

RESOLUTION NO. T-2021-11-017

**A RESOLUTION AUTHORIZING THE CUNNINGHAM TOWNSHIP SUPERVISOR TO SIGN A CONTRACT FOR FLEXIBLE SPENDING ACCOUNT FOR HEALTH INSURANCE COVERAGE WITH KEY BENEFIT ADMINISTRATORS (Effective January 1, 2022)**

**WHEREAS**, Cunningham Township provides health insurance benefits to the Township Supervisor, Township Assessor and the eligible employees of those offices; and

**WHEREAS**, it is in the best interests of the Township to provide the most health and cost effective plan for employees; and

**WHEREAS**, establishing a Flexible Savings Account for the Township will allow employees to save on their health care costs;

**NOW, THEREFORE, BE IT RESOLVED** by the Township Board of the Town of Cunningham, that the Township Board authorizes the Township to Sign a contract for Flexible Spending Account for Health Insurance Coverage with Key Benefit Administrators.

APPROVED, this 8th day of November 2021 by the Township Board of Cunningham Township, County of Champaign, State of Illinois.

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Phyllis D. Clark Town Clerk

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Diane Wolfe Marlin, Chair



Danielle Chynoweth  
Cunningham Township - 913

September 9, 2021

Dear Danielle:

**Scheduled for Renewal: January 1<sup>st</sup> 2022**

Thank you for renewing your Section 125 Flexible Benefit administration services with FlexPro at Key Benefit Administrators (KBA). Your renewal paperwork is included. Returning documents according to the dates listed on page 2, allows FlexPro to have participant plans ready for the start of your plan year.

**Section 1:** All pages in Section 1 are required with applicable signatures.

- Important Dates and Options
- Contacts & Reports
- Administrative Agreement for Services and Fees
- Payroll Deposit Information
- FSA/ LPF Plan Increase Amendment
- Open Enrollment Campaign
- Section 125 Plan Specifics Agreement
- Plan Specifics Checklist

**Section 2:** These pages are only required for plan modifications.

- Did You Know?
- Manual Claims: Check Reimbursement
- Manual Claims: Direct Deposit Reimbursement
- Debit Card transactions & ACH Authorization
- Administrative Fees ACH Authorization
- Medical Benefit Summary & Copay Options
- Orthodontia Upfront Services Policy
- Grace, Runout, Carryover Worksheet and Options

**Please submit all documents to [FlexPro@KeyBenefit.com](mailto:FlexPro@KeyBenefit.com)**

For assistance in completing any of the enclosed paperwork or for any questions throughout your plan year, please contact one of the FlexPro staff listed below.

**Tirice Weddle**  
FlexPro Account Manager  
317-284-7151  
Tweddle@keybenefit.com

**Mindy Settles**  
Technical Coordinator, Flex Team Lead  
317-712-4181  
MSettles@keybenefit.com

## Important Document Submission Dates

**Please return your signed and completed Renewal Packet by:**

**October 11<sup>th</sup>  
2021**

- Returned documents will be reviewed for signatures, checked boxes and for noted changes. If changes require signed amendments or updated language, necessary documents will be sent to you.
- Once the documents have been verified, including any changes updated, FlexPro will generate a custom Employee Information Packet (EIP\*).
- We will send this document to you electronically and make it available to the Employees on the web portal at <https://keybenefit.wealthcareportal.com>.
- We also recommend providing either physical or electronic copies of your EIP for Employees during open enrollment so that your employees have helpful information regarding the plans while making benefit decisions.

**Please return your signed and completed Enrollment Spreadsheet by:**

**December 3rd  
2021**

- FlexPro will provide a pre-populated spreadsheet with current participant information.
- Review this carefully for any Employee eligibility changes, terminations and new participants. Please ensure that dates of birth are given, as required for Medicare reporting.
- Including mobile phone numbers and email addresses improves participant experience by allowing us to connect with employees quickly for various claim and account notices.

Only applies to Debit Card Eligible Employers – See the *Did You Know?* page in Section 1 for more information about how the Flexible Benefits Debit card can support your participants.

- To be sure new participant Debit Cards arrive for the 1<sup>st</sup> day of the new plan year, FlexPro must have Employee data in-house and ready for processing by the date shown above.
- Renewing participants with cards set to expire will automatically be issued new cards prior to the start of the plan, when they are enrolled in the new plan. Cards expire every 3 years.

### Communication Options:

**YES / NO**

**FlexPro should assist in communicating the Flexible Benefits Plan to our Employees.**

**To schedule on-site visits, respond to FlexPro by\*:**

**October 11<sup>th</sup>  
2021**

\*FlexPro offers options to schedule onsite meetings, conference calls as well as PowerPoint presentations tailored to your plans. We can also discuss with you additional marketing materials which may be helpful.

### Online Enrollment:

**YES / NO**

**We would like to offer online enrollment to participants.**

**Please indicate the beginning and end dates for online enrollment period.**

Time requirement: 3 business days prior to expected start date and must end no later than 3 days prior to the end of the plan year.

**to**

(Midnight)

*NOTE: Employee emails are required for online notices to be delivered to returning participants. New participants can self-enroll but need to create an online profile to do so. We can also enter new participants with an enrollment spreadsheet. An Enrollment Spreadsheet is recommended if online enrollment ends after the date FlexPro guarantees for card delivery prior to plan year start.*

### Enrollment Packet (EIP) Options:

**YES / NO**

**We would like to place an order for PRINTED Employee Information/Enrollment Packets\***

No. of Packets:

Sent By:

/ /

To (Contact Name):

To this Address:

\*Please contact FlexPro with any questions. Any applicable fees for printing and shipping will be on the *Administrative Agreement for Services and Fees* page and in your monthly renewal invoice.

## Section 1: **Contacts**

<b>Contact Information</b> Please indicate any changes
<b>Group Address:</b> 205 W. Green St. Urbana, IL 61801
<b>Primary Contact:</b> Danielle Chynoweth supervisor@cunninghamtownship.org (217) 384-4144
<b>Additional Contact:</b> Wayne Williams, Darcy Sandefur, Nicole Philyaw wayne@ctao.us, advocate2@cunninghamtownship.org; nicole@cunninghamtownship.org (217) 367-7059
<b>Decision Maker:</b> Danielle Chynoweth supervisor@cunninghamtownship.org (217) 384-4144
<b>Billing Contact:</b> Darcy Sandefur, Nicole Philyaw Darcy@cunninghamtownship.org; nicole@cunninghamtownship.org
<b>Broker:</b>

		<b>Standard Automated Reports</b>
NO Changes	YES Changes	Contact us if you wish to discuss additional reporting options, questions related to your reports or to set up a meeting. Please include names AND email addresses for any changes to reporting.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Daily Settlement</b> This report is only available for Employers using flex benefit card and provides the final settlement total for the day with no line items. It is only the final total.
Name		Email
<input type="checkbox"/>	<input type="checkbox"/>	<b>Enrollee Account Balance (EAB)</b> The EAB is delivered on the 2nd of each month, and provides annual totals, year-to-date deposits, reimbursed total, and any balance due for ineligible charges on debit card transactions.
Name		Email
<input type="checkbox"/>	<input type="checkbox"/>	<b>Employer Disbursement (EDR)</b> The EDR is delivered according to your reimbursement schedule, on the 1 <sup>st</sup> of the month, or both and provides reimbursements by check or direct deposit, when applicable.
Name		Email

