Flexible Spending Arrangement (FSA, DCA, PKG, TRN) Renewal List

Employer Legal Name	Federal Employer ID No. / Tax ID No.
Mailing Address	City, State, and Zip Code

Primary Contact Name /Title	Phone	Fax	Email
Secondary Contact Name/Title (if applicable)	Phone	Fax	Email
Invoice Admin Fees Contact Name	Phone	Fax	Email
Broker Information	Phone	Fax	Email

Organization Type:

☐ C-Corporation ☐ Sub-Chapter "S" Corporation ☐ Sole Proprietorship ☐ Partnership ☐ LLC ☐ Other _____

Administration Data

Plan Year Start and End dates: From: / / To: / /

Open Enrollment Start and End dates: From: / / To: / /

Total number of employees: Total number of eligible employees:

Would you like to offer the Benefits Debit Card?
This card can be utilized for eligible expenses at authorized merchants (no additional charge applies for the employee card).

☐ No ☐ Yes

Are there any changes to the FSA/DCA/PKG/TRN plans for 2026? ☐ Yes ☐ No

If yes, please answer the questions listed below that pertain to the changes being made and notify our office if you'd like to make any amendments to your current Plan Document/SPD (additional fee applies).

If no, please return this page along with a completed payroll calendar and page 4 (signature page) to Asure Software.

ATTACH A COPY OF YOUR PAYROLL CALENDAR DEDUCTIONS FOR THE FSA PLAN YEAR

****NOTE: If the questions listed below are not answered, we will use the prior year's implementation documents****

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Plan Design

What are the minimum/maximum annual contribution amounts that your plan permits for the following services?

PLANS	ANNUAL MINIMUM ELECTION	ANNUAL MAXIMUM ELECTION	IRS MAXIMUM ELECTION
HEALTHCARE FSA	**$**	**$**	**($3,400 maximum IRS limitation)**
DEPENDENT CARE FSA	**$**	**$**	**$7,500 (single/married filing jointly) $3,750 (married filing separately)**
PARKING	**$**	**$**	**($340 maximum IRS limitation)**
TRANSIT	**$**	**$**	**($340 maximum IRS limitation)**

Would you like to offer a Grace Period?
(Not required by IRS. IRS Grace Period Maximum is 2 ½ months)
The Grace Period permitted under IRS Notice 2005-42 extends the time during which expenses may be incurred. It is different from a claim run-out period & may be offered with or without a run-out period. The Grace Period only applies to employees who were active with the FSA on the last day of the Plan Year. The Grace Period does not apply to employees who terminate employment before the end of the plan year.

☐ No ☐ Yes – _____ Months

Would you like to offer a Carryover option (not required by IRS/maximum is $680)?
The Carryover option permitted under IRS Notice 2013-71 allows Health Flexible Spending participants the option of carrying over up to $680 at the end of the plan year, to be used for qualified medical expenses incurred in a subsequent plan year. The maximum amount allowed must be the same across all participants. This option can be offered with a Run-Out period, but **cannot** be offered with a Grace Period.

☐ No ☐ Yes — carryover amount up to $660: $ _____

Minimum carryover amount: $_____

Would you like to offer a Run-Out Period?
(Not required by IRS. IRS Run-Out Period Maximum is 90 days)
The Run-Out Period permitted under IRS Notice 2005-42 extends the time for submitting expenses that were incurred during the coverage period (Flexible Spending Plan Year). The run-out period may be offered with or without a grace period. If offered a grace period, the run-out period would begin after the grace period.

☐ No ☐ Yes – _____ Days

Payroll/Contribution Frequency (Please indicate if more than one):

☐ Semi-Monthly ☐ Bi-Weekly ☐ Weekly ☐ Monthly

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When does participation commence for a new eligible employee (waiting period)?

☐ No waiting periods. Participation begins upon becoming an eligible
☐ employee First day of the month following upon becoming an eligible
☐ employee First of the month following 30 days upon becoming an eligible
☐ employee Only during Open Enrollment following upon becoming an eligible
☐ employee Other_____

When does the plan participation cease for a terminated employee?

☐ Date of Termination
☐ The last day of the month following the Date of Termination

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Do you want to allow mid-year election changes for a qualifying change in status?

☐ Yes
☐ No

A change in status must be reported to the plan administrator within 30 days. The Flexible Spending election change will be effective the first of the month following receipt of the *Qualifying Election Change* form. The employer should begin withholding the new Flexible Spending election amount in the first pay period of the month following the effective date of the change.

What is the claim submission period for terminated employees to submit claims that are incurred before their termination date?

☐ 90 days
☐ Other _____

Would you like to implement the "Spend-Down" provision for the Dependent Care Participants? This allows a terminated Dependent Care participant to continue using their available funds after they've ceased to be a participant, through the end of the plan year.

☐ Yes ☐ No

How are FMLA contributions to be paid? This only applies to companies with 50+ employees. (Prepayment must be offered if either Pay-As-You-Go or the Catch-Up option is offered):

☐ Prepayment ☐ Pay-As-You-Go ☐ Catch-up Option

Does your company have departments, locations, subsidiaries, or branches that you would like us to set up in our system for reporting purposes?

☐ No
☐ Yes (if yes, please specify the department, location, and/or branch names, and if you have specific codes you would like us to utilize)

☐ Departments ☐ Locations ☐ Subsidiaries ☐ Branches

_____

_____

_____

Do all your departments, locations, or branches use the same bank account?

☐ No
☐ Yes

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Asure Software will write checks off the employer's assigned account (specified below). After each scheduled check run, Asure Software will email the contacts listed below the check run register.

Employer's Banking Information:
Must only be completed if there is new bank information

Are funds held in an employer-sponsored trust account? _____ Name of Bank: _____

Bank Address: _____City/State/Zip: _____

Name on Account: _____ Account Number: _____

Bank Routing No. (MICR) (Ex: 123456789): _____ Bank Routing No. (Bank Info) (Ex. 111-42-348): _____

Authorized Signature(s) to use on Checks:
(Please sign in the box with **BLACK** ink)

Asure Software will use this signature when creating your Check template.

Flexible Spending Starting Check Number: _____
(Please specify the check number Asure Software should use for the Flexible Spending Reimbursements. 500 will be used if a number is not specified.

Please provide a **voided check (or copy of one if returning by fax or email) from the bank account you want Asure Software to utilize for your Flexible Spending reimbursements. This account should be a general operating account. **

Manual Claims Reimbursement Frequency:

☐ Daily (as claims are processed) ☐ Weekly (Mondays)

Which Reimbursement Options would you like to offer to your employees:

☐ Check ☐ Direct Deposit

Who within your organization would you like to receive our funding reports for Manual Claim Reimbursements and Debit Card Settlement Funding?

_____ _____
Name Email

_____ _____
Name Email

_____ _____
Name Email

❑ **I have reviewed the information provided herein and have verified that it is accurate and complete.** As information changes, it is the responsibility of the employer to communicate the changes in a timely manner to Asure Software. Please be sure to return this signed document and other related plan enrollment materials at least **30** days before the desired renewal plan start date. For optimal enrollment numbers, please allow for a two-week open enrollment period for your current or prospective plan participants to enroll in this plan. Flexible Spending Participant Guides will be provided to the employer via email.

Asure Software will email the employer a monthly invoice. The email will contain a link, which will contain the invoice. Payment must be made payable to Asure Software Employer Services by the invoice due date. A late fee will apply if payments are not received by the invoice due date.

COMPANY NAME: _____

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **TITLE:** _____

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