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HRA and Flex Employer Form

SECTION 1: EMPLOYER INFORMATION

Employer Name:	Woodbury County	**Primary Contact Name:**	Melissa Thomas
Employer Address:	620 Douglas Street Sioux City IA 51101	**Title:**	Human Resource Director
		Contact Phone:	712-279-6480
		Contact Email:	melissathomas@woodburycountyiowa.gov
Corporate Name:	Woodbury County		
Corporate Street Address: *(physical location)*	620 Douglas Street		
City	Sioux City	**State:** IA	**Zip:** 51101
Federal Tax ID:	42-6005221	**Corporate Phone Number:**	712-279-6480
Business Entity Type:	☐ C Corporation ☐ S Corporation ☐ Sole Proprietor ☐ LLC ☐ Partnership ☐ Non-Profit Organization ☒ Government Entity or Church		

SECTION 2: FLEX PLAN DESIGN

Plan Type	☒ **Renewal** ☐ **New**
Plan Year	**01/01/2109 12/31/2019**
Plan Options	Dependent Care Account ☒ Yes ☐ No Flexible Spending Account ☒ Yes ☐ No Employer Funded Account ☒ Yes ☐ No
Payment Features	☒ Benny Debit Card (*Funding on a weekly basis)* ☒ Pay Provider ☒ Pay Member *Claims reimbursement submitted in person, via fax, mail or online* Minimum check Amount $20.00 Frequency of Electronic Fund Transfers: ☐ Daily ☒ Weekly
Runout Period *Last date to submit claims for services received in the plan year*	Do you offer a 90-day runout period for both Flex and Dependent Care? ☒ Yes ☐ No ☐ Other: Do mid-year terms have same runout period as above? ☒ Yes ☐ No If no, provide runout timing:
Divisions *For reporting purposes*	☒ Yes ☐ No
Carryover Option *Applies to Flex only*	☒ Yes ☐ No $500 Maximum Carryover Amount
Grace Period	Grace Period offered and applies to both HC and DC FSA Plans? ☒ Yes ☐ No ☐ Only Flex Spending ☐ Only Dependent Care Grace Period, if applicable, 2.5 months? NA ☐ Yes Other:
Flex Spending Account	**Minimum: $0** **Max:** ~~$2600~~ 2700 **Employer contribution applies?** ☐ Yes ☒ No If Yes, how much: $
Dependent Care Account	**Minimum: $0** **Max** $5000 **Employer contribution applies?** ☐ Yes ☒ No If Yes, how much: $

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Employer Contribution Schedule *if applicable*	☐ 100% on Plan Year Start Date ☐ 1st Day of the Month (divided by 12) ☐ Participants Payroll Frequency ☒ Customize: HRA paid FOM for EE health insurance premium- 1 year duration only

SECTION 3: HRA PLAN DESIGN

Health Reimbursement Arrangement

An HRA may not provide tax-free benefits to self-employed individuals (e.g. sole proprietors, partners, and more-than-2% Subchapter S corporation shareholders and their spouse, child, parent, or grandparent). Individuals not allowed participation in a Cafeteria Plan include: self-employed individuals (but they can sponsor a plan); partners in a partnership (but the partnership can sponsor a plan); and a more-than-2%-shareholder in a Subchapter S corporation.

☒ **Option 1:** HRA pays 100% of health insurance premium to member

☐ **Option 2:** Upfront Member HRA Deductible _____ to plan maximum _____

☐ **Option 3:** Upfront Member HRA Deductible ____HRA Pays ___% to plan maximum _____

☐ **Option 4:** Multi-Tier Co-Insurance

Tier 1 $0 to $_____ HRA pays _____ %

Tier 2 $_____ to $_____ HRA pays _____% to plan maximum _____

(Additional tiers can be added)

☐ **Option 5:** Deductible followed by Multi-Tier Co-Insurance

Member HRA Deductible Amount $ _____

Tier 1 $0 to $_____ HRA pays _____ %

Tier 2 $_____ to $_____ HRA pays _____% to plan maximum _____

(Additional tiers can be added)

Aggregate Deductible: ☐ All family members or any one member could satisfy the deductible or entire funding

Embedded Deductible: ☐ Yes ☐ No ___2x Individual amount ____3x Individual amount

(Embedded: a specific number of family members must meet the HRA individual deductible along with the family meeting an HRA deductible)

Individual Cap: ☐ Yes Amount $ _____ ☐ No

(Limits funding on each individual within a family)

HRA Expense List: ☐ Deductible ☐ Coinsurance ☐ Prescriptions ☐ Copay **X retiree premium**

In-network Claims only? ☐ Yes ☐ No

Pro-Ration of HRA- I would like new enrollees to receive a pro-rated HRA amount for the months that they are enrolled in the plan year. ☐ Yes ☐ No

