



Employer Setup Checklist for Flexible Spending Account

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|-----------------------------|--|
| Contact 2 First Name | |
| Contact 2 Last Name | |
| Title | |
| Email | |
| Phone 1 | |
| Phone 2 | |
| Fax 1 | |
| Fax 2 | |

CLASSES AND ELIGIBILITY CONDITIONS

| | |
|---|--|
| Class Name 1 | Must have at least one class. For example, All, Salary, Class 1, by Department or Location. |
| Waiting Period 1 Number of days. Choose one. | <input type="checkbox"/> days after date of hire <input type="checkbox"/> Date of hire <input type="checkbox"/> months after date of hire <input type="checkbox"/> Other: |
| Effective Date 1 Select only one of the options. | <input type="checkbox"/> First day following completion of waiting period <input type="checkbox"/> First of the month following completion of waiting period <input type="checkbox"/> First day of the pay period following the date the requirements were met <input type="checkbox"/> First day of the plan year following the date the requirements were met |
| Minimum Hours 1 | |
| Default Class 1? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Class Name 2 | Must have at least one class. For example, All, Salary, Class 1, by Department or Location. |
| Waiting Period 2 Number of days. Choose one. | <input type="checkbox"/> days after date of hire <input type="checkbox"/> Date of hire <input type="checkbox"/> months after date of hire <input type="checkbox"/> Other: |
| Effective Date2 Select only one of the options. | <input type="checkbox"/> First day following completion of waiting period <input type="checkbox"/> First of the month following completion of waiting period <input type="checkbox"/> First day of the pay period following the date the requirements were met <input type="checkbox"/> First day of the plan year following the date the requirements were met |
| Minimum Hours 2 | |
| Default Class 2? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Round Payroll Deductions | <input type="checkbox"/> Standard Rounding <input type="checkbox"/> Round Down <input type="checkbox"/> Round Up |
| Adjust Payroll Deductions | <input type="checkbox"/> Do Not Adjust <input type="checkbox"/> Adjust First Date <input type="checkbox"/> Adjust Last Date |
| Adjustment when Total Deductions Exceed Plan Maximum | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Round Down <input type="checkbox"/> Adjust First Date <input type="checkbox"/> Adjust Last Date |

EMPLOYEES WHO WILL HAVE ACCESS TO YOUR EMPLOYER PORTAL

| | | |
|--------------------------|---|-----------|
| Employee Access 1 | First Name | Last Name |
| Email Address 1 | | |
| Phone Number 1 | () — | |
| User Name 1 | A temporary password will be generated and emailed to the user. | |
| Role(s) | <input type="checkbox"/> Benefits Administrator - View plans, access resources and submit requests for your administrator. <input type="checkbox"/> Employee Administrator – Manage individual employee data via an online form. May include adding new employees, updating employee profiles and enrolling employees. <input type="checkbox"/> Employee Reviewer – Search for employees and view employee details. <input type="checkbox"/> Import Administrator – Import new files, view the import queue, take action on files in the import queue and access the exception log to view errors within import files or update errors and resubmit new files. Schedule recurring contributions. | |



