

The following form collects the critical information HealthEquity needs to prepare and properly service your program for the upcoming plan year. If there are no changes to your plan from the last plan year, complete the first page only. Once received by your Relationship Management contact and entered into the database, the information will populate the relevant data fields and displays on our Employer and Participant Sites.

For More Information

Relationship Management is available to answer any questions you may have about the information requested and the effect it will have on your program.

How to Complete the Requirements Document

1. Place your cursor in the highlighted blank in each field or you can use the tab or arrow keys to move from one data field to another.
2. Type in your response for each field.
3. For those questions that utilize check boxes, use the button on your mouse to click on the box that applies to your selection.
4. When finished, save the completed file to your computer and then send it as an email attachment to your Relationship Management contact.

FSA PROGRAM INFORMATION

Program Sponsor/Employer Name/ER ID:	
Services Requested	<input type="checkbox"/> Healthcare FSA <input type="checkbox"/> Dependent Care FSA <input type="checkbox"/> HSA-Compatible Healthcare FSA
Estimated # of Eligible Employees:	Estimated # of Participants:
Enrollment (ENR) File expected date:	<input type="checkbox"/> Enroll on HealthEquity Site
Date Completed (Required):	
Completed by (Required):	
Employer Contact Signature (Required):	
<i>Authorization: My signature above certifies that I am authorized to communicate the below plan information changes.</i>	

NO PLAN CHANGES—COMPLETE THIS SECTION ONLY

PLAN BASICS	HEALTHCARE FSA	DEPENDENT CARE FSA
There are no changes* to the plan this year. <i>All plan features and setup will remain the same as last year.</i>	<input type="checkbox"/> No Changes*	<input type="checkbox"/> No Changes
Plan Code <i>Please provide a code for each plan. Important! This code will need to be updated on the Program Sponsor File (PSF) for the new plan year.</i>		
Open Enrollment Begin Date <i>What is the first day eligible participants can enroll during open enrollment? Important! The Open Enrollment dates drive the re-elect email reminders for existing participants.</i>		
Open Enrollment End Date <i>What is the last day eligible participant can enroll during open enrollment?</i>		
*Do you want to increase the maximum annual election amount for your Healthcare FSA plan to the statutory limit? <i>Note: Increasing the contribution limit may require an amendment to your plan documents.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No, keep current limit <input type="checkbox"/> N/A, current limit is the statutory limit	
If there are any changes to your plan or the enrollment processes, other than the above, complete this form in its entirety.		

1. FSA PLAN SETUP		
A. PLAN BASICS		
PLAN	HEALTHCARE FSA	DEPENDENT CARE FSA
Plan Name <i>Provide a name for each plan.</i>		
Number of Eligible Employees		
Plan Start Date		
Plan End Date		
Qualified Changes <i>Does this plan allow eligible participants to enroll, change, or cancel their election (following a qualified change) in the middle of the plan year?</i>		
Eligible Dependents <i>What individuals and dependents are eligible to receive benefits under this plan?</i>	<input type="checkbox"/> Spouse (Legally married spouse per IRS definition) <input type="checkbox"/> Relative (Qualifying Relative per IRS definition) Other: Select One: <i>As the Employer, you determine whether you want to extend dependent coverage to adult children through age 26. A change to this definition may require an amendment to your plan documents.</i> <input type="checkbox"/> Child (Qualifying Child per IRS definition) OR <input type="checkbox"/> Child (Qualifying Child as required for medical plans under the Affordable Care Act; age 26 or less as of the calendar year in which the expense was incurred.)	
B. PLAN FEATURES		
Payment Features <i>What payment features are available under this plan?</i>	<input type="checkbox"/> HealthEquity Healthcare Card <input type="checkbox"/> Pay My Provider <input type="checkbox"/> Pay Me Back <input type="checkbox"/> Automatic Health Plan Claims Reimbursement	
Eligible Expenses <i>What expenses are payable as benefits under this plan?</i>	<input type="checkbox"/> Standard FSA (according to current IRS Regulations) <input type="checkbox"/> Custom Expense List (if custom expenses are needed, please clearly define requirements to your Relationship Management contact to ensure support can be provided.) <i>Note: Custom expenses cannot be supported on the HealthEquity Healthcare Card.</i>	
Qualified Changes <i>What life events do you allow for participants to add, remove, or change coverage?</i>	<input type="checkbox"/> Standard List (according to IRS Regulations) <input type="checkbox"/> Custom List (if custom qualified changes are needed, please clearly define requirements to your Relationship Management contact to ensure support can be provided.) <input type="checkbox"/> Plan does not allow mid-year changes in enrollments following qualified life events	

C. HSA-COMPATIBLE FSA OPTION

HealthEquity offers a unique type of Healthcare FSA plan that allows an employee who is covered under an HSA to also participate in a Healthcare FSA. This plan is referred to as an HSA-Compatible FSA.

Once an employee has met the deductible for their High Deductible Health Plan (HDHP), the account may be used for items and services typically covered by a standard FSA.