## Section 1: Administrative Agreement for Services and Fees

<b>Monthly Administration Services per participant:</b>		<b>\$5.35</b>							
<b>Subject to a Minimum Monthly Charge of:</b>		<b>\$55.00</b>							
<b>Includes:</b>									
<ul style="list-style-type: none"> <li>• Participant claim processing</li> <li>• All checks and correspondence sent to Employer for distribution to Plan Participants</li> <li>• Toll-Free Phone/Fax for Participant and Employer</li> <li>• FlexPro Benefits Card: <b>(Where applicable)</b> <ul style="list-style-type: none"> <li>○ Point-of-Purchase Access to FSA Account</li> <li>○ Compliance with IRS guidelines on debit card usage</li> </ul> </li> <li>• Online Account Management Services:           <ul style="list-style-type: none"> <li>○ FSA balance inquiries, scheduled Employee emails</li> <li>○ DCA balance inquiries, scheduled Employee emails</li> <li>○ On Demand reporting – Transaction History, Card Status, Enrollee Account Balance, Employer Disbursement</li> </ul> </li> </ul>									
<b>Annual Services</b>		<b>\$175.00</b>							
<ul style="list-style-type: none"> <li>• Renewal Setup           <ul style="list-style-type: none"> <li>○ Enrollment Packets, E-file packets only</li> <li>○ FSA participant set-up, E-file election remittance only</li> <li>○ Annual non-discrimination Testing</li> </ul> </li> <li>• One on-site Annual Enrollment Meeting</li> </ul>									
<b>YES</b>	<b>NO</b>	<b>Additional Services - Please Indicate which you would like to Elect</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #e6f2ff;"><b>Direct Mail</b></td> <td>• You currently <b>do not offer</b> Direct Mail.</td> <td rowspan="2" style="text-align: center; vertical-align: middle;"><b>\$ .50</b></td> </tr> <tr> <td colspan="2">Checks and correspondence mailed directly to participant's home, invoiced per participant, per month, unless combined with direct deposit</td> </tr> </table>	<b>Direct Mail</b>	• You currently <b>do not offer</b> Direct Mail.	<b>\$ .50</b>	Checks and correspondence mailed directly to participant's home, invoiced per participant, per month, unless combined with direct deposit			
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**Important**

- Invoices are generated monthly on the 15<sup>th</sup> of the month and emailed to the Employer. Payments are due within 30 days.
- Terminating group's administration fees will be charged for 90 days past plan termination including the grace period and run-off unless otherwise documented with signed termination forms.
- Some non-discrimination testing is required for all entities each year. You will receive the necessary paperwork at the start of the plan year.
- Additional charges will be passed on to cover fees associated when incorrect banking information is provided or when drafts are returned for insufficient funds.
- Fees reflected are per participating FSA Employee, per month. Fees apply only to FSA participants, not to Employees solely participating in the plan's pre-tax premium provision.

<b>Required – Signed and Returned</b>	
Cunningham Township - 913	Plan Year: 01/01/2022 - 12/31/2022
<b>Signature:</b>	<b>Date:</b>
I have reviewed above page(s). Verification of changes has been selected with YES or NO in the boxes provided. As an authorized representative for above Employer, I hereby authorize FlexPro at KBA to act as the administrator of our Flex benefits plan.	

## Section 1: Payroll Deposit Information

**A completed payroll calendar is required for each payroll schedule you offer.**

Please mark and submit a separate page for each schedule that includes ONLY Flex deductions. Remember to allow for holidays, weekends, or skipped deductions. Per IRS regulations all deductions for a plan year must occur within the dates for that plan year. Adjustments may be made to allow for payroll processing, if all dates fall within the stated plan dates. Incomplete or missing payroll calendars will cause delays in your renewal process.

**We will be returning # \_\_\_\_\_ of calendar pages**

<b>Please circle the desired payroll schedule</b>	Weekly	52 Standard payrolls each week on the specific date
	Weekly	48 Standard payrolls each week on specific dates
	Bi-weekly	26 Standard payrolls every other week on the scheduled date
	Bi-weekly	24 Standard payrolls every other week on the scheduled date
	Monthly	12 Standard payrolls on a scheduled date each month
Semi-Monthly	24 Standard payrolls on the 1 <sup>st</sup> & 15 <sup>th</sup> <b>or</b> 15 <sup>th</sup> & 30 <sup>th</sup>	

January 2022							February 2022							March 2022							April 2022							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
						1			1	2	3	4	5			1	2	3	4	5							1	2
2	3	4	5	6	7	8	6	7	8	9	10	11	12	6	7	8	9	10	11	12	3	4	5	6	7	8	9	
9	10	11	12	13	14	15	13	14	15	16	17	18	19	13	4	15	16	17	18	19	10	11	12	13	14	15	16	
16	17	18	19	20	21	22	20	21	22	23	24	25	26	20	21	22	23	24	25	26	17	18	19	20	21	22	23	
23	24	25	26	27	28	29	27	28						27	28	29	30	31			24	25	26	27	28	29	30	
30	31																											

**Required – Signed and Returned**

Cunningham Township - 913 Plan Year: 01/01/2022 - 12/31/2022

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have reviewed above page(s). Verification of our payroll schedule and dates has been marked above. As an authorized representative for above Employer, I hereby authorize FlexPro at KBA to act as the administrator of our Flex benefits plan.

## Section 1: FSA/ LPF Plan Increase Amendment

**We are including this page to act as the Amendment to the Plan if there is an IRS ruling for an increase.** Each year the IRS reviews the Health FSA Plan Maximums included as an adjustment for inflation. Typically, this increase is \$50 and is often finalized late in the renewal year, even as late the end of October. IRS FSA Plan Maximum increase is voluntary for Employers.

### Current Plan Year Plans and Funding for FSA/ LPF Health Spending Accounts.

Premium Plan Option	Plan Maximums	Plan Minimums
Health FSA	\$ 2,750.00	
Limited Purpose (LPF) FSA	\$ 2,750.00	
<b>Plan Maximum Totals</b>	\$ 2,750.00 Total Premiums	

**Please select the option below for your plans.**

<b>YES</b>	<b>We would like to amend our Plan to increase the FSA and/ or LPF,</b> to the full IRS mandated maximum amount for the upcoming renewal plan year.
<b>NO</b>	<b>Please do not amend our plan.</b>

### Important

- In the event the IRS has released an inflation adjustment for Health FSA Plan Maximums emails will be sent out to all employer contacts and brokers from FlexPro with the details.
- This will act as an amendment to the Plan for implementation of the IRS Plan Maximum Increase only when the form is signed and returned.
- This amendment allows employers to fully implement the IRS mandated maximum or decline to have the full maximum allowed. No other options are available with this form.
- Changes to your other than this specific Plan Maximum will need to be reviewed and amended specifically. For questions, please contact FlexPro Staff to set up a meeting to discuss your options.
- Indicated changes will apply to the upcoming renewal plan year and all subsequent plan years unless further amended by the Client.