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| | <input type="checkbox"/> Import Monitor – View the import queue and access the exception log to view errors within import files. <input type="checkbox"/> Informer – View plans and access resources. <input type="checkbox"/> Report Manager – View reports. | | | | | | | | | | | | |
| Employee Access 2 | First Name Last Name | | | | | | | | | | | | |
| Email Address 2 | | | | | | | | | | | | | |
| Phone Number 2 | () — | | | | | | | | | | | | |
| User Name 2 | A temporary password will be generated and emailed to the user. | | | | | | | | | | | | |
| Role(s) | <input type="checkbox"/> Benefits Administrator - View plans, access resources and submit requests for your administrator. <input type="checkbox"/> Employee Administrator – Manage individual employee data via an online form. May include adding new employees, updating employee profiles and enrolling employees. <input type="checkbox"/> Employee Reviewer – Search for employees and view employee details. <input type="checkbox"/> Import Administrator – Import new files, view the import queue, take action on files in the import queue and access the exception log to view errors within import files or update errors and resubmit new files. Schedule recurring contributions. <input type="checkbox"/> Import Monitor – View the import queue and access the exception log to view errors within import files. <input type="checkbox"/> Informer – View plans and access resources. <input type="checkbox"/> Report Manager – View reports. | | | | | | | | | | | | |
| Employee Access 3 | First Name Last Name | | | | | | | | | | | | |
| Email Address 3 | | | | | | | | | | | | | |
| Phone Number 3 | () — | | | | | | | | | | | | |
| User Name 3 | A temporary password will be generated and emailed to the user. | | | | | | | | | | | | |
| Role(s) | <input type="checkbox"/> Benefits Administrator - View plans, access resources and submit requests for your administrator. <input type="checkbox"/> Employee Administrator – Manage individual employee data via an online form. May include adding new employees, updating employee profiles and enrolling employees. <input type="checkbox"/> Employee Reviewer – Search for employees and view employee details. <input type="checkbox"/> Import Administrator – Import new files, view the import queue, take action on files in the import queue and access the exception log to view errors within import files or update errors and resubmit new files. Schedule recurring contributions. <input type="checkbox"/> Import Monitor – View the import queue and access the exception log to view errors within import files. <input type="checkbox"/> Informer – View plans and access resources. <input type="checkbox"/> Report Manager – View reports. | | | | | | | | | | | | |
| FINANCIAL LIMITS | | | | | | | | | | | | | |
| Home Page Welcome Text | <input type="checkbox"/> Administrator Default <input type="checkbox"/> Customize: | | | | | | | | | | | | |
| Employee Account Summary Page Text | <input type="checkbox"/> Administrator Default <input type="checkbox"/> Customize: | | | | | | | | | | | | |
| Payroll Frequency | <input type="checkbox"/> Weekly (W) <input type="checkbox"/> Bi-Weekly (B24) <input type="checkbox"/> Bi-Weekly (B26) <input type="checkbox"/> Semi-Monthly (S) <input type="checkbox"/> Monthly (M) <input type="checkbox"/> Other (O): | | | | | | | | | | | | |
| Date of Pay Periods | <table style="width: 100%; text-align: center; border: none;"> <tr> <td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>June</td> </tr> <tr> <td>July</td><td>Aug</td><td>Sept</td><td>Oct</td><td>Nov</td><td>Dec</td> </tr> </table> | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| Jan | Feb | Mar | Apr | May | June | | | | | | | | |
| July | Aug | Sept | Oct | Nov | Dec | | | | | | | | |
| Start Date | / / | | | | | | | | | | | | |
| Add An Unscheduled Date | / / | | | | | | | | | | | | |
| Overall Plan Dollar Amount Limit | Medical \$ Dependent Care \$ | | | | | | | | | | | | |
| Loss of Eligibility for Medical | <input type="checkbox"/> Allow ineligible participants to file claims for days following loss of eligibility <input type="checkbox"/> days after active status <input type="checkbox"/> days after plan year end date | | | | | | | | | | | | |



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| Grace Period to receive services after the end of the plan year OR \$500 Carryover Option | Select one of the following: <input type="checkbox"/> No grace period (all claims must be received during the plan year) <input type="checkbox"/> Date grace period ends: / / (up to 2 ½ months) <input type="checkbox"/> \$500 carryover option (no grace period is allowed) |
| Run-Out-Period | Last date to submit medical claims for services received in the plan year or during the grace period elected. / / |
| Grace Period to Incur Dependent Care Claims | Select one of the following for your dependent care claims: <input type="checkbox"/> No grace period (all claims must be received during the plan year) <input type="checkbox"/> Date grace period ends: / / (up to 2 ½ months) |
| Run-Out-Period | Last date to submit dependent care claims for services received in the plan year or during the grace period elected. / / |
| Loss of Eligibility for Dependent Care | <input type="checkbox"/> Allow ineligible participants to file claims for days following loss of eligibility <input type="checkbox"/> days after active status <input type="checkbox"/> days after plan year end date |
| Employer Contribution | \$ Medical \$ Dependent |
| Employer Contribution Schedule | <input type="checkbox"/> 100% on Plan Year Start Date <input type="checkbox"/> 1 st Day of the Month (divided by 12) <input type="checkbox"/> Participants PR Frequency <input type="checkbox"/> Customize: |
| SET UP BANK ACCOUNT (required) | |
| Use For | <input type="checkbox"/> Reimbursements <input type="checkbox"/> Debit Card Funding <input type="checkbox"/> Debit Card Fee Funding <input type="checkbox"/> Billing <input type="checkbox"/> Fee Funding |
| Account Type | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Routing Number | |
| Account Number | |
| Bank Name | |
| Street Address 1 | |
| City | |
| State | |
| ZIP Code | |

Note: Due to the implementation of the Flex Prepaid Card reimbursement, funding will be done on a weekly basis. You will still receive a two-business-day notice of funds being withdrawn from your account.

