



HRA Direct Reimbursement Set Up Form

Group Name: _____ Total Employed: _____

ASI Effective Date: _____

Plan Year: _____ Begins (mm/dd): _____ Ends (mm/dd): _____

Is first year a short plan year? Yes No If yes, are funds to be prorated? Yes No

Plan Limits and Restrictions:

Carrier Deductible: When does your carrier deductible reset? Plan Year Calendar Year

Employee Only HRA Amount: \$_____ Employee with Dependents Amount: \$_____

If multiple plans, please distinguish the different plans and different contribution levels if applicable:

Rollover Option? Yes No If the answer is yes, please provide the annual rollover amount \$_____or_____%

Rollover Cap? Yes No If the answer is yes, please provide the cap amount \$_____

HRA Option: Medical Dental Vision Prescription Over-the-Counter Other (Include schedule of available expenses)
Expenses tied to carrier deductible (Name of Carrier:_____)

Debit Cards? Yes No

*** Debit cards require a 5% deposit of the aggregate participant annual election amount. Deposit must be received prior to debit cards being issued.**

*** If utilizing a debit card, please complete the Bancorp form and ASi ACH Authorization form.**

***Debit card security deposit will be refunded within 120 days of the Plan termination.**

Eligibility:

First of the month following the completion of ___ months of continuous employment at ___ hours per week

Dependent Coverage: Children to age _____ Students to age _____

Plan Document:

Is ASI to prepare a plan document? Yes No

If you have an existing plan, please include a copy of your current plan document.

Is this Plan subject to FMLA?

___ No (1-49 employees) ___ Yes (50+ employees)

Banking Options:

Debit Card Banking

To begin the setup, the employer must complete a Bancorp document and return it with a voided check to ASI.

Once the document is returned, ASI will handle setting up the collateral account with Bancorp.

Prefunding: Funding of the collateral account is required by Visa and the issuing bank, Bancorp, and serves to cover card transactions that must be honored by the bank. The collateral account must be funded with a nominal deposit that is a percentage (5%) of the aggregate participant annual election amount. This is referred to as a "prefund" or collateral. The collateral account deposit will be funded via ACH (automated clearing house) debit to a client-designated replenishment account.

***Debit card security deposit will be refunded within 120 days of the Plan termination.**

Non-Debit Banking

ASI opens a separate account for the benefit of the client. ASI prepares the checks then notifies the client of the check run and amount. Client may pre-fund account or fund each check run as provided by ASI. ASI signs, then forwards checks to the provider of service or employee. There is an administration fee from the bank of \$25.00 per month. This fee is currently being waived by the bank we utilize. If the bank should require a monthly fee in the future, ASI will pass the cost to the client. **Check in the amount of \$ _____ is attached.**

Please select from one of the following options on how your company would prefer to receive the monthly invoices for administrative fees:

- U.S. Mail
- E-Mail

Please provide the e-mail address if different than what is listed on the application: _____

Client Check List:

- ASI Group Application
- HRA Set Up Form
- Bancorp Forms if utilizing a debit card
- Employee Enrollments

Completed By: _____
(Print Name)

Title: _____

Signature: _____

Date: _____

Once ASI receives all the information on the set up of the group, we will send a welcome kit out to the group contact. This will include forms to utilize during the year, administrative agreement, department contact list and the plan document if ASI prepares it.

ASi Internal Use Only:

Implementation Fees: _____
Per Participant/Per Month: _____
Broker Commission: _____
Annual Fee: _____
Other: _____

AUTHORIZATION FOR ACH DEBITS / CREDITS

Depositor Name as Shown on Bank Records

Checking Account Number/ Transit Routing Number

*(A voided check or spec sheet **must** be attached for this account)*

TO: _____

(Bank Address: Street, Box #, City, State and Zip Code)

Depositor authorizes The Bancorp Bank to present automated debits and credits to and from the above listed account as required to perform their responsibilities related to processing Depositor's benefit program. This authorization will remain in effect until revoked by Depositor in writing and until you actually receive such notice. Depositor agrees that you shall be fully protected in honoring any such ACH transaction.

Depositor agrees that your treatment of each such ACH transaction and your rights in respect to it shall be the same as if it were a check signed by Depositor.

I authorize payments to be withdrawn daily or weekly as needed.

Dated this _____ **day of** _____, **20**_____.

Signature of Depositor in Agreement with Bank Records

Please update your ACH filter (on the above reference account) to grant access to The Bancorp Bank. The Bancorp Bank identification number is: **1050006509**.



Administrative Solutions, Inc.
Authorization for Electronic Funds Transfer

Company Name: _____

Financial Contact Name: _____

Financial Contact Email: _____

Type of Service(s): _____

Please debit my account for:

- Claims
- Contributions
- Fees
- Premiums

I hereby authorize Administrative Solutions, Inc. to initiate variable debit entries to my ___ checking account or ___ savings account indicated below and my financial institution named below to debit the same to such account.

Account Number: _____

Financial Institution: _____

Branch: _____ **City:** _____ **State :** _____

Bank Routing Number: _____

This authority will remain in full force and effect until Administrative Solutions, Inc. has received written notification from me of its termination in such time and in such manner as to afford Administrative Solutions, Inc. a reasonable opportunity to act on it.

Signature _____ **Date** _____

****An actual *voided check* must be attached****

Staple voided check here

If an actual check is not available to attach (i.e. some savings accounts), you are responsible for obtaining the correct routing number from your financial institution.

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