**HSA Implementation Checklist**

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| **Compiled By**  | **Date Compiled** |
| **1. EMPLOYER INFORMATION** |
| Number Employees **580** | Number Participants  | Tax ID Number  |
| Employer’s Legal Name | Street Address | City, State, Zip |
| **Buford City Schools** | **2625 Sawnee Avenue**  | **Buford** **, Georgia 30518** |
| Nature of Business  | NAICS Number  |
| Contacts | Name | Title | Email | Phone | Online Access? |
| HR |  |  |  |  |[ ]
| Invoices 1 |  |  |  |  |[ ]
| Invoice 2 |  |  |  |  |[ ]
| **2. BROKER INFORMATION** |
| **Agency Name Campus Benefits** |
| TIN  | Address  |
| Agent Name |  | Account Manager | **Bhavi Patel** |
| Email |  | Email | bpatel@campusbenefits.com |
| Phone  |  | Phone  |  |
| **3. PLAN INFORMATION** |
| Effective Date  | **7/1/2022** |
| **4. OPEN ENROLLMENT DATES** |
| Start Date       | End Date       |

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| **5. HEALTH SAVINGS ACCOUNT FUNDING OPTIONS \*Add LPF** |
| [ ]  **CONTRIBUTION MANAGER** * Employer must provide Medcom with banking information
* Available via the Employer online portal
* Download template from system, update payroll contributions, import file back into system to initiate ACH debit from Employer’s bank account
* Once the file is loaded, funds will be available in 2-3 business days
* **$.01 Nonrefundable “Pre-Note” Charge**

[ ]  **AUTOMATIC DIRECT DEPOSIT*** This option does not require the Employer to provide Medcom with banking information
* Available via the Employer’s payroll system
* Medcom will provide account/routing numbers after open enrollment
* Employer sets up payroll deductions (and any Employer contributions, if applicable) to be direct deposited into the HSA account
* Once the ACH is initiated to the HSA account, funds are available within 1-2 business days.
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| **NOTICE REGARDING ACH DEBITS**(Penalties and fees may apply to returned ACH transactions)Please provide the following information to your bank to ensure ACH debits are authorized to allow Alegeus, our debit card vendor, to initiate daily ACHs from your account to fund payroll deposits (only required for “Contribution Manager” option above). |

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| **Until March 30, 2022** |
| **BANK NAME** | **PNC** |
| **TRANSIT/ABA NUMBER** | **052102215** |
| **COMPANY ID** | **1221146430** |

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| **Beginning March 31, 2022** |
| **BANK NAME** | **BMO Harris** |
| **TRANSIT/ABA NUMBER** | **071000288** |
| **COMPANY ID** | **I900808825** |

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| **6. DIVISIONS FOR REPORTING OR BILLING PURPOSES**  [ ]  YES [ ]  NO (Additional fees may apply) |
| Division Name to List | Division Name to List | Division Name to List | Division Name to List |
|       |       |       |       |
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| **7. EMPLOYER ENTITY** |
| [ ]  Corporation (C Corp) |
| [ ]  S Corp (owners, partners, their family Not eligible) |
| [ ]  Sole Proprietorship (Self-employed Not eligible) |
| [ ]  Government Entity or Church |
| [ ]  Non-Profit Organization |
| [ ]  LLC (partners Not eligible) |
| **8.** **ELIGIBLE EMPLOYEE CLASSES** | **MINIMUM HOURS** |
| [ ]  All active full-time employees |       |
| [ ]  Salaried |       |
|  [ ]  Hourly |       |
| [ ]  Part-Time |       |
| [ ] Other (Describe):  |
| *Note: If employee or spouse is enrolled in an FSA, the other is ineligible for an HSA, unless the FSA the employee or spouse is enrolled in is a Limited or Post-Deductible Plan.* |
| **9. CONTRIBUTIONS** |
| [ ] HSA Contributions Employee Only |
| [ ] HSA Contributions Employee and Employer | Please Describe:       |

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| **10. ADD LIMITED FSA OPTION TO MAINTAIN HSA ELIGIBILITY?**  |
| [ ] YES (Note that additional fees may apply) | [ ] NO |

NOTES:

