



Request for Flex Administrative Services

We request that Core Documents, Inc. complete an Agreement to provide administrative services as outlined below:

1) Administration Agreement for: HRA HSA / Med. FSA Dep. FSA / 132

2) Employer Information:

First Name _____ Last Name _____ (Agreement signer)

Group Contact Person for Administration: _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

3) Form of Business: S Corporation C Corporation LLC Partnership Sole Proprietorship
 Non-Profit 501(c)(3)

4) Employer Federal ID#: _____ **State of Inc.:** _____ **Number of Employees:** _____

5) Plan Year - The first plan year will be:

a) a 12 consecutive month period beginning (date) _____ and ending (date) _____

b) a short plan year beginning (date) _____ and ending (date) _____

6) Eligibility Requirements: All employees who work more than _____ hours per week.

7) Waiting Period: Employees can participate the first day of the month following _____ days of employment.

8) For FSA Plans: Will 2½ month claim grace period extension option be used: Yes No

9) Employee Reimbursements will be by: Debit Cards Check to Employee

10) Number of pay periods each year _____ **First pay date of Plan Year** _____

Employer Account Funding Options:

11) Reimbursements will be funded by:

ACH Bank Draft Annual Pre Pay OR,

Reimbursement Report emailed to Employer for Employer reimbursement to employee

12) Monthly Employee Administration Fees and Initial Setup Fee will be by:

Bank Draft from Employer Acct. Employer Credit Card Debit Pre Pay – Check from Employer

13) Notes:

Core Documents, Inc.
P.O. Box 14538
Bradenton, FL 34280-4538
Voice: 941-755-3373 or 888-755-3373
Fax: 941-795-4802

