

## Addendum C

Company Name: \_\_\_\_\_

### Section 125 – FSA & Dependent Care Plan Setup

Plan Information	<input type="checkbox"/> New Plan <input type="checkbox"/> Renewal <b>** We will need a YTD claims paid report from the prior TPA. No claims will be processed until this report is received</b> <input type="checkbox"/> Mid-Plan Year Take Over**		
Effective Date	Is this a Short Plan Year (i.e. <12 month plan)?	If Yes, Please explain...	
Plan Number (i.e. 501, 502...)	Plan Year	To	
# of Days the Employee has to submit receipts after the Plan Year OR Grace Period (Run Out)	Days	# of days the Employee can incur a service after the Plan Year (Grace Period)? <i>Up to 75 days</i>	Days
# of Days Termed Employees have to submit claims after incurred cutoff period (Termed Run Out)	Days	Terminated employees will be allowed to incur services until...	<input type="checkbox"/> Date of Termination <input type="checkbox"/> End of the Month
Will the rollover option be offered?	<input type="checkbox"/> Yes* \$ _____ can be rolled over (\$500 max) <input type="checkbox"/> No	If an HRA benefit is being offered which plan will reimburse the employee first?	<input type="checkbox"/> HRA <input type="checkbox"/> FSA <input type="checkbox"/> Not Applicable
On what day(s) each month does an employee receive a paycheck? <b>If there is more than one payroll period, we need both/all listed below and noted on applications.</b>		Check the number of payroll calendars below	
<input type="checkbox"/> Weekly (52) on _____ <input type="checkbox"/> Monthly (12) on _____ <input type="checkbox"/> Semi-Monthly (24) on _____ & _____		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 What is the 1st payroll date employee contributions are withheld? _____	
Funding Options	<input type="checkbox"/> ACH Pull <input type="checkbox"/> ACH Push <input type="checkbox"/> Your Own Trust Account	* Please note: If you are renewing your plan with Polestar, then you will need to select one of these funding options for the coming plan year. We will no longer be offering "Pre-Funding" as an option for our FSA & HRA Plans	
We wish to offer these reimbursement options...	<input type="checkbox"/> Benefits Card <input type="checkbox"/> Direct deposit/Check		
Benefits Card Transactions will automatically approved and substantiated by the Employer if approved by an eligible merchant with these parameters***	<input type="checkbox"/> Amounts that equal \$ _____ or less <input type="checkbox"/> Any amount ***The default setup will auto approve any amount <\$250		
Employer Contributions to Employee's Plan Include...	eClaims Manager:		Yes No
Prior Run Out/Grace Period Claims to be Administered by Polestar Benefits, Inc.	<input type="checkbox"/> Yes*    *Please provide a current year-to-date report of claims paid & annual elections for each member with a balance to be reimbursed. If we do not have the employee information from the new plan year election we will need that provided as well. <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Election Maximum	<input type="checkbox"/> Flexible Spending Account	\$ _____	\$2600 is the IRS max
	<input type="checkbox"/> Dependent Care Account	\$ _____	\$5000 is the IRS max
	<input type="checkbox"/> Transit Account	\$ _____	\$255/month is the IRS max
	<input type="checkbox"/> Parking Account	\$ _____	\$255/month is the IRS max
	<input type="checkbox"/> Is the Bicycle Benefit offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Is Limited FSA Benefit offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>Self-employed individuals, including partners, and more than 2% shareholders in a subchapter S-corporation cannot participate in this Plan.</b></p> <p><b>Other than the Copayments Only option, if Benefits Card Transactions are to be automatically approved, the Employer releases Polestar Benefits, Inc. from the responsibility of confirming reimbursement(s) eligibility for expenses less than \$250 or otherwise noted above.</b></p> <p style="text-align: center;"><b>Sign here agreeing to the accuracy of this Addendum</b></p> <p>_____</p>			