Required – Signed and Returned	
Cunningham Township - 913	Plan Year: 01/01/2022 - 12/31/2022
<b>Signature:</b>	<b>Date:</b>
I have reviewed above page(s). Verification of changes has been selected with YES or NO in the boxes provided. As an authorized representative for above Employer, I hereby authorize FlexPro at KBA to act as the administrator of our Flex benefits plan.	

## Section 1: Open Enrollment Campaign

**We can deliver a fully automated open enrollment campaign directly to your employees! This campaign has the potential to increase participation in your plan, which in turn would INCREASE YOUR TAX SAVINGS!**

<b>YES</b>	<b>We would like to offer the Open Enrollment Campaign to our employees.</b> We understand required information must be provided <u>no less than 1 month prior</u> to the beginning date of our open enrollment for this campaign to be implemented.	
	Start Date:	End Date:
<b>NO</b>	<b>We do not want to offer the Open Enrollment Campaign at this time.</b>	

**What is the Focus?**

Our focus is providing education, tools, and support to help you articulate the value and maximize the impact of your CDH program. We manage every component of the program.

- Communication & email creation / distribution
- Web & landing page creation and hosting

**What does the campaign look like?**

- The campaign consists of a series of email communications presenting specific calls-to-action,

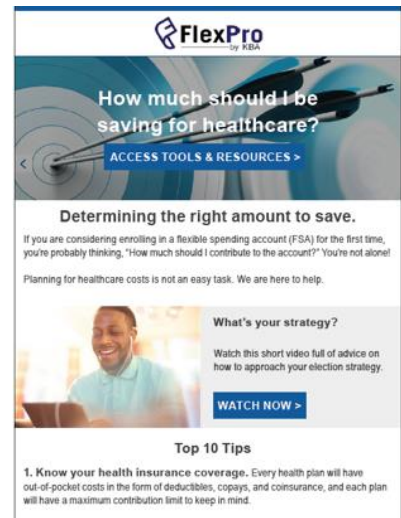
multimedia tools & resources to help support employees' decisions during open enrollment.

- The emails, landing pages, and interactive tools focus on helping employees better manage their healthcare options and finances. These include help with basic terminology, guidelines to identify consumer's unique spending/saving needs and offer directions for choosing the right funding for their flexible spending account.
- Each eligible employee will receive a series of five email communications over the five-week period leading up to your open enrollment state date.

Email	Message	Audience	Timing
1	What you need to know to plan for Out-of-Pocket healthcare costs	Full Audience	3 weeks before open enrollment
2	Determining and appropriate election amount	Full Audience	2 weeks before open enrollment
3	Reasons to take a more active role in your healthcare finances	Full Audience	1 week before open enrollment



**What do the emails look like?**



Required – Signed and Returned	
Cunningham Township - 913	Plan Year: 01/01/2022 - 12/31/2022
<b>Signature:</b>	<b>Date:</b>
I have reviewed above page(s). Verification of changes has been selected with YES or NO in the boxes provided. As an authorized representative for above Employer, I hereby authorize FlexPro at KBA to act as the administrator of our Flex benefits plan.	



## Section 1: Section 125 Plan Specifics Agreement

Premium Plan Option	Plan Maximums	Plan Minimums
Health FSA	\$ 2,750.00	
Limited Purpose (LPF) FSA	\$ 2,750.00	
<b>Plan Maximum Totals</b>	\$ 2,750.00 Total Premiums	

<p><b>Eligibility Requirements:</b> Employees must work 30 hours per week and may begin participation the first day of employment.</p>
<p><b>Participation in the Premium Plan Option by New Hires:</b> Upon Eligibility</p>
<p><b>Participation in the Health FSA Plan Option by New Hires:</b> Upon Eligibility</p>
<p><b>Participation in the Dependent Care FSA Plan Option by New Hires:</b> n/a</p>
<p><b>Participation by Terminated Employees in the Health FSA:</b> Terminated Employees will be allowed 0 days past termination to continue incurring expenses and 30 days to submit.</p>
<p><b>Participation by Terminated Employees in the Dependent Care FSA:</b></p>
<p><b>Premium Deductions:</b> Premiums will automatically be deducted as pre-tax without a signed Waiver of Participation form on file.</p>
<p><b>Claims Submission:</b> Claims must be received by noon EST Friday for checks to be issued Wednesday. Checks mailed to Employer for distribution. Weekly.</p>
<p><b>Orthodontia Services:</b> <b>NO</b>, Your Employer does not offer Up Front Orthodontia payments. At the time services begin, the initial down payment may be reimbursed. The remaining balance may only be reimbursed according to the monthly payment structure outline in the Orthodontia contract. A copy of the Orthodontic contract must be provided to Flexpro at the time of reimbursement.</p>
<p><b>FSA Carryover Option:</b> If a balance remains in the account, a maximum of \$500.00 will be transferred to the next plan year. <b>Note: Debit Cards may <u>not</u> be used to pay for prior year expenses.</b></p>
<p><b>Grace Period: DCA only for carryover enabled Employers</b></p>
<p><b>Runout Period: Flexible Spending (FSA), Dependent Care (DCA):</b> Claims must be submitted no later than 90 days after the end of the Plan Year. <b>Note:</b> Debit cards may <u>not</u> be used to pay for prior year expenses during the 90 day runout period. Paper claims should be submitted during this runout time.</p>
<p><b>Notification Timeframe for Status Changes:</b> Status changes must be submitted within 30 days of the qualifying event.</p>

<b>HEART Act</b>
<b>Qualified Reservist Distribution (QRD) Amount:</b>
The amount contributed to the Health Care FSA as of the date of the QRD request minus any reimbursements (recommended).
<b>Medical Expenses Incurred After the Qualified Reservist Distribution (QRD):</b>
Permit employees to continue to submit Health Care FSA claims incurred before the end of the Health Care FSA plan year (and grace period, if applicable).

<b>Return Required: Circle YES or NO</b>	
Cunningham Township - 913	Plan Year: 01/01/2022 - 12/31/2022
	<b>Initial Here</b> to confirm the plan specifics have been reviewed
<b>YES</b>	<p>We will be making plan changes.</p> <p><input type="checkbox"/> We will be completing the required documents and returning them with this paperwork</p> <p><input type="checkbox"/> We have indicated manually on this returned copy changes we would like to discuss</p>
<b>NO</b>	We are not making any plan changes for this plan year

## Section 1: Plan Specifics Checklist

The following list of options asks whether you would like to make any changes to additional sections of your plan. **Please indicate YES Changes, NO Changes for all lines.**

- If you have **NO Changes** for the upcoming plan year, simply complete, sign and submit all of Section 1, including this checklist, to [FlexPro@KeyBenefit.com](mailto:FlexPro@KeyBenefit.com).
- If you have marked **YES Changes**, continue to Section 2 to fill out the supporting documentation for that change.
- A Voided Check is required for any bank change

