

## **Adoption Agreement Checklist**

Section: Employer Information	COBRA: Is the Employer subject to these
Name of Employer	provisions?
Name of Employer	□ No
	☐ Yes
Emmlerente Adduses	Reimbursement Checks are to be cut by
Employer's Address (Street)	☐ a. Employer based on a report
(City)	☐ b. Electronic Fund Transfer
(State)	☐ c. Employer through Payroll download
(Zip)	☐ d. Vantage Flex, LLC
(Telephone)	Employer Bank Account Information
(Fax)	needed
PHI Officer:	Bank Name:
Contact	Bunk I vanie.
Email	Account Number:
Other Contact:	Routing Number:
<del></del>	Micr Symbol:
	Starting Check Number:
Employer's Tax ID No.	Employer Must Sign in the space below
- · ·	Employer Must Sign in the space below for scanning and uploading in the
D. N. 1. (504 500 500 )	administration system for check
Plan Number (501,502, 503 etc.)	production and mailing to the employees.
State of Legal Construction: Employer's	
Principal Office	
Employer Entity	
☐ Sole Proprietorship	
☐ Partnership	
☐ C Corporation	Administration Fees Paid By: Check all that
☐ S Corporation	apply
1	☐ Employer
	☐ Active Participants
☐ Limited Liability Partnership	Retirees with spend down options
□ Non-Profit Organization	(HRA)
☐ Professional Service Corporation	☐ Terminated Employees with spend
<ul><li>Medical Corporation</li></ul>	down options (HRA)
☐ Governmental Entity or Church	Active Employee ends plan
☐ Other	Participation with spend down options (HRA)
Family and Medical Leave Act: Is the Employer subject to these provisions?	

□ No□ Yes

## **Entry Date FSA** Section: the date the eligibility requirements have been Plan Information the same day as the Employer's group medical ☐ New Plan ☐ Amendment and Restatement the first day of the pay period next following the date eligibility requirements have been met Plan Year the first day of the next month following Begins \_\_\_\_\_(month) \_\_\_\_(day) satisfaction of the eligibility requirements Ends \_\_\_\_\_(month) \_\_\_\_\_(day) the first day of the month coinciding with or Grace period of \_\_\_\_ additional ☐ Days following the date the eligibility requirements ☐ Months following the end of each Plan Year are met To incur claims (2.5 months or less) Contributions, Plan will provide for... Is first year a short Plan Year? ☐ Salary reduction contributions ONLY ☐ Yes, beginning \_\_\_\_\_ ☐ Employer contributions ONLY $\square$ N/A ☐ Both salary reductions AND Employer contributions **Effective Date(s) Initial Effective Date (Must** use 4 digit year) **Employer Contributions, For each Plan Year,** \_(month) \_\_\_\_(day) \_\_\_\_ **Employer will contribute...** ☐ \$\_\_\_\_\_\_ per Participant Discretionary **Effective Date(s) This Restatement (Must use** See attached detailed schedule 4 digit vear) \_\_\_\_(month) \_\_\_\_(day) \_\_\_\_(year) N/A **Eligible Class of Employees** AND, the contributions shall be made... ☐ Salaried Employees only N/A ☐ Hourly Employees only At beginning of Plan Year ☐ All Employees except ☐ Pro rata each pay period ☐ Commissioned Employees See attached detailed schedule ☐ Union Employees Salary Reduction Benefit Options, Plan to ☐ Leased Employees provide... ☐ Part-time Employees, expected to work ☐ Premium Conversion Plan Only less than \_\_\_\_\_ hours per week ☐ Flexible Spending Accounts Seasonal Employees who regularly work less than \_\_\_ months per year (Not to ☐ Health FSA exceed 6 months) ☐ Minimum □ Nonresident Aliens ☐ Maximum \_\_\_\_\_ ☐ Employees not eligible under Federal annual maximum \$2500 as of Employer's group medical plan 01-01-2013, employer may choose less ☐ Dependent Care Assistance Program ☐ Other: Individual Insurance Premium **Conditions for Eligibility (Premium Account)** Reimbursement Account \_\_\_\_ years after date of hire Section 132 Parking and Transportation \_\_\_\_ days after date of hire \_\_\_\_ months after date of hire AND, the Over All Salary reductions shall not Conditions for Eligibility(FSA Account) if \_\_\_\_\_ (must not be more different than above. than the lowest paid eligible employee annual days after date of hire