I certify that I am legally authorized to sign this set-up document on behalf of the employer named herein. The employer hereby agrees to purchase those services indicated on this agreement at the cost provided in the flexible benefits proposal or fee schedule.

Printed Name _____

Signature _____

Title _____

Date ____/____/____

Submitting Agent _____

Signature _____

Employer/Agency _____

Date ____/____/____

Submit the completed form to:

DASFLEX 5300 S Broadband Lane Sioux Falls, SD 57108
 Phone: 605-322-4774 Fax: 605-504-9305 Toll-Free: 1-888-322-2115
 Email: dasflex@averahealthplans.com
 Website: www.AveraHealthPlans.com

Discrimination is Against the Law

DAKOTACARE/DAS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DAKOTACARE/DAS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

DAKOTACARE/DAS:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact the DAKOTACARE/DAS Customer Service at 1-800-325-5598, (TTY 711), 8 a.m. to 5 p.m. CST, Monday through Friday.

If you believe that DAKOTACARE/DAS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Complaint and Appeals Coordinator
DAKOTACARE/DAS
5300 S Broadband Lane
Sioux Falls, SD 57108

Fax 1-605-274-3291
Email customer-service@dakotacare.com

You can file a grievance in person or by mail, fax, or email. You may also contact the Complaint and Appeals Coordinator if you need assistance with filing a complaint.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or call 1-800-368-1019 or 1-800-537-7697 (TDD). Or mail:
US Department of Health and Human Services,
200 Independence Avenue SW Room 509F, HHH Building,
Washington, D.C. 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Getting Help in Other Languages

Language assistance services are available free of charge. Our Customer Service is available 8 a.m. to 5 p.m. CST, Monday – Friday, toll-free at 1-800-325-5598 (TTY: 1-800-877-1113).

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-325-5598 (TTY: 1-800-877-1113).
- US CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-325-5598 (TTY: 1-800-877-1113).
- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-325-5598 (TTY: 1-800-877-1113).
- XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-325-5598 (TTY: 1-800-877-1113).
- 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-325-5598 (TTY: 1-800-877-1113).
- ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-325-5598 (TTY: 1-800-877-1113).
- ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-325-5598 телетайп: (TTY: 1-800-877-1113).
- ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 800-325-5598-1 (رقم هاتف الصم والبكم: 800-877-1113-1).
- ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-325-5598 (TTY: 1-800-877-1113).
- ທ່ານສາມາດໄດ້ຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຢູ່ບໍ່ເສັຽຄ່າ. ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ຈະຖືກສະໜອງໃຫ້ທ່ານຢູ່ບໍ່ເສັຽຄ່າ. ຂໍສອບຖາມກ່ຽວກັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ທີ່: 1-800-325-5598 (TTY: 1-800-877-1113).
- ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-325-5598 (TTY: 1-800-877-1113).
- 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-325-5598 (TTY: 1-800-877-1113) 번으로 전화해 주십시오.
- ມາຢາກ: ຖ້າທ່ານເວົ້າພາສາຝຣັ່ງ, ພວກເຮົາສະໜອງບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຢູ່ບໍ່ເສັຽຄ່າ. ຂໍສອບຖາມກ່ຽວກັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ທີ່: 1-800-325-5598 (ທ່ານສາມາດໂທ: 1-800-877-1113).
- OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-325-5598 TTY- Telefon za osobe sa oštećenim govornom ili sluhom: 1-800-877-1113).
- ບຼາຍຄູ່: ບາງຄົນສາມາດຮັບການຊ່ວຍເຫຼືອດ້ານພາສາຢູ່ບໍ່ເສັຽຄ່າ, ບາງຄົນສາມາດຮັບການຊ່ວຍເຫຼືອດ້ານພາສາຢູ່ບໍ່ເສັຽຄ່າ ທີ່: 1-800-325-5598 (TTY: 1-800-877-1113).