

412 Water Street Sieux City, IA 51103 P 712-277-2424 F 712-277-2522

HRA and Flex Employer Form

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Employer Name	Woodbury County	Primary Contac Name	t	Melissa	T Jmas		
Employer Address	620 Douglas Street	Title		Human esource Director			
	Sioux City IA 51101	Contact Phone		712-27	3480		
		Contact Email		meliss:	nomas@woodburycountyiowa.gov		
Corporate Name	Woodbury County						
Corporate Street Address (physical location)	620 Douglas Street						
City	Sioux City State		IA		Zip 51101		
Federal Tax ID	42-6005221 Corporate Phone 712-279-6480 Number						
Business Entity Type	☐ C Corporation ☐ S Corporation ☐ Sole Proprietor ☐ LLC ☐ Partnership ☐ Non-Profit Organization ☒ Government Entity or Church						
Plan Type	⊠ Renewal □ New						
Plan Year	01/01/2021 12/31/2021						
Plan Options	Dependent Care Account	⊠ Yes □ No					
	Flexible Spending Account	⊠ Yes □ No					
	Employer Funded Account	⊠ Yes □ No)				
Payment Features	 ☑ Benny Debit Card (Funding on a weekly basis) ☑ Pay Provider 						
	☐ Pay Member Claims reimbursement submitted in person, via fax, mail or online						
	Minimum check Amount \$20.00						
	Claims Reimbursed: 🖾 Daily 🔲 Weekly						
	Frequency of Electronic Fund Tra						
Runout Period	Do you offer a 90-day runout period for both Flex and Dependent Care?						
Last date to submit claims for services received in the plan	☑ Yes ☐ No ☐ Other: Do mid-year terms have same runout period as above?						
year	Yes No If no, provide rur	•	0,00				
Divisions	⊠ Yes □ No				<u>.</u>		
For reporting purposes							
Carryover Option	⊠ Yes						
Applies to Flex only	□ No						
	\$550 Maximum Carryover Amo	unt					

Grace Period	Grace Period offered and applies to both HC and DC FSA Plans?		
5	☐ Yes ☒ No ☐ Only Flex Spending ☐ Only Dependent Care		
	Grace Period, if applicable, 2.5 months? NA		
	Yes Other:		
:	Tes Other.		
Flex Spending Account	Minimum: \$0 Max: \$2750		
	Employer contribution applies? ☐ Yes ☒ No If Yes, how much: \$		
Dependent Care Account	Minimum: \$0 Max \$5000		
Account	Employer contribution applies? Yes No If Yes, how much: \$		
Employer Contribution	☐ 100% on Plan Year Start Date		
Schedule if applicable	□ 1st Day of the Month (divided by 12)		
	☐ Participants Payroll Frequency		
	☐ Customize: HRA paid FOM for EE health insurance premium- 1 year duration only		
	Z continued the special continued and the sp		
SECTION STATES			
Uaalth	7 O-tion 4 UPA 4000/ of health increases are size to see the		
Daimburgantant	Option 1: HRA pays 100% of health insurance premium to member		
Arrangement	Option 2: Upfront Member HRA Deductible to plan maximum		
	☐ Option 3: Upfront Member HRA DeductibleHRA Pays% to plan maximum		
	☐ Option 4: Multi-Tier Co-Insurance		
	Tier 1 \$0 to \$ HRA pays %		
	Tier 2 \$ to \$ HRA pays% to plan maximum		
	(Additional tiers can be added)		
	☐ Option 5: Deductible followed by Multi-Tier Co-Insurance		
	Member HRA Deductible Amount \$		
	Tier 1 \$0 to \$ HRA pays %		
	Tier 2 \$ to \$ HRA pays% to plan maximum		
	(Additional tiers can be added)		
	Aggregate Deductible: All family members or any one member could satisfy the deductible or entire funding		
	Embedded Deductible: Yes No2x Individual amount3x Individual amount		
	(Embedded: a specific number of family members must meet the HRA individual deductible along with the family		
	meeting an HRA deductible) Individual Cap: Yes Amount \ No		
	(Limits funding on each individual within a family)		
	•		
1	HRA Expense List: Deductible Coinsurance Prescriptions Copay X retiree premium		
	In-network Claims only? Yes No		
	Pro-Ration of HRA- I would like new enrollees to receive a pro-rated HRA amount for the months that they are enrolled in the plan year. ☐ Yes ☐ No		
	Pro-Ration Method: Monthly (1/12) Quarterly (1/4)		
	Divisions by Location: Yes No		
	2. Molecule by 2004 doi: 10 10 10 10 10 10 10 10 10 10 10 10 10		
KSEOTEN LA ENROLL			
Open Enrollment Dates	11/1/2020-11/30/2020		
Collecting Enrollment Information	How will enrollment information be collected by the employer from the employee (please describe):		
momation	Online enrollments – may have some paper enrollments		
Providing Enrollment	How will enrollment information be provided to IBC (select one):		
Information to IBC	☐ IBC Online Portal		
	Excel file to be uploaded to IBC		
	Executive to be abloaded to 100		

