

Addendum B

Section 105 - HRA Plan Setup

Plan Information	<input type="checkbox"/> New Plan <input type="checkbox"/> Amendment/Reinstatement	Note: Mid-Plan Year Take Over must provide YTD claims paid report from the prior TPA. No claims will be processed until this report is received.	Effective Date
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We wish to offer these reimbursement options...	<input type="checkbox"/> Benefit Card <input type="checkbox"/> Direct Deposit/Check	Plan Year	To	Plan Number (i.e. 501, 502,...)
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# of Days the Employee has to submit claims after the Plan Year Ends (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
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# of Days Termed Employees have to submit claims after incurred cutoff period (Termed Run Out)	Days
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Is There A Rollover Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please explain the benefit.
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Funding	<input type="checkbox"/> ACH Pull <input type="checkbox"/> ACH Push	<input type="checkbox"/> Own Trust Account	eClaims Manager	<input type="checkbox"/> Yes <input type="checkbox"/> No	ONLY Reimburse Provider Directly	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Eligible Reimbursement Expenses (Check all that apply)

Type	Category	Explain the details of the reimbursement expense
<input type="checkbox"/>	All IRS CODE 213*	
<input type="checkbox"/>	QSEHRA Only	

<input type="checkbox"/>	Medical	<input type="checkbox"/> Deductible Reimbursement Includes	
		<input type="checkbox"/> Co-Pay Reimbursement Includes	
		<input type="checkbox"/> Coinsurance Reimbursement Includes	

Are Dependents Covered?	Who Pays First?	Reimburse Based On...	Benefits Are Based On	Other Plan Information
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Employer <input type="checkbox"/> Employee	<input type="checkbox"/> Accruing w/ Deposits on _____ <input type="checkbox"/> Annual Election	<input type="checkbox"/> Calendar Year <input type="checkbox"/> Plan Year	

<input type="checkbox"/>	Dental	<input type="checkbox"/> Deductible Reimbursement Includes	
		<input type="checkbox"/> Co-Pay Reimbursement Includes	
		<input type="checkbox"/> Coinsurance Reimbursement Includes	
		<input type="checkbox"/> Orthodontia Reimbursement Includes	

Are Dependents Covered?	Who Pays First?	Reimburse Based On...	Benefits Are Based On	Other Plan Information
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Employer <input type="checkbox"/> Employee	<input type="checkbox"/> Accruing w/ Deposits on _____ <input type="checkbox"/> Annual Election	<input type="checkbox"/> Calendar Year <input type="checkbox"/> Plan Year	

<input type="checkbox"/>	Vision	<input type="checkbox"/> Co-Pay Reimbursement Includes	
		<input type="checkbox"/> Coinsurance Reimbursement Includes	
		<input type="checkbox"/> Other Reimbursement Includes	

Are Dependents Covered?	Who Pays First?	Reimburse Based On...	Benefits Are Based On	Other Plan Information
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Employer <input type="checkbox"/> Employee	<input type="checkbox"/> Accruing w/ Deposits on _____ <input type="checkbox"/> Annual Election	<input type="checkbox"/> Calendar Year <input type="checkbox"/> Plan Year	

<input type="checkbox"/>	Other	Please describe the Plan
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Are Dependents Covered?	Who Pays First?	Reimburse Based On...	Benefits Are Based On	Other Plan Information
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Employer <input type="checkbox"/> Employee	<input type="checkbox"/> Accruing w/ Deposits on _____ <input type="checkbox"/> Annual Election	<input type="checkbox"/> Calendar Year <input type="checkbox"/> Plan Year	

PLEASE NOTE: Self-employed individuals are not eligible for this Plan (IRS Publication 969). However, S Corporation Employers and Shareholders may participate based on IRS Publication 969 & 15b (referenced 12/26/2010). Please consult with a tax professional for more information.

I have been granted the Small Employer Exception (SEE) Approval and do not require HRA reporting to Medicare.

_____ **Sign here agreeing to the accuracy of this Addendum**