Here is how this plan works:

- This HSA-Compatible FSA cannot be used for medical or pharmacy expenses until the participant's deductible for their HDHP is met.
- If the employee is designating their FSA as HSA-Compatible, they must select this benefit prior to the plan year start date. There is no option to change from a standard FSA to an HSA-Compatible FSA once the plan year begins.
- Per IRS Regulations, an employee may not self-certify that they have met the deductible of their HDHP. Proof that an employee has met their HDHP deductible must be verified either by the Employer or by the employee submitting proof to HealthEquity that the plan's HDHP deductible has been met (depending on plan setup choice selected below).
- If the Employer's HDHP has a higher deductible than the minimum required statutory amount, the HSA-Compatible FSA can begin reimbursing medical or pharmacy expenses when the statutory amount is met.

Please indicate below how the HSA-Compatible FSA will be set up and maintained during the plan year (or choose "HSA-Compatible FSA Option Not Available" if this does not apply to your program):

- Employee Management of Initial Enrollment Selection of HSA-Compatible Option and Post-HDHP Deductible Substantiation.** (Selection on Participant Site prior to plan year start and/or by Employer via enrollment file. Proof that the HDHP deductible has been met is provided to HealthEquity by the employee submitting the HDHP Form along with substantiation documentation of the HDHP deductible to HealthEquity and/or by the Employer via PSF.)
- Employer Managed Initial Enrollment Selection & Employee Managed Post-HDHP Deductible Reset.** (Selection on Participant Site is not available. The employee submits the HDHP Form and proof of deductible met to HealthEquity and/or by the Employer.) *This option also allows both the Employer and the employee to provide documentation to enable the account to be used for standard FSA eligible items after the HDHP deductible has been met.*
- Employer Managed Initial Enrollment Selection & Employer Managed Post-HDHP Deductible Reset.** (Selection on Participant Site is not available. Post-deductible reset made by the Employer.) *This option is recommended only if the Employer will be handling the initial selection of the HSA-Compatible FSA option as well as providing the documentation that the employee has met the HDHP deductible, thus enabling the reimbursement of standard eligible items after the HDHP deductible has been met.*
- Post-HDHP Deductible FSA Not Available**
- HSA-Compatible FSA Option Not Available**

D. PLAN SETUP		
PLAN	HEALTHCARE FSA	DEPENDENT CARE FSA
<p>Mid-Year Claims Deadline How long does a participant have to file claims if coverage ends before the Plan End Date? <i>Note: This rule is different than the end of plan year rule below as this rule applies in scenarios where participants' coverage ends mid-year for reasons such as termination or through a qualified life event. A "Claim it by" deadline date will be displayed to the participant online and on their statement of activity.</i></p>	<p style="text-align: center;">Days</p> <p style="text-align: center;">Months</p> <p><input type="checkbox"/> Same as previous year.</p>	<p style="text-align: center;">Days</p> <p style="text-align: center;">Months</p> <p><input type="checkbox"/> Same as previous year.</p>
<p>Carryover Option Allow employees to carry over up to the statutory maximum of their unused HealthEquity Healthcare FSA account balance remaining at the end of a plan year. <i>If Carryover is set to Yes, grace period cannot be allowed.</i> <i>If electing Carryover, ensure an amendment is completed and plan documents updated.</i></p>	<p><input type="checkbox"/> Yes Maximum Carryover Amount \$</p> <p><input type="checkbox"/> Yes Minimum Carryover Amount \$</p> <p><input type="checkbox"/> No</p> <p>Participant Options:</p> <p><input type="checkbox"/> Allow election for limited coverage in next plan year (Recommend)</p> <p><input type="checkbox"/> Allow election to forfeit (Recommended only if ER does not offer HSA-Compatible / limited coverage)</p> <p><input type="checkbox"/> Allow election to forfeit OR for limited coverage in next plan year (Not Recommended)</p> <p><input type="checkbox"/> None</p>	
<p>Grace Period How much additional time do active participants have after the Plan End Date to incur eligible expenses? <i>Each participant will have a "Spend it by" date displayed on their online statement of activity, based on their coverage end date and any applicable grace period. A participant must be re-enrolled in the new plan year for the card to be available during the grace period.</i> <i>If Carryover is set to Yes (above), grace period cannot be allowed.</i></p>	<p><input type="checkbox"/> 2-1/2 months</p> <p><input type="checkbox"/> 2 months</p> <p><input type="checkbox"/> 1 month</p> <p><input type="checkbox"/> No grace period</p> <p>Grace period supported on the debit card if debit card offered:</p> <p><i>Note: Card transactions made during the grace period will be paid from the previous plan year balance, until those funds are exhausted, before making payments from the current plan year account.</i></p>	<p><input type="checkbox"/> 2-1/2 months</p> <p><input type="checkbox"/> 2 months</p> <p><input type="checkbox"/> 1 month</p> <p><input type="checkbox"/> No grace period</p>
<p>End-of-Plan Claims Deadline How long does a participant have to file claims if covered through the Plan Year End Date? <i>This should be the total run-out from the end of the plan year (not from the end of the grace period if a grace period applies).</i></p>	<p style="text-align: center;">Days</p> <p style="text-align: center;">Months</p> <p><input type="checkbox"/> Same as previous year.</p>	<p style="text-align: center;">Days</p> <p style="text-align: center;">Months</p> <p><input type="checkbox"/> Same as previous year.</p>
<p>Leave of Absence Would you want HealthEquity to use system logic that would automatically create a period of non-coverage that prevents claims from being paid during that period but keep one continuous coverage period?</p>	<p><i>If Yes is selected, a participant will be covered under one continuous coverage period connected to a single account that has a period of non-coverage. Claims incurred during the period of non-coverage are denied (based on service date).</i></p>	