YES Changes	NO Changes	Supporting Documents
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Manual Claim - Check Reimbursement</b> (physical checks reimbursing manual claims) – <b>p. 15</b></p> <ul style="list-style-type: none"> <li>• Checks are currently issued <b>Weekly - Wednesday</b></li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Manual Claim - Direct Deposit Reimbursement - p. 16</b></p> <ul style="list-style-type: none"> <li>• <b>YES</b>, you currently <b>offer</b> Direct Deposit.</li> </ul> <p>These are required for changes to Employee reimbursement bank accounts for direct deposits reimbursing manual claims. manual claims processed. This will be the bank FlexPro draws from for Employee direct deposit.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Debit Card Transaction &amp; ACH Authorization – p. 17</b></p> <ul style="list-style-type: none"> <li>• <b>YES</b>, you currently <b>offer</b> a Debit card to your Employees.</li> </ul> <p>FlexPro processes flex card transactions for Employees paying merchants at POS terminals or online eligible vendors. The worksheet page has notes and explanations. (ACH = Automated Clearing House)</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Administrative Fees ACH Authorization – p. 18</b></p> <ul style="list-style-type: none"> <li>• <b>YES</b>, you currently <b>authorize</b> monthly Admin Fees auto debit from your Account.</li> </ul> <p>This allows FlexPro to initiate the debit of the Monthly Admin Fees on the 15<sup>th</sup> of each month. Select "YES Changes" if you wish to add this convenient way to pay your monthly administration fees or if you need to make changes to the bank account already on file.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Medical Benefit Summary &amp; Copayment Options - Only applies to Flex Card - p. 19</b></p> <ul style="list-style-type: none"> <li>• <b>YES</b>, you <b>offer</b> a Debit card to your Employees.</li> </ul> <p>Please send updated Copays and changes to <a href="mailto:FlexPro@KeyBenefit.com">FlexPro@KeyBenefit.com</a> at any point in the <u>year</u>. FlexPro uses merchant category codes to match your copays provided. Accurate copays in FlexPro improve automatic substantiation rates. Inaccuracies between FlexPro and your medical benefits may increase substantiation requests to your employees.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Orthodontia Up-Front Services – p. 20</b></p> <ul style="list-style-type: none"> <li>• <b>NO</b>, currently you <b>do not accept</b> claims for up-front Orthodontia services.</li> </ul> <p>At the time services begin, the initial down payment may be reimbursed. The remaining balance may only be reimbursed according to the monthly payment structure outline in the Orthodontia contract. A copy of the Orthodontic contract must be provided to FlexPro at time of reimbursement.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Grace, Runout, Carryover Worksheet and Options – p. 21 &amp; 22</b></p> <ul style="list-style-type: none"> <li>• <b>NO</b>, you <b>do not offer an FSA Grace Period</b>. Your plan has a 90 day Runout.</li> <li>• <b>NO</b>, you <b>do not offer the DCA Grace Period</b>. Your plan has a 90 day Runout.</li> </ul> <p>This additional page explains the options allowed for Grace, Runout and Carryover as offered by FlexPro. Complete each related section so amendments to your plans can be properly crafted to allow extended access to funds by employees. <b>Notes:</b> The <u>Carryover option may not be elected at the same time as a Grace Period</u> for FSA plan. If you are interested in the new Carryover option, you must amend the plan and remove the Grace Period for the FSA.</p> <p><b>Year End Carryover - p. 21 &amp; 22</b></p> <ul style="list-style-type: none"> <li>• <b>YES</b>, you currently <b>offer the Carryover Option</b> for a maximum of \$500.00.</li> </ul> <p><b>Important Note: Plans are not permitted to have a FSA Grace period with the Carryover option.</b> Carryover allows specified unused funds to "carryover" between one plan year and the next. This feature will create new FSA Plans for ANY participants in active status with unused funds as of last day of the plan. Enrollment in the new plan year is NOT required. NOTE: FlexPro will include Carryover participants in PEPM totals for Monthly Administrative Services Billing.</p>

FlexPro may be able to increase options for Medical Matching and decreasing substantiation by collecting and maintaining accurate insurance carrier information. Where possible, we may be able to work with those carriers.

YES Changes	NO Changes	<b>Medical Matching</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Major Medical</b> with KBA: <b>No</b> KBA Group #: Type of Major Medical with KBA: If not KBA, who is your Major Medical Carrier: <b><u>BCBS of Illinois</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Vision</b> with KBA: KBA Vision Group #: If not KBA, who is your Vision Carrier:
<input type="checkbox"/>	<input type="checkbox"/>	<b>Gap</b> with KBA: Gap Group #:
<input type="checkbox"/>	<input type="checkbox"/>	<b>Dental</b> with KBA: <b>No</b> KBA Dental Group #: If not KBA, who is your Dental Carrier: <b><u>Delta Dental</u></b>

**NO, you currently do not offer an HSA.**

### Health Spending Accounts and Limited Purpose Flexible Spending Accounts

<b>YES</b>	<p><b>We are making changes to our Flexible Benefit Plans for an HSA or Limited Purpose FSA.</b>                      The of the following options require an amendment. *IRS regulations permit a participant whose spouse is enrolled in an HSA under another Employer to participate in a Limited FSA.</p> <p> <input type="checkbox"/> We are <u>adding</u> an HSA <u>without</u> allowing a Limited Purpose FSA.  <input type="checkbox"/> We are <u>removing</u> our HSA <u>without</u> allowing a Limited Purpose FSA.  <input type="checkbox"/> We are <u>adding</u> an HSA and <u>allowing</u> a Limited Purpose FSA.  <input type="checkbox"/> We are <u>removing</u> our HSA and <u>allowing</u> a Limited Purpose FSA.  <input type="checkbox"/> We <u>do not</u> have an HSA and are <u>allowing</u> a Limited Purpose FSA*.  <input type="checkbox"/> We <u>do not</u> have an HSA and are <u>removing access</u> to the current Limited Purpose FSA*.                 </p>
<b>NO</b>	<p><b>There are no changes.</b></p>

### Required – Signed and Returned

Cunningham Township - 913

Plan Year: 01/01/2022 - 12/31/2022

**Signature:**

**Date:**

I have reviewed above page(s). Verification of changes has been selected with YES or NO in the boxes provided. As an authorized representative for above Employer, I hereby authorize FlexPro at KBA to act as the administrator of our Flex benefits plan.

## Before Continuing, Please Make Sure...

**Section 1 (all pages prior to this one) has been completed, signed and/or initialed.**  
All the items in this section are required by FlexPro to build your plan(s) and process claims accurately and according to your specific plan design.

**Blanks or incomplete sections will result in follow up contact, resulting in delays.**

**If all of Section 1 is marked  
“NO Changes,” STOP HERE and submit  
your Renewal Packet to FlexPro@KeyBenefit.com**



**If you have marked ‘YES Changes’ on:**

**Section 125 Plan Specifics Agreement** (p. 8-9)

**or**

**Plan Specifics Checklist** (p. 10-11)

Continue to Section 2 to fill out corresponding documents.

For assistance in completing any of the enclosed paperwork or for any questions throughout your plan year, please contact one of the FlexPro staff listed below.

**Tirice Weddle**

FlexPro Account Manager  
317-284-7151  
Tweddle@keybenefit.com

**Mindy Settles**

Technical Coordinator, Flex Team Lead  
317-712-4181  
MSettles@keybenefit.com

## **Section 2: Supporting Documents and Additional Plan Options**

The *Plan Specifics Checklist* page, located at the end of Section 1, is a checklist for modifying your plan, adding new options or as an explanation of services offered.

Please complete, sign and return the corresponding/applicable page(s).