**Items to Review**

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| **PLEASE REVIEW THE FOLLOWING IMPORTANT REMINDERS REGARDING YOUR PLAN:** |
| **A.** | **SECTION 125 PLAN DOCUMENT** |
| [ ] If you have not already, your plan document will need to be amended to allow for pre-tax HSA contributions. |
| **B.** | **CIP PROCESS** |
| [ ] All banks are required to follow the Customer Identification Program (CIP) as required by the USA Patriot Act. WealthCare Saver will verify the employee’s full name, residential mailing address, birth date, and social security number. If any employees fail this process, the bank will request additional information from them. Employees need to respond, or their accounts will not be opened. |
| **C.** | **ENRICH FINANCIAL FITNESS** [ ]  n/a |
| [x]  Financial Fitness program is included with your administration (100+ benefit eligible employees). Medcom will be sending out initial and ongoing emailed communications to participants. |

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| **11.**  **DO YOU WISH TO SET UP AN EDI FILE FEED FOR PROCESSING ENROLLMENTS?** |
| [ ] YES | [ ] NO |
| If yes, what vendor?       |

 **EDI File Feed**

**IF YES PLEASE UNDERSTAND:**

* EDI file specifications cannot be sent to the file vendor until Medcom has received the signed service agreement and all other necessary information to set up the client in the system as EDI specs are specific to each client.
* Medcom cannot control timelines set forth by the file vendor. All vendors have different timelines, and it can sometimes take up to 90 days to obtain the first test file.
* Once a test file is sent to Medcom, file testing and feedback will be returned within 3-5 business days.
* Medcom is not responsible if a file vendor is not able to accommodate certain specifications, such as prorating for HRA plans. Although Medcom works with many file vendors for multiple plan types, we will not know until testing begins what the file vendor can or cannot accommodate.
* Once EDI files are in production, Medcom processes files received within 2-3 business days.
* Medcom is not responsible for transmission errors with the file vendor resulting in Medcom not receiving a file.
* Medcom is not responsible for incorrect data sent to Medcom once the file is live, i.e., incorrect enrollment data, election errors, termination date issues.
* If you have multiple locations and have transfers between locations throughout the plan year, the EDI file will not update transfers. There are updates that must be made manually to ensure balances are updated between locations. If you will have transfers between companies, these must be reported manually via email when they take place so that we can update what needs to be updated behind the scenes. This is not the purpose of the EDI file. Also, when a participant moves to a new location, a new card is ordered.

**EMPLOYER MUST INITIAL HERE ACKNOWLEDGING THESE REQUIREMENTS & THAT MEDCOM HAS EXPLAINED THE PROCESS TO EMPLOYER**

**Employer’s Acknowledgement of Medcom Administration**

The Employer understands and agrees that Medcom will begin implementation named in the Administration Services Agreement upon receipt of this completed “Implementation Checklist”, payment of applicable funding and fees; and other Required Information as follows:

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| *The Employer further understands and agrees as follows:*1. A Debit Card will be mailed directly to each employee’s home address and should be received within ten (10) business days after Medcom opens the HSA with the bank.
2. If the Employer chooses to use the Employer funding option whereby the bank is automatically drafting funds from the Employer’s account, it is the responsibility of the Employer to ensure there are adequate funds in the account at times the bank is debiting payroll deductions and/or Employer contributions to the HSA. Any fees and penalties incurred by the Employer as a result of returned ACHs are solely the responsibility of the Employer.
3. After initial set-up and implementation, changes in Payroll cycles, Plan Year, Benefits, and Company Locations may involve additional administration and service requirements for Medcom and/or aggregation of Plan information and data. Requests to add or change electronic feeds or transmissions of data from Employer or a Third Party on the Employer’s behalf should be submitted in advance and made effective the first of the following Plan Year.
4. Medcom does not track dependent eligibility for purposes of administration of additional Debit Cards and will not be held responsible for inappropriate use or misuse by any dependent who receives an additional Card. Employer hereby acknowledges that Medcom will be held harmless under the Liability and Indemnity Provision of the Administration Service Agreement(s) (ASA) between the parties.
5. “Employer”, “Employer’s”, “We” under this section refers to the “Employer”.

The undersigned, is duly authorized to represent the Employer, and confirms that the information contained in this “Request” is true and correct as of the date of this Request; and hereby accepts the terms set forth under this “Request”. |
| Accepted by |       | Title |       |
| Printed Name |       | Date |       |