

Flexible Spending Account Implementation Checklist

Section 125 – Flexible Spending Account Implementation Checklist

To ensure a smooth and efficient transition to Consociate • Dansig, we ask that you fill out the requested information below and fax to 217- 423-0204. Consociate • Dansig strives to provide exemplary service to our clients, and we look forward to working with you and your employees.

Effective Date: _____

General Information

Company Name				
Address		City	State	Zip
Phone Number		Fax Number		

Benefits Coordinator Information

Name		
Phone Number	Fax Number	Email

Plan Design

Fiscal Year: Calendar Year Plan Year

Account Options:

Medical Maximum Benefit \$ _____

Daycare Maximum Benefit \$ _____

Additional Benefit Maximum Benefit \$ _____

Adoption Maximum Benefit \$ _____

Transportation Maximum Benefit \$ _____

Parking Maximum Benefit \$ _____

2.5 Month Extension: Yes No

Grace Period: 30 Days 60 Days 90 Days Other: _____

How may pay cycles within a year or remaining this year? _____

What is the date of your first contribution? _____



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Plan Information (continued)

Check Runs? Daily Weekly

Setup Fee: \$ _____

Billing Fee: Flat Fee \$ _____ PEPM \$ _____

Is Consociate • Dansig creating a new SPD for Section 125 Plan? Yes (Please complete the SPD Questionnaire) No (Attach copy of the current SPD)

Did the Employer elect the Benny Card? Yes (Please complete the Set up and ACH Debit / Credit Forms) No

Will Consociate • Dansig perform the Discrimination Testing for your Company? Yes (Please complete the Discrimination Testing Form) No (Attach copy of your Discrimination Testing Results)

Banking Information for Section 125

Would you prefer to utilize:

- An account set up by Consociate • Dansig on behalf of your organization at our banking partner
- Your own account (A new bank account must be setup in order for Consociate • Dansig to process claims)

Please provide the following information:

Bank Name: _____

Bank Address: _____

Routing Number: _____

Account Number: _____

Fractional Transit Number: _____

- Copy of voided check or deposit slip

Who will be the primary contact for approving and releasing check registers?

Accounting Coordinator: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Would you prefer the signature on the claims checks to be a representative from your organization?

- Yes (Please complete the Signature Collection form)
- No, the president of Consociate • Dansig will be the signer



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Flexible Spending Account Implementation Checklist

Information Needed from Client

- Copy of Section 125 Plan Document
 - Copy of SPD Questionnaire
 - Copy of all Election Forms
 - Signature Collection Form
 - Copy of Voided Check
 - Evolution Benefits Setup Form
 - ACH Debit / Credit Form
 - Discrimination Testing Form
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Official Use Only

Signature of Agent

Date



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