



WHY Outsource Claim Processing ? CONVENIENCE

Administrative services for as little as \$50 per month

For Section 125 FSA and HRA Plans

All employers want to take advantage of Section 125 and HRA tax-advantaged healthcare solutions offered by Core Documents; however, some may not want to deal with the day-to-day claims processing issues, or the HIPAA liability that comes from handling employees' protected health information.

For these clients, Core Admin offers a 24/7/365 online portal that allows employees to:

- Enroll;
- Make instant changes to their information; and,
- Access their account balances.

This virtually eliminates internal inquiries by employees about their plan. Plus, with the optional debit card, employees will no longer have to wait for reimbursement.

Beat the crowd and sign up early.
Call 877-236-9186 to speak with a live Consultant.

Visit us online today

Learn more about Core Admin and all of our products and services at www.coredocuments.com/claim-processing.php

How much does Section 125 FSA and HRA Claim Processing cost?

Unlike many administrators of Section 125 or HRA plans, Core Documents does not have a high minimum monthly charge for small employers.

Core Admin Fee Chart -- Per Employee

Number of Participants in Group	Monthly Fee Per Participant	Set-Up Fee New Participants after Set-Up*
1-5	\$50 Minimum Fee	\$10 FSA / \$20 HRA
6-10	\$10 FSA / \$10 HRA	\$10 FSA / \$10 HRA
11-19	\$9 FSA / \$10 HRA	\$9 FSA / \$10 HRA
20-49	\$8 FSA / \$9 HRA	\$8 FSA / \$9 HRA

Minimum \$150 Initial HRA Set Up Fee.
Minimum \$100 Initial FSA Set Up Fee.

* The Set-Up Fee for New Participants will be charged for New Participants added more than 30 days after the initial Set-Up.

Request for Administrative Services

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

1) Administrative Services for: ☐ HRA ☐ EAP ☐ 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:
