

Company Information & Plan Changes

Company Name: _____ Contact Name: _____

Email Address: _____ Phone: _____

Open Enrollment Dates: _____

Type of Enrollment: ☐ Renewal Import Spreadsheet ☐ Online Self-Service ☐ Electronic File (CDEx)

POP Plan Details: ☐ No changes to the Premium-Only Plan benefits.

Check only those products that are being added as new for this renewal year.

- | | | |
|---|--|---|
| <input type="checkbox"/> Health Insurance Premiums | <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Vision Care Insurance |
| <input type="checkbox"/> Critical Illness | <input type="checkbox"/> HSA Contributions | <input type="checkbox"/> Cancer Insurance |
| <input type="checkbox"/> Group Term Life Insurance (up to \$50,000) | | <input type="checkbox"/> Disability Insurance (not recommended) |

Please note: Insurance products with a return-of-premium feature cannot be paid for on a pre-tax basis.

FSA Plan Details:

Grace Period: ☐ Yes ☐ No

If yes, grace period length: ☐ Default to statutory limit (2 months and 15 days) **OR** ☐ _____ number of days

Grace period applies to the following Plan components:

- ☐ Health Care FSA ☐ Limited Purpose FSA ☐ Dependent Care FSA ☐ Post-Deductible FSA

OR

Carryover: ☐ Yes ☐ No

If yes, carryover amount: *(Applies to the Health Care FSA and Limited Purpose FSA only)* ☐ Default to IRS Limit **OR** ☐ Other \$ _____
(Indexed for inflation)

Do you require enrollment during Open Enrollment to retain carryover? ☐ Yes ☐ No

Best practice is to require enrollment annually. If you selected No, please answer the questions below.

Would you like to require a minimum account balance for carryover for employees who do not re-enroll for the following year? ☐ Yes ☐ No

If yes, minimum balance required for carryover: ☐ \$50 (best practice) **OR** ☐ Other: \$ _____
(Note: Employee funds not transferred to following year are forfeited.)

Please note: Plans may offer a grace period *OR* carryover, but *not both*.

Annual Maximum Limit: ☐ Default to IRS Annual Limit **OR** ☐ \$ _____
(Indexed for inflation)

Would you like to require a minimum election amount for your next Plan Year? ☐ Yes ☐ No

If yes, minimum election amount required: \$ _____

Other plan changes: _____

For Active Employees

FSA Claim Filing Limits:

- ☐ Employees have _____ days after the end of the **Plan Year** to file claims.
- ☐ Employees have _____ days after the end of the **grace period** to file claims.

Dependent Care Claim Filing Limits:

- ☐ Employees have _____ days after the end of the **Plan Year** to file claims.
- ☐ Employees have _____ days after the end of the **grace period** to file claims.

For Terminated Employees

Incurring FSA Expenses:

FSA Plan participants may incur claims up to the annual election after termination until:

- ☐ Day of Termination ☐ Last Payroll Date ☐ End of Month

Incurring Dependent Care Expenses:

Dependent Care Plan participants may incur claims up to the amount contributed after termination until:

- ☐ Day of Termination ☐ Last Payroll Date ☐ End of Month

FSA Claim Filing Limits:

- ☐ Participant who was active in an FSA Plan has _____ days after **termination** to file claims.

Dependent Care Claim Filing Limits:

- ☐ Participant who was active in a Dependent Care Plan has _____ days after **termination** to file claims.
or
☐ Participant who was active in a Dependent Care Plan has until the **end of the Plan Year** to file claims.

Co-Pay & Payroll Information

Please provide copies of benefit summaries for Dental, Vision, Health and Pharmacy or list the co-pays below. As part of the renewal process, Surency will ensure co-pay amounts are in our system for increased auto-substantiation.

Co-Pay Chart:

Plan Type	Co-Pay Amounts	
Carrier	Co-Pays for Covered Services	In-Network Out-of-Network
Group Health		
Pharmacy		
Vision Plans		
Dental Plans		

Company Name: _____ Contact Name: _____

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Please mark the pay dates on the calendar below that will include FSA benefit deductions for the 2023-2024 Plan Year. If you have multiple pay cycles, please complete a separate calendar for each pay cycle.

Payroll Schedule: ☐ **Weekly:** _____ ☐ **Monthly:** _____
☐ **Bi-Weekly 24 payrolls with 24 deductions:** _____ ☐ **Semi-Monthly:** _____
☐ **Bi-Weekly 26 payrolls with 26 deductions:** _____ ☐ **Other:** _____
☐ **Bi-Weekly 26 payrolls with 24 deductions:** _____

Pay Dates: e.g. Friday, 15th and last day of the month, etc. _____

Number of pay dates with deductions in the 2023-2024 Plan Year: _____

If any pay dates fall on a holiday or weekend, do you move that pay date to before or after that holiday or weekend? _____

2023

January 2023							February 2023							March 2023						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7				1	2	3	4				1	2	3	4
8	9	10	11	12	13	14	5	6	7	8	9	10	11	5	6	7	8	9	10	11
15	16	17	18	19	20	21	12	13	14	15	16	17	18	12	13	14	15	16	17	18
22	23	24	25	26	27	28	19	20	21	22	23	24	25	19	20	21	22	23	24	25
29	30	31					26	27	28					26	27	28	29	30	31	
April 2023							May 2023							June 2023						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1		1	2	3	4	5	6					1	2	3
2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10
9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17
16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24
23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30	
30																				
July 2023							August 2023							September 2023						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1		1	2	3	4	5							1	2
2	3	4	5	6	7	8	6	7	8	9	10	11	12	3	4	5	6	7	8	9
9	10	11	12	13	14	15	13	14	15	16	17	18	19	10	11	12	13	14	15	16
16	17	18	19	20	21	22	20	21	22	23	24	25	26	17	18	19	20	21	22	23
23	24	25	26	27	28	29	27	28	29	30	31			24	25	26	27	28	29	30
30	31																			
October 2023							November 2023							December 2023						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7				1	2	3	4						1	2
8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9
15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16
22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23
29	30	31					26	27	28	29	30			24	25	26	27	28	29	30
														31						

2024

January 2024							February 2024							March 2024						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6					1	2	3						1	2
7	8	9	10	11	12	13	4	5	6	7	8	9	10	3	4	5	6	7	8	9
14	15	16	17	18	19	20	11	12	13	14	15	16	17	10	11	12	13	14	15	16
21	22	23	24	25	26	27	18	19	20	21	22	23	24	17	18	19	20	21	22	23
28	29	30	31				25	26	27	28	29			24	25	26	27	28	29	30
														31						
April 2024							May 2024							June 2024						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6				1	2	3	4							1
7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8
14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15
21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22
28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29
														30						
July 2024							August 2024							September 2024						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6					1	2	3	1	2	3	4	5	6	7
7	8	9	10	11	12	13	4	5	6	7	8	9	10	8	9	10	11	12	13	14
14	15	16	17	18	19	20	11	12	13	14	15	16	17	15	16	17	18	19	20	21
21	22	23	24	25	26	27	18	19	20	21	22	23	24	22	23	24	25	26	27	28
28	29	30	31				25	26	27	28	29	30	31	29	30					
October 2024							November 2024							December 2024						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4	5						1	2	1	2	3	4	5	6	7
6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14
13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21
20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28
27	28	29	30	31			24	25	26	27	28	29	30	29	30	31				

Return completed form back to Surency at email: legal@surency.com

or mail: P.O. Box 789773, Wichita, KS 67278-9773

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