



# FlexPerks Account Set-up Worksheet

**PacificSource**  
HEALTH PLANS

Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group No.: \_\_\_\_\_

Agent Name: \_\_\_\_\_

**What types of spending accounts would you like?**

- HRA only – complete Section A
- HRA and FSA – complete Sections A and B

**Section A: HRA Information**

**What types of expenses should be reimbursable under your HRA?**

Reimbursable Expenses	Account Depletion Order
<input type="checkbox"/> <b>Our recommendation:</b> Only expenses covered under the medical plan and all purchased endorsements (such as dental, vision, pharmacy, etc.)	If both HRA and FSA exist, HRA will pay eligible charges first.
<input type="checkbox"/> Only expenses covered under the medical plan (i.e., services subject to coinsurance and deductibles). <i>Option: also allow reimbursement of (check any):</i> <input type="checkbox"/> Pharmacy expenses <input type="checkbox"/> Vision expenses <input type="checkbox"/> Other:	If both HRA and FSA exist, HRA will pay eligible charges first.
<input type="checkbox"/> All unreimbursed medically necessary health expenses as defined by IRS Code §213	If both HRA and FSA exist, FSA will pay eligible charges first.

**How much will you contribute to your employees' HRA accounts each year? Would you like to limit the annual rollover amount? Please complete the following.**

The minimum HRA funding level allowed is \$500 per employee or 25% of the single employee's annual deductible, whichever is less.

**Our recommendation:** HRA funding equals 50-75% of the health plan's annual deductible. No limit on annual rollover amount; total account accumulation capped at 3x the annual HRA allocation or 1x the plan's annual out-of-pocket maximum.

	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Annual employer contribution to HRA	\$ _____	\$ _____	\$ _____	\$ _____
Allow rollover of:	<input type="checkbox"/> 100% <input type="checkbox"/> \$ _____	<input type="checkbox"/> 100% <input type="checkbox"/> \$ _____	<input type="checkbox"/> 100% <input type="checkbox"/> \$ _____	<input type="checkbox"/> 100% <input type="checkbox"/> \$ _____
Cap account accumulation at:	<input type="checkbox"/> No limit <input type="checkbox"/> ___X annual HRA contribution <input type="checkbox"/> \$ _____	<input type="checkbox"/> No limit <input type="checkbox"/> ___X annual HRA contribution <input type="checkbox"/> \$ _____	<input type="checkbox"/> No limit <input type="checkbox"/> ___X annual HRA contribution <input type="checkbox"/> \$ _____	<input type="checkbox"/> No limit <input type="checkbox"/> ___X annual HRA contribution <input type="checkbox"/> \$ _____

**When employees terminate without electing continuation coverage, what should happen to any remaining HRA balance?** *(Note: As long as continuation coverage exists, the member continues to have access to the HRA.)*

- HRA balance is forfeited; no spend-down is allowed. (In this case, the member's debit card will be deactivated at termination.)
- Allow members to spend down any remaining HRA balance.  
Option: Limit the spend-down duration to \_\_\_\_\_ months from termination.

**Section B: FSA Information**

**How will your FSA be funded?**

- Employee contribution only, via payroll deduction
- Employer and employee contribution – please complete the following:

	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Employee + Family</b>
Annual employer contribution to FSA	\$	\$	\$	\$