

TPA Systems Inc. Health Reimbursement Arrangement (HRA) Employer Questionnaire

employer name: _____ tax ID number: _____

full physical address: _____ phone: _____

full mailing address: _____ fax: _____

state of organization: _____ entity type: _____ fiscal year-end: _____

member of affiliated service group? _____ member of controlled group? _____ List affiliates if applicable:

mgt contact info: name _____ phone _____ email _____

admin contact info: name _____ phone _____ email _____

Plan Information

Is there an in-force plan? _____ If yes, original eff. date: _____ original plan year: _____

eff. date of new plan: _____ date of new summary plan description: _____

Will new plan have a short plan year? _____ If yes, specify short period: _____

Eligibility

eligible participants: participants participant, spouse, and dependents participants covered

under employer medical plan (plan name) _____

EXCLUDE as ineligible: leased employees union employees non-resident aliens

P/T employees working less than _____ hours annually minimum age is ____ (max age is 21, "N/A" acceptable)

minimum total service requirement: none _____ hours _____ days _____ months _____ years

enrollment dates: immediate first of month first day of each plan quarter

first day of first and seventh months of plan year first day of plan year

Benefits

eligible expenses: all allowable under IRC 213(d) schedule (attach list) health plan deductibles

health plan coinsurance health plan deductibles and coinsurance list any modifications:

maximum HRA benefit for covered individuals: one: _____ two: _____ three or more: _____

HRA deductible for covered individuals: one: _____ two: _____ three or more: _____

reimbursement schedule: _____

credit to participant reimbursement account: claims dependent other: _____

If "other", adjust participant account for enrollment in a partial plan year? _____

How should health care reimbursements coordinate with HSAs? leave unaddressed permitted coverage

post deductible coverage both permitted and post deductible coverage suspended HRA

HRA/cafeteria plan coordination: leave unaddressed HRA first 125 first

Plan Operations

claim filing deadline: active: _____ days after end of plan year; terminated: _____ days after termination date.

Will employer provide stored value cards? _____ Card limitations: _____

Submit claims to: employer plan administrator: _____

Is plan COBRA eligible? _____ full COBRA notice contact info: _____

COBRA participant notification period for eligible events: _____ days after event

Should SPD contain information regarding how this plan co-ordinates with your company medical plan? If yes:

