



# WHY Outsource Administration ? CONVENIENCE

## Administration services for as little as \$7 per month

*For Section 125, HRA, Health FSA, and HSA 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 administrative 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.**  
Speak to Loretta at 1-888-755-3373.

## Visit us online today

Learn more about Core Admin and all of our products and services at [www.coredocuments.com](http://www.coredocuments.com).

## How much does Section 125 and HRA Administration cost?

Unlike many administrators of Section 125 or HRA plans, Core Documents does not have a minimum monthly charge for small employers. If you have one employee, you pay for one.

### Core Admin Fee Chart -- Per Employee

No. EEs in Group	Monthly Fee/EE	One-time Set-up Fee/EE*
1-5	\$10	\$10
6-10	\$9	\$9
11-20	\$8	\$8
21-50	\$7	\$7
50+	Call	Call

\*Depending on the options chosen, a minimum fee of \$50 (for Health FSA Plans) or \$100 (for HRA Plans) may apply.

## 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:    r HRA    r HSA    r Health FSA    r DCAP FSA    r 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](http://www.CoreDocuments.com) ?     Yes     No

4) Do you need assistance in ordering your Plan Document(s) at [www.CoreDocuments.com](http://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:

r Debit Cards                    r Check to Employee

r Reimbursement will be paid directly to Employee by Employer after **CoreAdmin** reviews claims

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_