D. PLAN SETUP (CONTINUED)		
PLAN	HEALTHCARE FSA	DEPENDENT CARE FSA
<p>Claims Appeal Process Select the appropriate appeals process (with or without the second level of review from the plan sponsor) for this plan consistent with your formal plan document. <i>Some non-grandfathered plans may be required to offer Employee Benefits Security Administration (EBSA) external review which should be determined by the plan sponsor.</i></p>	<p><input type="checkbox"/> HealthEquity reviews initial appeals and the Employer is the second level of review with final authority. (Standard)</p> <p><input type="checkbox"/> HealthEquity reviews initial appeals and the Employer is the second level of review with final authority (except option to be further appealed to EBSA for external review).</p> <p><input type="checkbox"/> Same as current (no change).</p>	
E. ACCOUNT FUNDING		
PLAN	HEALTHCARE FSA	DEPENDENT CARE FSA
<p>Annual Election Amount What is the minimum and maximum annual election amount per participant? <i>Do not include additional benefits that may be contributed by Program Sponsor over the election amount.</i></p>	<p>\$ (\$1) Minimum</p> <p>\$ Maximum</p> <p><input type="checkbox"/> Same as previous year</p> <p><i>The statutory contribution limit is \$2,750 on Healthcare Flexible Spending Accounts ("health FSAs") for plan years that begin on or after January 1, 2020.</i></p>	<p>\$ (\$1) Minimum</p> <p>\$ Maximum</p> <p><input type="checkbox"/> Same as previous year</p> <p><i>The statutory limit for pre-tax Dependent Care benefits is \$5,000 per calendar year.</i></p>
<p>Additional Funding Amount Are there additional funds that may be contributed by Program Sponsor over the election amount?</p>	<p>\$</p> <p><i>This amount controls funding above Election Amount. Any additional funds contributed by the Program Sponsor are not included in the statutory contribution limit. Health FSAs can include Employer contributions of \$500 or up to a dollar for dollar match of each participant's election.</i></p>	<p>\$</p> <p><i>This amount controls funding above Election Amount.</i></p>

F. PLAN OFFER DETAILS		
OFFER PLAN	HEALTHCARE FSA	DEPENDENT CARE FSA
Enrollment Source What method will your eligible participants use for enrollment?	<input type="checkbox"/> HealthEquity Site <input type="checkbox"/> Third Party Site <input type="checkbox"/> Company Site or Application <input type="checkbox"/> Same as previous year	<input type="checkbox"/> HealthEquity Site <input type="checkbox"/> Third Party Site <input type="checkbox"/> Company Site or Application <input type="checkbox"/> Same as previous year
Enrollment Method How will HealthEquity be notified that eligible participants are enrolled in this plan?	<input type="checkbox"/> Online Enrollment using HealthEquity Site <input type="checkbox"/> Enrollment File <input type="checkbox"/> Same as previous year	<input type="checkbox"/> Online Enrollment using HealthEquity Site <input type="checkbox"/> Enrollment File <input type="checkbox"/> Same as previous year
Enrollment Message For participants that do not enroll on the HealthEquity Site, this message is displayed on the Participant Site to eligible participants who inquire about enrollment during open enrollment or the new hire enrollment periods.		
Email Enrollment Confirmations Would you like a confirmation email sent to participants following the receipt of their enrollment record in our database (via any method)? <i>(Note: If 0 is sent for ENR, 0 will display on the confirmation.)</i>		
Changes to New Hire Eligibility Have you made any changes to your New Hire eligibility rules? <i>Such as changes to the new hire waiting period, days in the enrollment window, or date coverage ends.</i>	If Yes, detail plan changes here:	If Yes, detail plan changes here:
Updates to how Qualified Changes are handled Have you made any changes to your Mid-Year change rules? <i>Such as updates to changes allowed, where changes can be made, or the change window.</i>	If Yes, detail plan changes here:	If Yes, detail plan changes here:
Election Change Message For participants that cannot make changes on the HealthEquity Site, this message is displayed on the Participant Site to enrolled participants who inquire about making changes.		
Additional Plan Information Provide additional plan details that are required for plan setup or any changes that HealthEquity should be aware of for the new plan year.		

For distribution to contracted clients of HealthEquity, Inc.

All other reproduction or distribution is strictly prohibited and is in violation of our contractual arrangement.

04-01-02-05_FSA-OE-Confirmation-Form-3880-202201