match copays to past card transactions. Any time you have a change to your core medical plan design, please complete a new form.

Please note that benefit summaries will not be accepted in lieu of completion of this form.

Employer information		
Company name		Tax ID number
Contact name	Phone	Email address

Copay information						
Please list the copays that are associated with your medical coverage.			Copay start date:		Copay end date:	
Offered (X)	Plan name	Office Visit	ER/Hospital	Pharmacy	Vision	Dental
	VEHI Platinum	\$25/\$35/\$75	\$250	\$4/\$10/\$20	\$20	
	VEHI Gold	\$25/\$35	n/a	\$4/\$10/\$20	\$20	
	VEHI Gold CDHP	n/a	n/a	n/a	\$20	
	VEHI Silver CDHP	n/a	n/a	n/a	\$20	

Authorization		
Submitted by	Phone	Date