Pro-Ration Method: ☐ Monthly (1/12) ☐ Quarterly (1/4)

Divisions by Location: ☐ Yes ☐ No

SECTION 4: ENROLLMENT INFORMATION

Open Enrollment Dates	**11/01/2017 through 12/01/2017**
Collecting Enrollment Information	How will enrollment information be collected by the employer from the employee *(please describe)*: **Paper enrollment forms**
Providing Enrollment Information to IBC	How will enrollment information be provided to IBC (select one): ☐ IBC Online Portal ☐ Excel file to be uploaded to IBC ☒ Manual enrollments If contact responsible for this is different than the Primary Contact, please provide information below: Contact Name: **Melissa Thomas** Title: Human Resource Director Contact Phone: Contact Email: melissathomas@woodburycountyiowa.gov

SECTION 5: ELIGIBILITY

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New Hire Waiting Period	**Healthcare FSA:** **First of the month following 30-days for flex & dcap** **Dependent Care FSA:** **HRA:** **20 years or 500 hours** Waiting period applies to new hires during OE? ☒Yes ☐ No
Days to Enroll for New Hire	**Healthcare FSA:** **First of the month following 30-days for flex & Dcap** **Dependent Care FSA:** **HRA:** **NA Days**
Who is eligible	☒ Full Time Only Per union contract
# of Hours Required for Eligible Status	**Follows medical plan eligibility rules HRA: 20 years of service and 500 hours.**
Effective Date	☒ 1st of the month after meeting eligibility requirements
Termination	When does coverage end upon termination? ☒ Termination Date ☐ End of month following termination

SETION 6: QUALIFIED CHANGES	
Election Changes	Election changes must be submitted within **30** days after the date of the event. *(Enter 0 if midyear election changes are not allowed under this Plan)*
Coverage Begins	If qualified changes allowed, coverage following a qualified life change will begin: *(select one)* ☐ On any day of the month following request for new enrollment or change in enrollment. ☒ On the first of the month following request for new enrollment or change in enrollment (with the exception of changes resulting from birth, adoption or placement for adoption, which will be made as of the date of the qualified event in accordance with HIPAA).
Coverage Ends	If Coverage ends due to qualified event, coverage ends: Any day of the month ☒ End of the month

SECTION 7: PAYROLL CONTRIBUTION REPORTING	
Payroll Frequency:	**FLEX:** ☐ Monthly (12) ☒ Bi-Weekly (24) ***Bi-Weekly*** *(26)* ☐ Weekly (52) ☐ Semi-Monthly **HRA:** ☐ Beginning of Plan Year ☒ Other: **Per eligibility guidelines for retirees**
First payroll date in plan year:	**01/04/2019 Every other Friday**

SECTION 8: OTHER CONTACTS		
Contact: **Lisa Anderson**		Secretary
(712) 279-6480	Fax #:	lisanderson@woodburycountyiowa.gov
Contact:		
(712) 279-6480	Fax #:	

SECTION 9: PLAN DOCUMENT PREPARATION
Additional Information required ONLY if electing IBC to create Plan Documents. *Additional fees may apply — note your contract.*

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The Plan is: *(check one)*	☐ ERISA Plan ☒ Non-ERISA Plan
Federal Employer ID #:	42-6005221
State of Controlling Law:	IA
3-digit Plan Number : *i.e., 501, 502, etc.*	501
Initial Effective Date:	01/01/2009
Initial Plan Year:	01/01/2009
Amended and Restated Date: *(if applicable)*	01/01/2018
Optional Services *Additional Fees apply for these services.*	Will IBC perform Non Discrimination testing? ☐ Yes ☒ No Will IBC prepare plan documents? ☒ Yes ☐ No

SECTION 10: ACCOUNT BANK SETUP (INCLUDE COMPLETED ACH FORM)	
Bank Name:	NA - group will push funds into the IBC Admin account weekly
Address or Location:	
Bank Routing Transit Number:	
Bank Account Number:	
Authorized Signer:	
Lost Check *Fee paid by consumer*	Stop Payment Option: ☐ Yes ☐ No If yes, waiting period _____days Bank Fee: $_____

SECTION 11: INNOVATIVE BUSINESS CONSULTANTS ADMINISTRATION FEES:	
Annual Fee	WAIVE
Document Fees	WAIVE
PMPM Plan Fees	$4.50 PER MEMBER PER MONTH PER PLAN
Billing Frequency	☒ Quarterly ☐ Annually

Innovative Business Consultants Service Agreement

I certify that I am legally authorized to sign this Employer Application on behalf of the employer named herein.

Signature _____ Title: BOARD CHAIRMAN Date: 11 / 20 / 18