

FSA/HRA Claims Funding for Further Transition

HealthEquity®

Email completed forms to transitions@healthequity.com.

PLEASE READ

- Please utilize this form to select your ongoing claim funding process with HealthEquity. Once completed please return this form to transitions@healthequity.com.
- Prefunding amounts will be based off your current FSA and/or HRA annual elections.
- If this completed form is not received within 45 days of the start of your plan year, the plan will be defaulted to the funding option with the timing closest to your current funding with Further.
- Current banking account information, setup with Further, has been passed to HealthEquity and will be utilized, unless additional banking information has been shared on this form.
- If HealthEquity is auto-debiting claims funding from your designated bank account, you will need to update your financial institution with the HealthEquity ACH Company Identification Number. Please reference the Transition Guide for the banking IDs that you will need to provide your bank with to show that HealthEquity is a trusted entity.

(Please note, handwritten options or deviations from this form will not be accepted.)

Employer information	
Company name	Employer Tax ID
Contact name	
Phone number ()	Email address

Banking information	
<u>Your currently established banking information will be imported from the Further system.</u>	
Only complete this section if you wish to update your banking information from what you are currently using.	
Would you like HealthEquity to automatically debit (auto-debit) your account when claims invoices are generated? FSA: <input type="checkbox"/> Yes <input type="checkbox"/> No HRA: <input type="checkbox"/> Yes <input type="checkbox"/> No	
The following banking information will be used for the initial funding and ongoing replenishment of the reserve account. (Please include a voided check or bank letter that includes both account and routing numbers to verify this banking information)	
Is a check available? <input type="checkbox"/> Yes <input type="checkbox"/> No* <small>*If no, a pre-note verification will be required.</small>	
Bank name	Bank address
Bank phone	Account type
Routing number	Account number

Employer invoicing options

To specify how you will send funds used to pay claims, select an invoicing option for each plan.

Note: HIA accounts are funded only as members complete qualified events.

☐ HRA

☐ **Option 1: Reserve account invoicing***

Invoicing frequency	Reserve amount
<input type="checkbox"/> Daily	Maintain 3% (auto-debit is required)
<input type="checkbox"/> Weekly	Maintain 10% balance of annual plan liability without a debit card or 15% with card. Day of the week _____
<input type="checkbox"/> Monthly	Maintain 20% balance of annual plan liability (not available with a card). Day of the month _____

☐ **Option 2: Pay-as-you-go (with auto-debit)** – Each day if claim(s) are payable, an invoice is generated and your account is auto-debited 2 business days later. (**Not available with a debit card**)

☐ **Option 3: Fully funded** – HealthEquity will invoice you for the total annual plan liability at the beginning of the plan year.

☐ **Option 4: Funding based on allocation files**** – HealthEquity will invoice you as funds are added to the member's HRA.

*** Reserve account invoicing:**

Based on total annual plan liability and the frequency of invoicing, HealthEquity requests a percent to be held on the employer's behalf as a reserve. Reserve account funds are tracked by plan year, at the beginning of your new plan year HealthEquity will request funds for a new reserve account. Funds will be returned to you after runout. As claims are processed each day, HealthEquity pays them from this reserve fund. Employer receives a replenishment request email notification (according to invoicing frequency) asking that the reserve amount be brought back up to the target percentage. This method provides the fastest means of claims payment and is preferred.

****Funding based on allocation files:** Employers wishing to fund their plan liability in coordination with their payroll calendar select this option. Using the funding wizard on HealthEquity's employer portal, employers upload a file or enter funding amounts. An invoice is generated and viewable on the portal for these funding amounts. Funds on deposit is used daily to pay claims.

☐ FSA/
LPFSA

☐ **Option 1: Reserve account invoicing***

Invoicing frequency	Reserve amount
<input type="checkbox"/> Daily	Maintain 3% (auto-debit is required)
<input type="checkbox"/> Weekly	Maintain 10% balance of annual plan liability without a debit card or 15% with card. Day of the week _____
<input type="checkbox"/> Monthly	Maintain 20% balance of annual plan liability (not available with a card). Day of the month _____

☐ **Option 2: Pay-as-you-go (with auto-debit)** – Each day if claim(s) are payable, an invoice is generated and your account is auto-debited 2 business days later. (**Not available with a debit card**)

☐ **Option 3: Fully funded** – HealthEquity will invoice you for the total annual plan liability at the beginning of the plan year.

