



Adoption Agreement Checklist

Employer Information Section:

Name of Employer

Employer's Address

(Street) _____

(City) _____

(State) _____

(Zip) _____

(Telephone) _____

(Fax) _____

PHI Officer:

Contact _____

Email _____

Other Contact:

Employer's Tax ID No.

Plan Number

Employer's Principal Office

Employer Entity

- S Corporation
- Corporation
- Partnership
- Sole Proprietorship
- Governmental Entity or Church
- Non-Profit Organization
- Limited Liability Company

Family and Medical Leave Act: Is the Employer subject to these provisions?

- a. No
- b. Yes

Reimbursement Checks are to be cut by....

- a. Employer based on a report
- b. Electronic Fund Transfer
- c. Employer through Payroll download

d. Vantage Flex, LLC
Employer Bank Account Information needed

Bank Name: _____

Account Number: _____

Routing Number: _____

Micr Symbol: _____

Starting Check Number: _____

Employer Must Sign in the space below for scanning and uploading in the administration system for check production and mailing to the employees.

FSA Section:

Plan Information

- New Plan
- Amendment and Restatement

Plan Year

Begins _____(month) _____(day)
Ends _____(month) _____(day)

Is first year a short Plan Year

- Yes, beginning _____
- N/A

Effective Date(s) Initial Effective Date (Must use 4 digit year)

_____(month) _____(day) _____(year)

Effective Date(s) This Restatement (Must use 4 digit year)

_____(month) _____(day) _____(year)

Eligible Class of Employees

- Salaried Employees only
- Hourly Employees only
- All Employees except
 - Commissioned Employees
 - Union Employees
 - Leased Employees
 - Part-time Employees, expected to work less than _____ hours per week
 - Nonresident Aliens
 - Employees not eligible under Employer's group medical plan
- Other: _____

Conditions for Eligibility

____ years after date of hire
____ days after date of hire
____ months after date of hire

For Health Care Reimbursement Fund only, eligibility is as follows if different than above.

____ days after date of hire
____ months after date of hire
____ years after date of hire

Entry Date

- First day of the pay period next following date requirements were met
- Date conditions for eligibility are met
- Dual entry
- First day of Plan Year following date requirements were met
- First day of month following date requirements were met

Contributions. Plan will provide for...

- Salary reduction contributions ONLY
- Employer contributions ONLY
- Both salary reductions AND Employer contributions

Employer Contributions. For each Plan Year, Employer will contribute...

- \$ _____ per Participant
- Discretionary
- See attached detailed schedule
- N/A

AND, the contributions shall be made...

- At beginning of Plan Year
- Pro rata each pay period
- See attached detailed schedule
- N/A

Salary Reduction Benefit Options. Plan to provide...

- Premium Conversion Plan Only
- Flexible Spending Accounts
 - Health FSA
 - Minimum _____
 - Maximum _____
- Dependent Care Assistance Program AND include account for insurance premium payments
- Individual Insurance Premium Reimbursement Account
- Section 132 Parking and Transportation plans

AND, the Over All Salary reductions shall not exceed: \$ _____ (must not be more than the lowest paid eligible employee annual wage)

FSA Section continued:

AND, the Salary reductions shall be made...

- a. Weekly
- b. Bi-Weekly
- c. Semi-Monthly
- d. Monthly

AND the first pay period of the plan year is: ____/____/____

Reimbursement Schedule ...

- a. Weekly
- b. Bi-Weekly
- c. Semi-Monthly
- d. Monthly

AND the first Reimbursement of the plan year is: ____/____/____

Reimbursement Order...

- a. HRA Paid First
- b. FSA Paid First

Premium Payments may be elected for...

- Group Health insurance
- Group-term life insurance
- Disability insurance
- Dental insurance
- Cancer insurance
- Vision insurance
- Accidental Death and Dismemberment insurance
- Prescription Drug Coverage

Are the health premium payments elected above self-insured by the Employer?

- Yes
- No

Terminated Employees shall...

- Continue contributions and reimbursements for the remainder of the Plan Year
- Cease contributions and reimbursements upon termination
- Continue or cease at Participant's election

OTC drugs be reimbursed?

- Yes
- No

Accommodate Health Savings Accounts (HSAs), the health FSA will be limited to the following types of medical expenses...

- N/A or no limits on types of expenses

- Limited to expenses following the minimum deductible amount of not less than \$1150 single or \$2300 family

- dental & vision expenses only

Benefit Election Period shall be...

- ____ days prior to each Plan Year
- Established by Administrator in a nondiscriminatory manner

Is automatic enrollment for insured benefits provided under this Plan

- Yes
- No

Participants who fail to sign a new election form shall...

- Continue same elections as prior year
- Be considered to have elected not to participate for upcoming Plan Year
- Continue same elections as prior year only for insured benefits

Will Affiliated Employers execute this Plan

- N/A or No
- Yes

(Name) _____
 (Street) _____
 (City) _____
 (State) _____
 (Zip) _____
 (ID No.) _____

Claims for Reimbursement must be filed within (this is the run-out)

____ days following each Plan Year
 and
 ____ days following termination of employment

Fee Schedule...

Setup (First year Annual)	\$300
Annual	\$300
Monthly/participant	_____
5500 Fee	_____

Agent Name _____

Agent Phone # _____

Additional Notes:

HRA Section: This section allows for employer contributions ONLY!

Plan Information

- New Plan
- Amendment and Restatement

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Ends _____(month) _____(day)

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- N/A

Effective Date(s) Initial Effective Date (Must use 4 digit year)

_____ (month) _____ (day) _____ (year)

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- Salaried Employees only
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- All Employees except
 - Commissioned Employees
 - Union Employees
 - Leased Employees
 - Part-time Employees, expected to work less than ___ hours per week
 - Nonresident Aliens
 - Employees not eligible under Employer's group medical plan
- Other: _____

Conditions for Eligibility

- For all years, eligibility is as follows:
 - _____ years after date of hire
 - _____ days after date of hire
 - _____ months after date of hire

Entry Date

- First day of the pay period next following date requirements were met
- Date conditions for eligibility are met
- Dual entry
- First day of Plan Year following date requirements were met
- First day of month following date requirements were met

Employer Contributions. For each Plan Year, Employer will contribute...

- \$ _____ per Participant
- Discretionary (will provide a schedule)

AND, the contributions shall be made...

- At beginning of Plan Year
- Pro rata each pay period
 - a. Weekly
 - b. Bi-Weekly
 - c. Semi-Monthly
 - d. MonthlyAND the first pay period of the plan year is: ____/____/____

Reimbursement Schedule ...

- a. Weekly
 - b. Bi-Weekly
 - c. Semi-Monthly
 - d. Monthly
- AND the first Reimbursement of the plan year is: ____/____/____

Plan will reimburse...

- a. All Section 213 eligible expenses.
- b. Core expenses only
- c. Core health insurance deductible only
- d. Other _____

OTC drugs be reimbursed?

- Yes
- No

Plan will reimburse at the rate of ...

- a. 100% of eligible expenses.
- b. 50% of eligible expenses
- c. _____ of eligible expenses

Roll Options - Employees have the option to...

- Roll all funds left in the account at the end of the year.
- Roll ____% of the funds.
- Roll ____% of the funds to a maximum of \$ _____.
- N/A No funds will roll.

Retirement Class

- Establish a retired class of employees
 - Spend down for retired employee
 - Contribution for retired employee
Amount of annual contribution:
\$ _____

