



Certified Payroll Services, Inc.

3020 W. Market St.

Akron, Ohio 44333

p: (330) 864-4800

f: (330) 864-1909

e: info@certifiedpayroll.com

www.certifiedpayroll.com

Flexible Spending Account Plan Setup & Document Checklist

Thank you for choosing Certified Payroll Services, Inc. to create your Flexible Spending Account Plan Document!

Submit your forms to Certified Payroll Service in one of three ways:

1. Email the packet to info@certifiedpayroll.com
2. Fax the packet to (330) 864-1909
3. Send by mail:

**Certified Payroll Services, Inc.
3020 W. Market St.
Fairlawn, OH 44333**

If you have any questions, please call us at (330) 864-4800 and a member of our support team will be happy to assist you.

COMPANY INFORMATION:

Legal Company Name: _____

DBA/AKA: _____

Website: _____

Mailing address: _____

City, State, Zip: _____

Physical Address (if different): _____

City, State, Zip: _____

Main Phone: _____

Fax: _____

Federal Tax ID: _____

Structure: _____

(e.g. Taxable corporation, S Corp, LLC, partnership)

Business Industry/Product: _____

Approximate number of W-2 employees: (include FTE & PTE) _____

Note:

Taxable C-Corp – owners may participate, but subject to non discrimination testing.

S-Corp - owners with 2% or more stock and family members cannot participate in plan.

Partnership – Partners cannot participate, but spouse or other family members may (if bona-fide employees)

LLC, LLP – Members typically cannot participate in the plan, but it depends on how they file federal taxes.

If taxed as partnership, then follow rules of partnership above.

If taxed as C-Corporation, then members may participate.

EMPLOYER CONTACT INFORMATION:



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1. HR/Benefit Manager Contact: _____

Title: _____ Phone: _____ Ext. _____

Email address: _____

2. Billing Contact: _____

Title: _____ Phone: _____ Ext. _____

Email address: _____

3. Legal Representative: _____

(Name & title of officer or authorized individual who will execute plan document)

PLAN DESIGN:

Number eligible employees: _____ Plan Year (e.g. Jan. 1 to Dec. 31): _____

Plan # (i.e.; 501, 502): _____ Effective date of New Plan (or Reinstatement): _____

Original effective date: _____

(If reinstating a prior plan, the date the Section 125 for Premium Conversion or Flexible Spending Account was first effective. The new document will be a restatement of that Plan)

*Affiliated Employers who will be covered under the plan (if any):

Company name: _____

EIN: _____

*If more than one – list all that apply.

ELIGIBILITY & ENTRY DATE:

Standard eligibility will be the same as the group plan's eligibility requirements.

Is eligibility for the Health and Dependent Care FSA the same as the group health plan?

Yes No

If no, complete the following: (check all that apply)

Age: _____ years old

Service: _____ days/months (within PPACA, may not exceed 90 days in 2014 and after)

Minimum Hours: _____ hrs. per week (within PPACA, may not exceed 30 hrs. in 2014 and after)

Effective date of coverage after eligibility is met:

- Immediately (date eligibility requirements are met)
- First of month following date eligibility is met (cannot be more than 90 days after full time hire date)



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PLAN DESIGN:

Please check the boxes below, next to the type of plan(s) you are setting up

- FSA – General Purpose Medical Reimbursement Account
Medical FSA maximum election amount: \$ _____ (\$2,500 annual limit)
- LFSA – Limited Purpose Medical Reimbursement Account (compatible with HSA coverage, reimburses only dental or vision care expenses)
Limited Medical FSA maximum election amount: \$ _____ (\$2,500 annual limit)
- DCAP – Dependent Care Reimbursement Account (\$5,000 annual household limit)
- HSA – Health Savings Account – employee can contribute to HSA with pretax payroll deductions, or employer contributions are under the Section 125 plan
 - Employee contribution
 - Employer contribution
- PARK – Parking Reimbursement Account
- TRANSIT – Qualified Transit Account

Are there any Employer contributions to the plan? Yes No

If yes, describe how contributions are made (e.g. funds are contributed upon meeting wellness criteria, matching, flat dollar amount, etc.) _____

Are employees offered additional taxable compensation for waiving coverage under the group health plan? Yes No

Are you offering the 2 ½ month Extended Grace Period (EGP)? Yes No

(EGP allows health expenses incurred in the first two and a half months after the end of the Plan year to be paid from funds remaining in the prior Plan Year. This option is not recommended if you also offer HSAs.)

Are you offering an FSA debit card? Yes No

Claim run out: Active participant have 90 days after the end of the Plan Year to submit claims incurred in the prior year.

For participants who terminate before the end of the Plan Year, claims must be submitted by: _____ days after termination, or (check here) same run out as active employees (end of Plan Year plus 90 days)

OTHER PLANS:

Do you have an existing HSA, or plan to start one during the plan year? Yes No

If yes, who will manage your HSA? _____

Do you have an employer-funded Health Reimbursement Account (HRA), or plan to start one during the plan year? Yes No

PRE-TAX PREMIUMS Do employees pay for any of the following premiums pre-tax?

- Health Insurance Vision Dental
- Group Term Life Short or Long Term Disability

For premium deductions, the plan can be written one of two ways as indicated below. Please indicate how this plan will be administered by checking one of the choices.

- 1.) Payroll-deducted insurance premiums will **automatically be deducted pre-tax**, unless the employee completes a waiver to pay premiums with after-tax-income.
Recommended option
- 2.) Employees are *given a choice to pay premiums pretax or after tax, and must complete a form making their choice. The default election is pre-tax.*

OTHER INFORMATION:

Please provide any other issues/items not addressed above.

If you have any questions, please call us at (330) 864-4800 and a member of our support team will be happy to assist you.

The Employer is responsible for ensuring that the eligibility requirements and the other plan design elements comply with the Eligibility and Contributions and Benefits nondiscrimination requirements under IRC Section 105 & 125.

SIGNATURES

By signing and submitting this plan document checklist, the employer authorizes Certified Payroll Services, Inc. to create a Section 125 Plan document and Summary Plan Description in accordance with the plan design choices made on this checklist.

Signed: _____ Date: _____

Form completed by: _____
Print name of Authorized Employer representative (not broker)