**Blanks or incomplete sections will result in follow up contact, resulting in delays.**

## Section 2: **Did You Know?**

### **Open Enrollment**

FlexPro can deliver a fully automated open enrollment campaign directly to your employees. Our focus is providing education, tools and support to help you articulate the value and maximize the impact of your CDH (Consumer Driven Healthcare) program. Please see Open Enrollment Campaign page in Section 1 for further details.  
NOTE: This feature runs on a 3-week schedule to coincide with your open enrollment.

### **Online Enrollment**

The use of online enrollment allows the Employee to self-enroll in the upcoming plan. FlexPro encourages Employers to provide a demographic data file of eligible Employees - Full Name, SSN, Address, DOB, an E-mail Address and Phone Number. Detailed instructions will be incorporated within the Employee Information Packet for your Employees indicating how the Online Enrollment works if you elect this option. You will also need to work directly with FlexPro to make sure Employer data is turned in timely so that both employer and employee can enroll with a stress-free experience. NOTE: The Online Enrollment end date must fall 2 days prior to the end of the plan year to allow automation to create plans in time.

### **Employer Benefits of Higher Flex Participation**

Employers take a percentage share in the savings because company-withheld FICA on each participant's election is proportionally reduced. The higher your Flex participation, the more you will save. Employee's Flexible Spending Accounts will save tax-dollars because of the IRS-favorable option of the payroll contributions, which puts money back into their pocket. They will not pay Federal, State or FICA taxes on the annual amount set aside for eligible medical or dependent care expenses.

### **More Eligible employee participation means more savings for everyone!**

Number of Actual Participants	25	50	100
Average Contribution Amount	\$1,000.00	\$1,000.00	\$1,000.00
Total FSA Contributions	\$25,000.00	\$50,000.00	\$100,000.00
Effective FICA Tax Rate	7.65%	7.65%	7.65%
Employer FICA Tax Avoided	\$1,915.50	\$3,825.00	\$7,650.00

### **FlexPro Website**

Available to both Employees and Employers 24 hours a day, 7 days a week. Please help us remind your Employees to periodically review their accounts online for pending or ineligible transactions. Unresolved, pending, or ineligible transactions may result in the temporary deactivation of Flex Benefit cards, where applicable, until the transactions are resolved. Many system-generated notices are also delivered to the employee portal for them to review.

Employer website: [www.wealthcareadmin.com](http://www.wealthcareadmin.com)

Employee website: <https://keybenefit.wealthcareportal.com>

### **Employer Online Account**

FlexPro automatically adds any staff listed as a contact or broker to an online user ID template. In order to provide improvements to the Employer User experience we can manage the level of permitted access by the user ID assigned. From the log all users can run real time reports in one of the available formats. These can be emailed to any valid email address or generated and reviewed online. When the user ID allows permission, view employee demographics, account funding and card status. Let the account manager know if you would like to set a walk through on accessing and navigating to key features.

### **Monthly Invoice**

KBA FlexPro offers Employers the option to have their monthly admin invoices automatically autopay via ACH for payment. Please see the *Administrative Fees ACH Authorization* in Section 2 of this packet to add, remove or learn more about this option. NOTE: If you are already signed up, you do not need to return the form unless there are changes

### **Flexible Benefits Debit Card**

Ease employee benefit stress with the KBA Flex Card, a MasterCard offered to enhance Flexible Spending Accounts. The Flex Card is for use at qualifying healthcare providers or merchants that accept MasterCard and offer eligible goods or services under the participant's Flexible Spending Account. The card provides instant access to available FSA account funds by transferring funds for qualified expenses directly from the participant's available Flexible Spending Account to the provider. Plan members will no longer pay Out-of-Pocket, file a manual claim and wait for reimbursement.

By providing your Benefit Plan copays for office visits, Urgent Care, ER and RX's allow for less substantiation by your employees. Please see the Medical Benefit Summary & Copayment in *Section 2* to complete this form.

## Direct Deposit

We encourage all Employers to consider the direct deposit feature. This feature allows your Employees quicker access to their reimbursements. According to your schedule, reimbursement amounts will automatically deduct from your designated bank account and then will be disbursed to the participant's bank account. Direct Deposits appear in your account from our bank vendor as "Setl Mbi Med-I-Bank."

Employees may either submit the Direct Deposit Authorization form, included in the Employee Information Packet, to KeyBenefit@KeyBenefit.com or set up their direct deposit through [www.mywealthcareonline.com/flexpro](http://www.mywealthcareonline.com/flexpro). Once direct deposit is set up, any future claims submitted for payment would be processed using this feature (it will not apply to claims prior to the date the account was set up). An email confirmation will be sent out when the reimbursement is generated. The money will be deposited directly into the chosen bank account within 2-3 business days from the time of the email. No more waiting for checks to be delivered in the mail and trips to the bank to deposit or cash reimbursements.

## Medical Benefit Summary & Copayment

It is important that you provide your Benefit Plan copays for office visits, Urgent Care, ER and RX's allow for less substantiation by your employees. They receive fewer notifications, and it improves their experience utilizing their Flex Plan. Please see options in Section 2 of this packet, *Medical Benefit Summary & Copayment*.

## FlexPro Upload Feature

Claims for Reimbursement and receipts for pending Debit Card transactions may be uploaded directly from a PC, tablet or smartphone. Some tablets and phones do require the mobile app to present all available features. FlexPro is mobile optimized but carrier and phone version may interfere. It is possible to check claim history, find unresolved transactions and upload any required documentation directly to that transaction.

## Mobile Phone Alerts

With an online account, SMS text alerts for common communications can be set-up. Track submitted claims entered or set annual plan reminders to avoid missing the plan deadlines for turning in claims. Some charges may apply depending on your phone provider.

## E-Mail alerts

When a participant has entered their preferred email address into their account, FlexPro is able to send notices regarding account submissions etc. Once logged in, notifications can be customized. Many notices are also sent directly to the participant portal. Customizable options for notices are for situations occurring with an account: confirmation of an email or address change and when we have received submitted claims. Regular notices will also be sent out which, are important for the plan and account balances throughout the plan year.

## Virtual Client Representative & Web Chat

The FlexPro customer service number can be used anytime, day or night. Participants will be offered prompts and will be provided a list of current options available. If calling during regular business hours, it is possible to opt out and speak with FlexPro staff by calling **800-558-5553 (8am-5pm EST)**

No time for a phone call? Have Flex questions while at work? No problem!

Open <https://keybenefit.wealthcareportal.com> and look for the **FlexPro Chat** link on the left side. Click, then begin chatting with FlexPro staff any time during normal business hours (8am-5pm Monday through Friday).

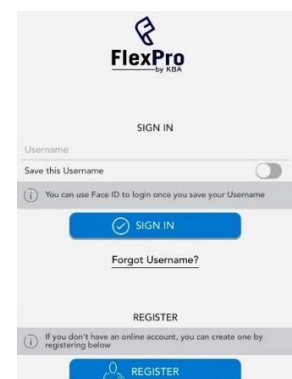
## Email or FAX FlexPro

FlexPro offers another way to fax and email requests for reimbursement and resolutions for pended transactions. Using either the fax number or email address below will direct claim information and substantiation documents directly to the online portal for processing. For emails it is important that anything other than text is sent as an attachment rather than it being pasted into the body of the message to prevent system errors reading the data.

