



## **Section 132 - Implementation Check List**

Please complete the following forms and return to [clientservices@asibenefits.com](mailto:clientservices@asibenefits.com) or fax to 559.475.5787:

- ASi Universal Employer Application
- Set-up Forms
- ACH Form with Voided Check
- Bancorp Form (For Debit Card Groups Only)
- ASi Employee Enrollment Forms

Notes:

**Administrative Solutions, Inc. (ASi)**

P. O. Box 5809 | Fresno, CA 93755

Ph. 559.256.1320 | Fax 559.475.5787

[clientservices@asibenefits.com](mailto:clientservices@asibenefits.com) | [www.asibenefits.com](http://www.asibenefits.com)



## Section 132 Transportation/Parking Plan Set-up Form

Full legal name of the Employer: \_\_\_\_\_

Type of Benefit:  Transportation       Parking      Effective Date: \_\_\_\_\_

Plan Year: \_\_\_\_\_ Begins (mm/dd): \_\_\_\_\_ Ends (mm/dd): \_\_\_\_\_

Is first year a short Plan Year?    Yes / No

If yes, please provide:    Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Do you currently have a Commuter Plan in place with another vendor?     Yes     No

If yes, will ASi administer the run-out of your current plan?     Yes     No

Plan Number:                     501     502     503     504     505     506

(if none selected, one will be assigned)

**Pay Periods**

Weekly                     Bi Weekly                     Semi Monthly                     Monthly

Plan Start Date	Plan End Date	First Payroll Date	Last Payroll Date	# of Payrolls per plan Year

Is this Plan subject to FMLA?

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

**Plan Eligibility**

\_\_\_ The same day employee becomes eligible for Group Medical Plan

\_\_\_ The first regularly scheduled working day on which the employee first performs an hour of service for the employer for compensation

\_\_\_ Other: \_\_\_\_\_

## **Funding Options**

**Please select from one of the below options:**

(For more details on our funding options, please refer to our Funding Guide)

- Debit Card on Group Banking**
- *Please complete the Bancorp ACH form (this is the account that will be linked to the debit cards).*
  - *Please complete the ASi ACH form for manual claims that may be submitted.*
  - *Debit cards require a 5% deposit of the aggregate participant annual election amount. Deposit must be received prior to debit cards being issued*
  - *Debit card security deposit will be refunded after 120 days of the Plan termination*
  - *Debit cards are valid for three years from the issue date. Cards are not reissued for new elections if the participants card is still valid. If a new card is requested, a fee will incur for the new cards.*

- Non-Debit Card Funding** (Choose one of the following)
- ACH for Claims** (Debits your account for claim utilization on a weekly basis, as applicable. ACH authorization form must be completed.)
  - ACH for Contributions** (Debits your account for contribution each applicable pay period. ACH authorization form must be completed.)

**Please indicate if any of the following employee classifications are going to be excluded from enrolling in the plan:**

\_\_\_ There are no exclusions; or

The following classes of employees are excluded (check all that apply):

\_\_\_ Leased employees

\_\_\_ Contract workers and independent contractors

\_\_\_ Temporary employees and casual employees

\_\_\_ Individual paid by a temporary or other employment-staffing agency

\_\_\_ Employees covered under a collective bargaining agreement (Union)

\_\_\_ Other (specify): \_\_\_\_\_

### **Eligibility Requirements**

Employee has been employed by the Employer for \_\_\_\_\_ consecutive calendar days and is regularly scheduled to work \_\_\_\_\_ hours or more per week; or

\_\_\_ Other (Specify): \_\_\_\_\_

**Employees who first become eligible to participate in the plan mid-year may commence participation on:**

\_\_\_ The first day of the month after eligibility requirement has been satisfied

\_\_\_ The first day of the following plan year

**Employees who are terminated for any reason and are rehired within 30 days will be subject to eligibility requirements as a new hire: Yes / No**

**Employees who cease to be eligible for reasons other than termination such as reduction in hours or disability leave of absence and are reinstated to eligible status outside of 30 days:**

\_\_\_ Must complete the stated waiting period in order to become eligible

\_\_\_ Do not need to complete the waiting period before becoming eligible

**Contributions**

The **maximum** election amount allowed will be pursuant to IRS regulations (which may be updated annually).

**Claims Filing Deadlines**

Unless you advise our office differently, the deadline to file claims for active employees will default to 90-days from the end of the plan year. For terminated employees, the deadline is 90-days from the employees termination date. All services must be rendered while the employee was in an active status.

**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: \_\_\_\_\_

**Certification of Accuracy**

I, \_\_\_\_\_ certify that the information provided on this form is accurate to the best of my knowledge. I understand that ASi will utilize this information for preparation of our Plan Documents.

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date

\_\_\_\_\_  
Title

**ASi Internal Use Only:**

Administration Fees: _____
Implementation Fees: _____
Per Participant/Per Month: _____
Annual Fee: _____
Employee Statements: _____
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.

Administrative Solutions, Inc.  
P. O. Box 5809, Fresno, CA 93755  
Ph. (559) 256-1320 / Fax (559) 475-5787  
[clientservices@asibenefits.com](mailto:clientservices@asibenefits.com)