\_\_\_\_\_ months after date of hire \_\_\_\_\_ years after date of hire

AND, the Salary reductions shall be made  ☐ a. Weekly	☐ Limited to expenses following the minimum deductible amount of not less than \$1200 single or \$2400 family
□ b. Bi-Weekly □ c. Semi-Monthly	☐ dental & vision expenses only
☐ d. Monthly  AND the first pay period of the plan year	Benefit Election Period shall be
is:/	days prior to each Plan Year
	☐ Established by Administrator in a
Reimbursement Schedule	nondiscriminatory manner
a. Weekly	
□ b. Bi-Weekly	Is automatic enrollment for insured benefits
<ul><li>□ c. Semi-Monthly</li><li>□ d. Monthly</li></ul>	provided under this Plan
AND the first Reimbursement of the plan	☐ Yes
year is:/	$\square$ No
Reimbursement Order  □ a. HRA Paid First	Participants who fail to sign a new election form shall
□ b. FSA Paid First	☐ Continue same elections as prior year
	☐ Be considered to have elected not to
Premium Payments may be elected for	participate for upcoming Plan Year
☐ Group Health insurance	☐ Continue same elections as prior year only for
☐ Group-term life insurance	insured benefits
☐ Disability insurance	7770 A 600 A 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
☐ Dental insurance	Will Affiliated Employers execute this Plan
☐ Cancer insurance	□ N/A or No
☐ Vision insurance	☐ Yes
Accidental Death and Dismemberment	(Name)(Street)
insurance	(City)
☐ Prescription Drug Coverage	(State)
= Tresenpuon Brug Coverage	(Zip)
Are the health premium payments elected above self-insured by the Employer?	(ID No.)
☐ Yes	Claims for Reimbursement must be filed
□ No	within (this is the run-out)
Townizated Employees shall	days following each Plan Year
Terminated Employees shall	dana fallannin a data af tannain ati an af
☐ Continue contributions and reimbursements for the remainder of the Plan Year	days following date of termination of employment
☐ Cease contributions and reimbursements upon	dove fallowing data Active Employee
termination	days following date Active Employee ceases to be a participant
☐ Continue or cease at Participant's election	• •
OTC drugs to be reimbursed?	days following date Grace Period ends
☐ Yes	Fee Schedule
□ No	Setup
	Annual
Accommodate Health Savings Accounts (HSAs); the health FSA will be limited to the	Monthly/participant 5500 Fee
following types of medical expenses	A cont Nama
□ N/A or no limits on types of expenses	Agent Name
	Agent Phone #

<b>HRA</b> Section: This section allows for	$\Box$ the first day of the pay period next following
employer contributions ONLY!	the date eligibility requirements have been met
Plan Information	<ul> <li>the first day of the next month following satisfaction of the eligibility requirements</li> </ul>
☐ New Plan	$\Box$ the first day of the month coinciding with or
☐ Amendment and Restatement	following the date the eligibility requirements are met
Plan Year	Employee Contribution For each Disc Very
Begins(month)(day)	Employer Contributions, For each Plan Year, Employer will contribute
Ends(month)(day)	per Participant
Is first year a short Dlan Voor	
Is first year a short Plan Year	☐ Discretionary (will provide a schedule)
Yes, beginning	AND, the contributions shall be made
□ N/A	☐ At beginning of Plan Year
<b>Effective Date(s) Initial Effective Date (Must</b>	☐ Pro rata each pay period
use 4 digit year)	□ a. Weekly
(month)(day)(year)	☐ b. Bi-Weekly
	☐ c. Semi-Monthly
Effective Date(s) This Restatement (Must use	☐ d. Monthly
4 digit year)(month)(day)(year)	AND the first pay period of the plan year is:/
(month)(day)(year)	18/
Eligible Class of Employees	Reimbursement Schedule
☐ Salaried Employees only	□ a. Weekly
☐ Hourly Employees only	□ b. Bi-Weekly
☐ All Employees except	□ c. Semi-Monthly
☐ Commissioned Employees	☐ d. Monthly  AND the first Reimbursement of the plan
	year is:/
☐ Union Employees	,
☐ Leased Employees	Reimbursement Order
☐ Part-time Employees, expected to work less than hours per week	☐ a. HRA Paid First ☐ b. FSA Paid First
☐ Seasonal Employees who regularly work	
less than months per year (Not to exceed 6 months)	Plan will reimburse
□ Nonresident Aliens	<ul><li>□ a. All Section 213 eligible expenses.</li><li>□ b. Core expenses only</li></ul>
	☐ c. Core health insurance deductible only
<ul> <li>Employees not eligible under</li> <li>Employer's group medical plan</li> </ul>	☐ d. Other
Other:	
Conditions for Eligibility	
$\Box$ For all years, eligibility is as follows:	
years after date of hire	
days after date of hire	
months after date of hire  □ Enrolled in the Employer's Group Health	
Plan	
Entry Date	
the date the eligibility requirements have	
been met	
$\Box$ the same day as the Employer's group medical	
plan	