	☐ Manual enrollments					
			rimary Contact, please provide information below:			
	Contact Name: Melissa		Human Resource Director			
4	Contact Phone:	Contact Email:	melissathomas@woodburycountyiowa.gov			
New Hire	Healthcare FSA:	first of the me	onth following 30-days			
Waiting Period	Dependent Care FSA:	first of the mo	onth following 30-days			
	HRA:	20 years or 50				
	Waiting period applies	to new hires during OE?	☑Yes ☐ No			
Days to Enroll	Healthcare FSA:		onth following 30-days			
for New Hire	Dependent Care FSA:		onth following 30-days			
	HRA:	NA Days				
Who is eligible	□ Full Time Only	Per union contract				
# of Hours Required for Eligible Status	Follows medical plan	Follows medical plan eligibility rules HRA: 20 years of service and 500 hours.				
Effective Date	□ 1st of the month after meeting eligibility requirements					
Termination	When does coverage e termination	When does coverage end upon termination? ☐ Termination Date ☐ End of month following termination				
	The second secon					
Election Changes	Election changes must	ha submitted within 30 day	- far the date of the event			
Election Changes		DE SUDMITTED WITHIN 30 days	s after the date of the event.			
	(2000)	7.1900				
Coverage Begins	If qualified changes a one)	If qualified changes allowed, coverage following a qualified life change will begin: (select one)				
		month following request for	new enrollment or change in enrollment.			
	On the first of the n	☐ On the first of the month following request for new enrollment or change in enrollment (with the				
	exception of chang made as of the dat	ges resulting from birth, adoption of the qualified event in action	ption or placement for adoption, which will be ccordance with HIPAA).			
Coverage Ends		o qualified event, coverage	ends:			
oordrags	Any day of the month					
SECTION BONGEON						
Payroll Frequency	FLEX: Monthly (12)	Bi-Weekly (24) 🛛 B	i-Weekly (26) ☐ Weekly (52) ☐ Semi-Monthly			
	HRA: Beginning o	f Plan Year 🔲 Other: Pe	er eligibility guidelines for retirees			
First payroll date in plan year	12/31/2020 Every of	12/31/2020 Every other Friday due to the 1 st of Jan. falling on a Friday.				
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	American and American States of the States o					
Contact: Lisa Anderson			Secretary			
(712) 279-6480		Fax#:	lisanderson@woodburycountyiowa.gov			
Contact:						
(712) 279-6480	!	Fax #:				

SECTION BELLANDING				
	ired ONLY if electing IBC to create Plan Documents.			
Additional fees may apply — note	your contract			
The Plan is (check one)	☐ ERISA Plan ☑ Non-ERISA Plan			
Federal Employer ID #	42-6005221			
State of Controlling Law	IA			
3-digit Plan Number	501			
Optional Services	Would you want IBC to perform Non-Discrimination testing (fees apply)?			
Additional Fees apply for	Yes □ No			
these services.	Would you want IBC to prepare a POP and/or WRAP document (fees apply)?			
	☐ Yes ☐ No			
SEMPLE BERNOON				
Bank Name	NA - group will push funds into the IBC Admin account weekly			
Address or Location				
Bank Routing Transit Number				
Bank Account Number				
Authorized Signer				
Lost Check	Stop Payment Option: Yes No			
Fee paid by consumer	If yes, waiting perioddays Bank Fee: \$			
SECTION 11: INNOVATIV	E BUSINESS CONSULTANTS ADMINISTRATION FEES:			
Annual Fee	WAIVE			
Document Fees	WAIVE			
PMPM Plan Fees	\$4.50 Per plan or Aggregate? Plan			
Billing Frequency	☑ Quarterly ☐ Annually			
I certify that I am legally auth-	orized to sign this Employer Application on behalf of the employer named herein.			
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Signature				