**Fax: 866.241.1488 | Email: [FlexPro@KeyBenefit.com](mailto:FlexPro@KeyBenefit.com)**

## FlexPro Mobile

Employees can download the app from the App Store or Play Store by searching "FlexPro Mobile." Accounts must be registered with <https://keybenefit.wealthcareportal.com> in order to use this application on mobile devices. Once installed, Employees can log in with the ID information used in their registered account. Check a balance, add dependents, request new cards, update an address and more from a phone or tablet. See the Upload feature for a quick way to submit documentation for unresolved transactions and to submit new claims.



## Section 2: **Manual Claim – Check Reimbursement**

**YES, we are making manual claim check bank changes as indicated below.**

Please mark the sections below. FlexPro will ONLY make changes to sections **circled YES** for changes.

<b>YES</b>	Change the schedule for reimbursements, Manual Claims disbursement <input type="checkbox"/> WEEKLY (52) on:    Monday    Tuesday    Wednesday    Thursday    Friday <input type="checkbox"/> MONTHLY (12) on the 1 <sup>st</sup> day of each month.
<b>YES</b>	Change who will print the reimbursement checks. <input type="checkbox"/> Checks will be printed by the Employer. Files will be delivered to the designated contacts. <input type="checkbox"/> Checks should now be printed by FlexPro using the Employer bank account.
<b>YES</b>	Change the check mailing address. Additional fees to be applied. Self-printing not applicable. <input type="checkbox"/> Individual's Home Address <input type="checkbox"/> Employer for Distribution
<b>YES</b>	We are making changes to when the <b>Employer Disbursement Reports</b> should be sent. Both options can be selected. <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> At the same time as the reimbursement schedule

<b>YES</b>	Change banking information noted here for reimbursement by check. Employers who self-print may <b>not</b> select this option.
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<b>Effective Date</b>	<b>Initial Check Number</b>	<b>Bank Institution Name/ Branch</b>
<b>Bank Account Number</b>		Checking <b>or</b> Savings
<b>Bank Routing Number</b>		
<b>Printed Name</b> Person signing the checks. For security purposes, please print the name clearly.		
<b>Signature</b> To appear on the checks. Please stay within the lines.		
<b>Voided Check - Required</b>		

**Important**

- Fees may be passed along to Employers and Employees where issues related to bank account number, bank routing number, or insufficient funds notices received by FlexPro from financial institutions.
- Unless specified, changes will be processed as part of completing this packet and may be prior to the new plan start date.
- The initial check number is required to ensure duplicate numbers are not generated for your employer group.
- A screen capture of the signature presented here will imported into the system and will appear as it does here on your checks. For a clean image, please stay within the box and avoid the outer lines. This box has been sized for best results.

Required – Signed and Returned	
Cunningham Township - 913	Plan Year: 01/01/2022 - 12/31/2022
<b>Signature:</b>	<b>Date:</b>
As an authorized representative of the Company listed above, I hereby authorize FlexPro at Key Benefit Administrators to make ACH transfer entries for the specific purpose of payment of annual and monthly administration fees associated with FlexPro plans, including, but not limited to, initiating debit entries, credit entries and adjustments as needed to the bank account listed above. This authorization will remain in effect until written notice is received by FlexPro at Key Benefit that terminates this authorization.	



## Section2: **Manual Claim - Direct Deposit Reimbursement**

<b>YES, you currently offer Direct Deposit.</b>	
<b>YES</b>	We are making Direct Deposit bank changes for the reimbursement of claims as indicated below. FlexPro will ONLY make changes to sections <b>circled YES</b> for changes.
<b>Effective Date</b>	<b>Bank Institution Name/ Branch</b>
<b>Bank Account Number</b>	Checking <b>or</b> Savings
<b>Bank Routing Number</b>	
<b>Voided Check - Required</b>	

### Why should we consider direct deposit?

Direct deposit allows an Employer to provide the convenient option for participants to receive their reimbursements quickly. Payments usually arrive in participant's bank account on file within 3 business days after claim release, depending on the participant's banking institution.

### How does this work?

According to your reimbursement schedule, reimbursement amounts will automatically deduct from your designated bank account and then be disbursed to the participant's bank account. Transactions that appear on your bank statement for direct deposits look much like the Flex Card transactions do now.

### How will your Employees set this up?

Your Employees can sign up by logging into their account at <https://keybenefit.wealthcareportal.com> as well as by filling out the direct deposit feature form within the Employee Information Packet (EIP) sent after enrollment.

### Important

- Employees may update their direct deposit information online once direct deposit is authorized by the Employer.
- Information will be provided in the Employee Information Packet (EIP), giving the Employee options.
- FlexPro recommends employers send or allow internal electronic access to the EIP each new plan year.
- Claims processed before the direct deposit is set up will be paid by check.
- Claims may be converted to check in the event of banking issues, to get reimbursements out to participants.
- There may be fees passed along to Employers and Employees for bank account number, bank routing number, or insufficient funds notices received by FlexPro.

<b>Required – Signed and Returned</b>	
Cunningham Township - 913	Plan Year: 01/01/2022 - 12/31/2022
<b>Signature:</b>	<b>Date:</b>
<p>As an authorized representative of the Company listed above, I hereby authorize FlexPro at Key Benefit Administrators to make ACH transfer entries for the specific purpose of payment of annual and monthly administration fees associated with FlexPro plans, including, but not limited to, initiating debit entries, credit entries and adjustments as needed to the bank account listed above. This authorization will remain in effect until written notice is received by FlexPro at Key Benefit that terminates this authorization.</p>	

## Section2: **Debit Card Transaction & ACH Authorization**

<b>YES, you offer</b> a Debit Card to your Employees.	
<b>YES</b>	We are making debit card transaction & ACH authorization bank changes. FlexPro will ONLY make changes to sections <b>circled YES</b> for changes.
<b>Effective Date</b>	<b>Bank Institution Name/ Branch</b>
<b>Bank Account Number</b>	Checking <b>or</b> Savings
<b>Bank Routing Number</b>	
<b>Voided Check - Required</b>	

### Important

- When the account is first established, including any bank changes, a one-dollar prenote settlement is performed when linking the physical bank account.
- The prenote is required by Alegeus and recommend by MasterCard to ensure any problems with the physical bank account are detected immediately, before participant card transaction activity begins. This early detection safeguard saves significant manual processing and fees. The dollar prenote is non-refundable.
- As an Employer, it is important you have access to [www.wealthcareadmin.com](http://www.wealthcareadmin.com). Access provides availability to many features, including checking the balance of Employee accounts and running real time reports. Employers can review transactions for Employer groups or specific individuals to identify pending or ineligible transactions.
- If you do not have a login or to reset your login information, please be sure to contact your ProTeam Manager or Benefit Consultant for assistance.
- All designated contacts and report recipients may be granted USER level access to the debit card system at the primary contact or decision maker's discretion. This log in grants access to various reports and features. Your ProTeam Manager or Benefit Consultant can assist in the set-up and can provide you with helpful hints on how to best use the website.

