

Re-Enrollment Form

Company/Organization Name _____

Company Contact Name/Email _____

Company Broker Contact/Email _____

Plan Information

Line of Service (LOS) FSA COBRA* HSA* HRA FSA LTD FSA DCAP Transit

Plan Limits: FSA Minimum \$ _____ Maximum \$ _____

DCAP Minimum \$ _____ Maximum \$ _____

Plan Begin Date ____/____/____ Plan End Date ____/____/____ Plan Year Status _____

Enrollment Cutoff Dates Paper ____/____/____ Online ____/____/____

* Fill out HRA Data Form for changes | Fill out Cobra Benefit Rate Form

Current Plan Year Settings

____ Grace _____ Days/Date ____ Carryover (\$: _____) DCAP Grace _____ Dates/Dates

Run-out Days/Active Employees _____ Run-out Days/Termed Employees _____

New Plan Year Settings

Maintain: ____ Yes ____ No (if no, fill out below)

____ Grace _____ Days/Date ____ Carryover (\$: _____) DCAP Grace _____ Dates/Dates

Run-out Days/Active Employees _____ Run-out Days/Termed Employees _____

Update Carryover to IRS Maximum: ____ Yes ____ No (IRS Max for this year is: _____)

Co-Pay Information (Summit)

Insurance Name: _____

Insurance Address/Contact: _____

Health/Major Medical Plan - Office Visit \$ _____

Health/Major Medical Plan - Specialist Visit \$ _____

Health/Major Medical Plan - Emergency Room/Urgent Care Visit \$ _____

Health/Major Medical Plan - Other (Specify) _____ \$ _____

Health/Major Medical Plan - Other (Specify) _____ \$ _____

Prescriptions (Include All Tiers) \$ _____ \$ _____ \$ _____

Prescriptions (Include All Tiers) \$ _____ \$ _____ \$ _____

Other (Specify) _____ \$ _____

Other (Specify) _____ \$ _____

Deduction and Payment Limitations

Are all employees paid on the same schedule? Yes No

Number of Deductions per Plan Year _____

New Plan Year Payroll Schedule _____ First Payroll Check Date ____/____/____

Employees are paid as follows: (enter as many frequencies as are needed)

Weekly First pay date after plan effective date _____

Biweekly (24) First pay date after plan effective date _____

Biweekly (26) First pay date after plan effective date _____

Semi-Monthly First pay date after plan effective date _____

Monthly First pay date after plan effective date _____

Other _____

Deductions are taken: Each time employee is paid, or _____

List pay period(s) in which deductions are NOT taken, if any _____

Broker Access

Broker Name _____

Do you want broker to have Summit access? Yes No

If YES, your DataPath account manager will contact you to set up Broker Access.

Changes to User Access

Add New User with ER Access to our system Remove Existing User's ER Access from our system

Last Name _____ First Name _____ Middle Initial _____

E mail Address* _____

Add New User with ER Access to our system Remove Existing User's ER Access from our system

Last Name _____ First Name _____ Middle Initial _____

E mail Address* _____

Do you want to schedule training for HR Role? ___ Yes ___ No *If yes, please Advise your Account Manager for schedule dates, etc.*

Additional Notes, Advisements, or Comments _____

Authorized Signature _____ Date _____

[Return to Account Manager or email to operations@beneliance.com](#)

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