☐ DCRA

☐ **Option 1: Reserve account invoicing***

Invoicing frequency	Reserve amount
<input type="checkbox"/> Daily	Maintain 3% (auto-debit is required)
<input type="checkbox"/> Weekly	Maintain 10% balance of annual plan liability Day of the week _____
<input type="checkbox"/> Monthly	Maintain 20% balance of annual plan liability Day of the month _____

☐ **Option 2: Pay-as-you-go (with auto-debit)** – Each day if claim(s) are payable, an invoice is generated and your account is auto-debited 2 business days later.

☐ **Option 3: Funding based on allocation files**** – Fund the account as allocations are uploaded to the HealthEquity portal. (HealthEquity may not assume funding allocations with this invoicing method).

☐ **Option 4: Fully funded** – HealthEquity will invoice you for the total annual plan liability at the beginning of the plan year.

Signature	
I hereby authorize HealthEquity to provide reimbursement account services based on the information provided in this form.	
Print name	Date
Signature (Required to proceed)	

For questions related to the completion of the form please contact HealthEquity at 1-866-382-3510.

Member fees			
Note: Please be aware that members may be assessed the following fees on their account. You may wish to advise them of these fees.			
HealthEquity Visa® Card	Up to 3 FREE additional or replacement cards/\$5 per replacement	Electronic payment to self	FREE
		Paper check to self	\$2.00 per transaction
Card transaction	FREE	Stop payment request	\$20.00 per transaction
Payment to provider	FREE	Statement fee	\$1.50 paper statement (free for electronic)

HealthEquity Visa® Health Account Card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC.

The link below includes the HealthEquity Terms & Conditions. Please note that by implementing your reimbursement accounts with HealthEquity, you are agreeing to our Terms & Conditions. For funding terms and conditions see Schedule B, Section 4, found on page 16 of 39 of General T&C's found here: http://resources.healthequity.com/Documents/Employer/HealthEquity_RA_Web_Terms_of_Services.pdf

For other compensation terms and conditions, see Schedule B, Section 5.3, found on page 17 of 39 in the General T&Cs.

Any fees, surcharges, or taxes imposed by law on the operation of the Plan (e.g., MA Health Safety Net or MA PIPA) will be passed onto the entity sponsoring the plan. The amount will be deducted automatically from the plan's funding account, and if there is insufficient funds to pay such amounts, the sponsoring entity will be invoiced for the amount. Timely payment of this amount is a condition precedent to services.

MA Health Safety Net Surcharge

This surcharge is assessed on a monthly basis on any payments made from a health reimbursement arrangement (HRA) to certain hospitals and ambulatory surgical centers in Massachusetts. If a member of your group has obtained a service at one of these designated facilities HealthEquity will invoice you for the surcharge on payments made to these providers. Invoices will be posted to the HealthEquity employer portal by the 5th of the month for payments that were made the prior month.

An HRA may provide tax free benefits only to members, former members, retirees, and their spouses or covered tax dependents. Because self-employed individuals are not "members," an HRA may not provide tax free benefits to self-employed individuals (i.e., sole proprietors, partners, and more than 2% Sub chapter S corporation shareholders).

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This form should only be completed when a debit card is offered with your plan to assist us with copay matching for debit card transactions. It is important that this form be completed prior to the plan effective date as we cannot retroactively match copays to past card transactions. Any time you have a change to your core medical plan design, please complete a new form.

Please note that benefit summaries will not be accepted in lieu of completion of this form.

Employer information				
Company name			Tax ID number	
Contact name	Phone ()		Email address	

Copay information				
Please list the copays that are associated with your medical coverage. (\$ amount, not %)			Copay start date:	Copay end date:
Office Visit	ER/Hospital	Rx	Dental	Vision