<b>Required – Signed and Returned</b>	
Cunningham Township - 913	Plan Year: 01/01/2022 - 12/31/2022
<b>Signature:</b>	<b>Date:</b>
<p>As an authorized representative of the Company listed above, I hereby authorize FlexPro at Key Benefit Administrators to make ACH transfer entries for the specific purpose of payment of annual and monthly administration fees associated with FlexPro plans, including, but not limited to, initiating debit entries, credit entries and adjustments as needed to the bank account listed above. This authorization will remain in effect until written notice is received by FlexPro at Key Benefit that terminates this authorization.</p>	

## Section2: Administrative Fees ACH Authorization

<b>YES, you authorize</b> monthly Admin Fees to auto debit from your Account.	
<b>YES</b>	We would like to allow ACH authorization for Administrative fees for our plans as indicated below. FlexPro will ONLY make changes to sections <b>circled YES</b> for changes.
<b>Effective Date*</b>	<b>Client Tax Id</b> (Required)
<b>Bank Institution Name/ Branch</b>	
<b>Bank Address</b>	
<b>Bank Account Number</b>	Checking <b>or</b> Savings
<b>Bank Routing Number</b>	
<b>Voided Check - Required</b>	

### Important

- \*The change will be effective at the beginning of the plan year, unless there is a date specified in the Effective Date field.
- A record of charges will be emailed to the designated addresses provided to FlexPro for each billing period and at renewal for the annual fees.
- Services are outlined annually on the *Services and Fees Agreement* page in Section 1 and are included along with the implementation of new groups.
- Advance payment is used for Monthly Invoices. You would be charged in June for July's bill. Charges are made on the 15<sup>th</sup> of each month.

<b>Required – Signed and Returned</b>	
Cunningham Township - 913	Plan Year: 01/01/2022 - 12/31/2022
<b>Signature:</b>	<b>Date:</b>
<p>As an authorized representative of the Company listed above, I hereby authorize FlexPro at Key Benefit Administrators to make ACH transfer entries for the specific purpose of payment of annual and monthly administration fees associated with FlexPro plans, including, but not limited to, initiating debit entries, credit entries and adjustments as needed to the bank account listed above. This authorization will remain in effect until written notice is received by FlexPro at Key Benefit that terminates this authorization.</p>	

## Section2: Medical Benefit Summary & Copay Options

This page applies to Debit Card Employers only - **YES**, you **offer** a Debit card to your Employees.

**YES, there are changes to our medical benefits for the new plan year.**

Please mark the sections below. FlexPro will ONLY make changes to sections circled **YES** for changes.

<b>YES</b>	The Benefit Summary(ies) will be included with our renewal packet paperwork and will include all available plan copays.
<b>YES</b>	There are changes to our Medical Benefits however, documentation is not yet available. Cunningham Township will provide the updated Benefit Summary to FlexPro as soon as it is available.

**Important**

- **Please send updated Copays and changes to [FlexPro@KeyBenefit.com](mailto:FlexPro@KeyBenefit.com) at any point in the year.**
- FlexPro will build your plan to automatically approve claims that match your plan copays as provided (1)
- For **NO** changes or if benefits are not yet available, current merchant category codes will remain in place.
- For Employers electing to use FlexPro Debit Cards for Flexible Spending Benefits, providing FlexPro with your Medical Plan Schedule of Benefits or Benefit Summary
  - Improves auto-approval rates for debit card participants at merchants and providers
  - Decreases substantiation requests for additional documentation
  - For Employers utilizing Flexible Spending Benefits by (2)
  - Improves claim processing and reduces documentation requests for employers
- For Employers who do not use FlexPro Debit Cards, where participants are enrolled in Employer Plans processing specifically for copays, coinsurance, deductibles etc, providing FlexPro with your Medical Plan Schedule of Benefits or Benefit Summary
  - Improves First Pass claim processing under the Plans eligible expenses rules
  - Decreases documentation requests for clarification of eligible benefits.
- FlexPro requests Benefit Summaries at **ONLY** during the employer’s Flex Plan renewal. If your medical benefits are not on the same renewal schedule you will need to provide changes to FlexPro at medical renewal.
- Employers are responsible for submitting Benefit Summaries any time there are changes to copays during their Flexible spending plan year.
- FlexPro will only make changes indicated. Specify each benefit that has changes or provide a benefit summary for review.

- (1) IRS guidelines, as outlined in Revenue Ruling 2003-43, allow automatic adjudication in the exact amount of the applicable medical plan copay. FlexPro systems are set up to allow us to process transactions accordingly.
- (2) Employers utilizing FlexPro Debit cards may experience an increase in substantiation requests going out to participants when there are any discrepancies between insurance benefits and merchant category codes assigned to plan in FlexPro. The system will assign to each merchant category applicable to the plan a dollar amount if one is provided. The system will automatically calculate up to 5 times that amount to match multiples of the same dollar in a single transaction. No dollar amount provided or for percentages of payment will be set to require documentation from participants.

**Required – Signed and Returned**

Cunningham Township - 913

Plan Year: 01/01/2022 - 12/31/2022

**Signature:**

**Date:**

I have reviewed above page(s). Verification of changes has been selected with YES or NO in the boxes provided. As an authorized representative for above Employer, I hereby authorize FlexPro at KBA to act as the administrator of our Flex benefits plan.

## Section2: **Orthodontia Upfront Services Policy**

**NO, you do not offer** Upfront Orthodontia payments.  
 At the time services begin, the initial down payment may be reimbursed. The remaining balance may only be reimbursed according to the monthly payment structure outlined in the Orthodontia contract. A copy of the Orthodontic contract must be provided to KBA-FlexPro at the time of reimbursement.

**YES, change how our Orthodontia Services are to be processed.**

Please mark the sections below. FlexPro will **ONLY** make changes to sections **circled YES** for changes. This change will require an amendment and updates to documents such as EIPs.

<b>YES</b>	Change our Orthodontia services to <b>NOT allow</b> Ortho upfront payments.  <b>Monthly Reimbursement for Orthodontia Services:</b> Orthodontia payments are typically due to merchants on a monthly basis during the length of the service. Our standard procedure is to process Orthodontia receipts on a monthly basis after each month has ended. FlexPro reimburses participant's Orthodontia based on the contract provided at the beginning of services unless changes are submitted.
<b>YES</b>	Change our Orthodontia Services to <b>allow</b> Ortho upfront payments.  <b>Optional Up-Front Reimbursement for Orthodontia Services:</b> This option allows Employers to offer their participants the opportunity of paying for Orthodontia based on contract options offered by the Orthodontist (1). Orthodontia services will be reimbursed for full contract amounts prior to services being rendered when valid Ortho Contracts have been received unless this form is completed and returned to revoke the option.  NOTE: There are some risks. «GROUP_NAME» will be at risk for the participant's full payment upfront as part of their FSA annual pledge before any services are rendered. They will only have been contracted with the provider.  <small>(1) According to an authorized representative from the IRS, as part of an informal statement/guidance notice, it may be permissible to accept full payment of Orthodontia up- front, provided the patient has paid up-front. Orthodontia services will be processed in the manner indicated below until the direction from the IRS changes or the company revokes this option in writing.</small>

Required – Signed and Returned	
Cunningham Township - 913	Plan Year: 01/01/2022 - 12/31/2022
<b>Signature:</b>	<b>Date:</b>
I have reviewed above page(s). Verification of changes has been selected with YES or NO in the boxes provided. As an authorized representative for above Employer, I hereby authorize FlexPro at KBA to act as the administrator of our Flex benefits plan.	

