



# FSA Setup Form

## Overview

Thank you for choosing EMPOWER to administer your Flexible Spending Account (FSA). Please fill out this form and submit it to your onboarding specialist to begin the setup process.

## Employer Information

Full Legal Employer Name \_\_\_\_\_

Tax ID \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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

## Contact Information

### Contact #1

Name \_\_\_\_\_

Direct Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Use this contact for all Benefits questions

Use this contact to receive monthly invoices

Create a login for the Administrator Portal for this contact

### Contact #2

Name \_\_\_\_\_

Direct Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Use this contact for all Benefits questions

Use this contact to receive monthly invoices

Create a login for the Administrator Portal for this contact



Contact #3

Name \_\_\_\_\_

Direct Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Use this contact for all Benefits questions \_\_\_\_\_

Use this contact to receive monthly invoices \_\_\_\_\_

Create a login for the Administrator Portal for this contact \_\_\_\_\_

Contact #4

Name \_\_\_\_\_

Direct Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Use this contact for all Benefits questions \_\_\_\_\_

Use this contact to receive monthly invoices \_\_\_\_\_

Create a login for the Administrator Portal for this contact \_\_\_\_\_

Plan Information

General Information

\_\_\_\_\_ This is a new Plan

\_\_\_\_\_ We are changing to EMPOWER from our current Administrator \_\_\_\_\_

If you are moving from a prior Administrator, should EMPOWER administer the runout from the current Plan Year? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurer \_\_\_\_\_

Number of Employees on insurance \_\_\_\_\_

Total Number of full time Employees \_\_\_\_\_

Do you also offer an HSA to employees? Yes \_\_\_\_\_ No \_\_\_\_\_

Plan Year Information

The EMPOWER Plan Year will start \_\_\_\_\_ and end \_\_\_\_\_

The first Plan Year is a short Plan Year and will start \_\_\_\_\_ and end \_\_\_\_\_

Number of pay periods with deductions in a Plan Year \_\_\_\_\_



### Contribution Information

- Only employees will contribute to the FSA
- The Employer will contribute to the FSA as Follows:  
     Amount \_\_\_\_\_ Frequency \_\_\_\_\_

### Medical FSA Contribution Limits

- Allow employees to contribute the maximum allowed by the IRS
- Allow Employees to contribute only \_\_\_\_\_ instead of the IRS allowed maximum

### Medical FSA Carryover

- Allow employees to carry over into the next Plan Year the maximum amount allowed
- Allow employees to carry over into the next Plan Year only \_\_\_\_\_

### Eligibility

- Employees are eligible to enroll in the FSA when they become eligible for Group Health Insurance
- FSA eligibility differs from Group Health Insurance  
     Employees are eligible \_\_\_\_\_ after the date of hire

### Claims Grace Period

- Number of days after the end of the Plan Year that employees can submit claims (60 is typical) \_\_\_\_\_
- Number of days after termination that employees have to submit claims (30 is typical) \_\_\_\_\_

### Premium Only Plan

At no cost, EMPOWER can add Premium Only Plan language to the FSA Plan Document to allow employees to pay for premiums on a pretax basis.

- Do not add Premium Only Plan Language (This is not applicable or is already covered by a separate document)
- Add Premium Only Plan Language and allow employees to pay the following premiums pre-tax:
  - Health Insurance
  - Group-term Life Insurance
  - Disability Insurance
  - Standalone Dental Insurance
  - Standalone Vision Insurance
  - Cancer Insurance
  - Accidental Death and Dismemberment
  - Prescription Drug Coverage
  - Other \_\_\_\_\_