Request for Administrative Services

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

1) Administration Agreement for: ⬜ HRA ⬜ HSA ⬜ Health FSA ⬜ DCAP FSA ⬜ 132

2) Employer Information:

First Name: _____ **Last Name:** _____ **(Agreement signer)**

Contact Person (if different than signer): _____

Employer Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

Fax _____

Email _____

3) Have you ordered your Plan Document(s) at www.CoreDocuments.com ? ⬜ Yes ⬜ No

4) Do you need assistance in ordering your Plan Document(s) at www.CoreDocuments.com ? ⬜ Yes ⬜ No

5) Date you would like Benefit to be Effective: _____

6) Number of W-2 Employees: _____

7) Number of Employees Expected to Participate _____

8) Number of pay periods each year :
⬜ **Weekly - 52** ⬜ **Bi-Weekly - 26**
⬜ **Twice each Month** ⬜ **Monthly - 12**

9) First two pay dates after Plan Year begins: _____ **and** _____

10) How would you like the Benefit to be available to Employees:
⬜ Debit Cards ⬜ Check to Employee
⬜ Reimbursement will be paid directly to Employee by Employer after **CoreAdmin** reviews claims

11) Please provide additional information about any special circumstances or requests:

_____

_____

_____

CoreAdmin
P.O. Box 10334
Bradenton, FL 34282-0334
Voice: 941-755-3373 or 888-755-3373
Fax: 941-782-8802