OTC drugs to be reimbursed?	Will Affiliated Employers execute this Plan
□ Yes	□ N/A or No
$\square$ No	□ Yes
	(Name)
Plan will reimburse at the rate of	(Street)
a. 100% of eligible expenses.	(City)
<ul><li>□ b. 50% of eligible expenses</li><li>□ c% of eligible expenses</li></ul>	(State)
d. other	(Zip)(ID No.)
d. onei	(ID 110.)
	Claims for Reimbursement must be filed within (this is the run-out)
	days following each Plan Year
	days following date of termination of employment
	days following date Active Employee ceases to be a participant
	Fee Schedule
	Setup
	Annual
	Monthly/participant
	5500 Fee
	Agent Name
Roll Options - Employees have the option to  ☐ Roll all funds left in the account at the	Agent Phone #
end of the year.	
□ Roll% of the funds.	Additional Notes:
□ Roll% of the funds to a maximum	
of \$ □ N/A No funds will roll.	
□ N/A No lunds will foll.	
Retirement Class	
☐ Establish a retired class of employees	
☐ Spend down for retired employee	
☐ Contribution for retired employee	
Amount of annual contribution: \$	
Φ	
<b>Accommodate Health Savings Accounts</b>	
(HSAs); the HRA will be limited to the	
following types of medical expenses	
$\square$ Limited to expenses following the minimum	
deductible amount of not less than \$1200	
single or \$2400 family	
☐ dental & vision expenses only	
Township And Employees shall	
Terminated Employees shall  □ Forfeit all funds following the run-out	
□ be allowed to spend down the funds	
□ be allowed to roll the funds into an HSA	

HSA Section:	AND, the Salary reductions shall be made
EP-21-1 Class of E1	□ a. Weekly □ b. Bi-Weekly
Eligible Class of Employees	☐ c. Semi-Monthly
☐ Salaried Employees only	☐ d. Monthly
☐ Hourly Employees only	AND the first pay period of the plan year
☐ All Employees except	is:/
☐ Commissioned Employees	<b>D</b> • 1
☐ Union Employees	<b>Reimbursement Schedule</b> □ a. Weekly
☐ Leased Employees	□ b. Bi-Weekly
☐ Part-time Employees, expected to work	□ c. Semi-Monthly
less than hours per week	☐ d. Monthly
☐ Seasonal Employees who regularly work	AND the first Reimbursement of the plan
less than months per year (Not to	year is:/
exceed 6 months)	□ N/A Employee claim Adjudication and
☐ Nonresident Aliens	Reimbursement.
☐ Employees not eligible under	
Employer's group medical plan	Fee Schedule
Other:	Setup
Conditions for Eligibility	Annual
☐ For all years, eligibility is as follows:	Monthly/participant 5500 Fee
years after date of hire	
days after date of hire	Agent Name
months after date of hire	
	Agent Phone #
Entry Date	
☐ First day of the pay period next following	Additional Notes:
date requirements were met	1200000
☐ 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	
Controllous	
<b>Employer Contributions, For each Plan Year,</b>	
Employer will contribute	
☐ \$ per Participant	
☐ Discretionary	
□ N/A	
AND, the contributions shall be made	
☐ At beginning of Plan Year	
☐ Pro rata each pay period	

□ N/A