## Section2: **Grace, Runout & Carryover Options Worksheet**

<b>Current Set Up</b>	
<b>FSA Grace Period FSA Runout Period</b>	<b>NO</b> , you currently <b>do not offer the FSA Grace Period</b> . Your plan includes an FSA Runout of 90 days.
<b>FSA Carryover</b>	<b>YES</b> , you currently <b>offer FSA Carryover</b> .
<b>DCA Grace Period DCA Runout Period</b>	<b>NO</b> , you currently <b>do not offer the DCA Grace Period</b> . Your plan includes a 90 day Runout.

**Important**

FSA plans with a Grace Period must be amended when adding Carry over. If you are removing Carryover it may or may not be added back at the Employer's discretion. Complete any Grace sections as applicable. Removal of Carry over **MUST** be implemented in system 3 days prior to the plan's last day. Debit cards are not eligible when paying for services in the prior year during Runout, manual claims must be submitted.

**YES, we are making changes to the Grace Period, Runout Period and/or Carryover Options.**

FlexPro will ONLY make changes to sections **circled YES** for changes.

Alterations to Grace, Runout and Carryover Features require system changes as well as Plan Document changes that affect how plans work. A hold is required on Enrollments until resolved. Changes will be applied to subsequent plan years unless otherwise amended. Note: 2 ½ months is set up as 75 days.

<b>FSA</b>	
<b>YES</b>	<b>Change our Grace Period</b> (Grace Period may not be used with Carry Over) <input type="checkbox"/> (0) Remove Grace <input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 2½ Months – 75 Days in FlexPro
<b>YES</b>	<b>Change our Runout Period</b> <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days
<b>YES</b>	<b>Offer the Carryover Feature</b> (Grace and Carryover cannot both be used on FSA Plans) <input type="checkbox"/> Default to IRS Max <input type="checkbox"/> Carryover Max amount of \$_____
	<input type="checkbox"/> Carryover Minimum amount of \$_____
	<input type="checkbox"/> Carryover should begin in the current plan year and move funds into the new plan year.
	<input type="checkbox"/> Carryover should begin in the new plan year and move into the following year's plan.
<b>YES</b>	<b>Remove the Carryover Feature</b>
<b>DCA</b>	
<b>YES</b>	<b>Change our Grace Period.</b> Grace Period is allowed for DCA with FSA Carryover. <input type="checkbox"/> (0) Remove Grace <input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 2½ Months - 75 Days in FlexPro
<b>YES</b>	<b>Change our Runout Period.</b> <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days

<b>Required – Signed and Returned</b>	
Cunningham Township - 913	Plan Year: 01/01/2022 - 12/31/2022
<b>Signature:</b>	<b>Date:</b>
I have reviewed above page(s). Verification of changes has been selected with YES or NO in the boxes provided. As an authorized representative for above Employer, I hereby authorize FlexPro at KBA to act as the administrator of our Flex benefits plan.	

## Section2: About Grace, Runout & Carryover Options

### Grace Period Definition

The IRS-issued guidance (IRS Notice 2005-42) in May-2005 allowing flexible benefits plans to offer a Grace Period for up to 2 ½ months after the end of a plan year. This guidance modifies the *use-it-or-lose-it* rule, reducing participants' forfeitures. Offering the Grace Period is optional and allows participants access to their funds after the end of the plan year for expenses incurred during the Grace Period. *Note: If the Grace Period is chosen, the Runout occurs after the Grace Period.*

Claims are processed against available funds during the Grace Period when FlexPro receives eligible dates of service prior to the end of the last day of the Grace Period.

- Debit card transactions for eligible plans with a Grace Period will pull funds from the prior plan year and the current plan year to complete transaction amounts requested, up to the election limits of each plan.

### Runout Definition

A runout period is a timeframe in the new plan year during which you can file claims for expenses incurred prior to the start of the new plan year. This is up to the Employer, not the IRS, and varies from Employer to Employer, however 90-day runout period is common. Plans ending December 31 where there is a 90-day runout period have until March 31 of the next plan year to submit claims against any remaining balances. *Note: If the Grace Period is chosen, the Runout occurs after the Grace Period.*

- Claims are processed against available funds during the runout period, when FlexPro receives them prior to the end of last day of the runout period.
- Debit cards may not be used to pay for prior year expenses during runout, however reimbursements may be requested via paper claims.

### Carryover Definition

The IRS-issued guidance (IRS Notice 2013-71) in November-2013 allowing flexible benefit plans to offer up to \$550 to carry over after the end of a plan year. Carryover is optional and determined by the Employer. It can only be applied to Healthcare FSA accounts. Up to \$550 of unreimbursed funds from the plan year ending may be reimbursed with dates of service in either the prior or current plan year through the period of Runout. This guidance modifies the *use-it-or-lose-it* rule and may reduce participants' forfeitures. Flex Card expenses incurred in the new plan year during the runout period will be applied to the current plan year first before pulling funds from the carryover plan. Paper claims may be submitted to specifically direct funds to be used for specific services. NOTE: Employers may not offer both the Grace Period and the carryover option on their FSA plans. Employers may offer the grace on DCA accounts only when electing to use the Carryover Feature for FSA accounts.

Examples: 20AA will be the current plan year and 20BB will be the plan being renewed

- (1) An Employee with \$550 remaining at the end of 20AA would have that \$550 amount automatically transferred to a separate Carryover Tracking Plan (ROL). During runout, these carryover funds can be used by either 20AA or 20BB incurred service dates. At the end of the runout period, any remaining carryover funds in the ROL plan will be automatically transferred the Employee's 20BB FSA to be used for expenses incurred during the remainder of the plan year. If the Employee has available carryover funds and has not elected a 20BB FSA, the system will automatically create a ROL plan, so the money may be accessed by the participant for 20BB expenses.
- (2) An Employee with \$700 remaining at the end of 20AA plan would have \$550 transferred to a separate Carryover Tracking Plan (ROL) and \$150 will remain in the 20AA plan year to be used during the runout period only for 20AA expenses. During runout, these carryover funds can be used by either 20AA or 20BB incurred service dates. At the end of the runout period, any remaining carryover funds will be automatically transferred to the Employee's 20BB FSA to be used for expenses incurred during the remainder of the plan year. If the Employee has available carryover funds and has not elected a 20BB FSA, the system will automatically create a ROL plan, so the money may be accessed by the participant. If any of the \$150 remains in the 20AA plan year, it will be subject to the *use-it-or-lose-it* rule and forfeited.

### Service Notice for Carryover Feature

The Carryover Feature **will** create new FSA Plans for individuals, who have funds available at the end of the prior plan year even if they are **not** enrolled in the new plan. KBA, FlexPro will administer claims for this eligible plan, and per person per month fees for administrative services (PEPM) and invoicing will be included as part of the monthly invoice.

**Groups requesting changes to Grace Period, runout period and/ or Carryover Feature Options should review the information provided within this page. Contact FlexPro staff to set up a meeting to answer any additional questions and then complete the Grace Period, Runout Period & Carryover Feature Worksheet. This page does not need to be returned.**