

I. FSA PROGRAM INFORMATION	
Program Sponsor/Employer Name <i>Enter exactly as you would like the name to appear in the WageWorks system.</i>	LI Locksmith & Alarm, Co. d/b/a L.I. Automatic Doors
Plan Type <i>Assigned by WageWorks. Used to identify your organization within the WageWorks system.</i>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Takeover If takeover, what effective date? 6/1/2019
Current FSA Program Provider	Name PayChex
Vendor Responsible for Run-Out Processing of Claims from Current Plan Year	<input checked="" type="checkbox"/> WageWorks (cost to be quoted) <input type="checkbox"/> Current FSA Provider: Click here to enter text.
Services Requested	<input checked="" type="checkbox"/> Healthcare FSA <input checked="" type="checkbox"/> Dependent Care FSA <input type="checkbox"/> HSA-compatible Healthcare FSA
Eligible Dependents* <i>Domestic Partners may be covered if they meet the definition in IRS Section 152 and would be "qualifying relatives".</i> <i>As the employer, you determine whether you want to extend dependent coverage to adult children through age 26.</i>	<input checked="" type="checkbox"/> Spouse (Legally Married Spouse, per IRS definition) <input checked="" type="checkbox"/> Relative (Qualifying Relative, per IRS definition) Select ONE <input type="checkbox"/> Child (Qualifying Child per IRS definition) <input checked="" type="checkbox"/> Child (Qualifying Child as required for medical plans under the Affordable Care Act: age 26 or less as of the calendar year in which the expense was incurred)
Eligible Expenses <i>Expenses allowed by the IRS under Code §213(d)</i>	<input checked="" type="checkbox"/> Standard FSA (according to current IRS Regulations) (Default)
PAYMENT FEATURES	
Payment Features	<input checked="" type="checkbox"/> WageWorks Healthcare Card (Default) <i>Debit card with standard adjudication feature (verification required—Best practice)</i> <input checked="" type="checkbox"/> Pay My Provider (Default) <i>Direct payment from account to provider (verification required; payments are fulfilled no earlier than the Service End Date for Dependent Care and no earlier than 10 days prior to the Service Start date for Healthcare—Best Practice)</i> <input checked="" type="checkbox"/> Pay Me Back (Default) <i>Claims reimbursement to account holder for past expenses submitted via fax, mail or online via the employee site (verification required – Best Practice)</i>
II. FSA PLANSETUP	
A. PLAN BASICS	
Plan Start Date*	1/1/2019
Plan End Date*	12/31/2019
Mid-Year Claims Deadline* <i>The amount of time a participant has to file claims if coverage ends before the Plan End Date (e.g., termination or qualified life event).</i>	90 Days [Select] Click here to enter text. Months [Select]
End-of-Plan Claims Deadline <i>(Run-Out Period)*</i> <i>Amount of time a participant has to file claims from the end of the plan year if they remain covered through the Plan End Date.</i>	90 Days [Select] Click here to enter text. Months [Select] <input type="checkbox"/> No deadline

<p>Carryover Option* <i>(Only applies to Healthcare FSA)</i> Allows participants to carry over up to \$500 of the available balance in this plan to the next plan year. Cannot be offered in conjunction to Grace Period. Best practice is to offer Carryover.</p>	<p>Yes - Carryover Option \$ Statutory Maximum Carryover Amount Time Limit <input checked="" type="checkbox"/> No time limit <input type="checkbox"/> No more than Click here to enter text. plan years without active election (minimum 1)</p>	
<p>Participant Carryover Option</p>	<p>None: election carryover with coverage identical to the previous election</p>	
<p>Grace Period* <i>Additional time participants have after the Plan End Date to incur eligible expenses. Card transactions made during the grace period will be paid from the participant's previous plan year balance until those funds are exhausted. The feature also works to optimize use of the previous plan year funds by automatically adjusting Card transactions from the paying account to the current plan year, should the participant later submit a claim that can only be paid from the previous plan year account.</i></p>	<p>[Select] HealthCare FSA <i>(By Default, - Grace Period will be offered on Card)</i></p> <p>No grace period Dependent Care FSA</p>	
B. ACCOUNT FUNDING	HEALTHCARE FSA	DEPENDENT CARE FSA
<p>Annual Election Amount <i>The minimum and maximum annual election amount per participant. Do not include additional benefits that may be contributed by Program Sponsor over the Election Amount.</i></p>	<p>\$ No Minimum \$ Statutory Maximum 2700</p>	<p>\$ No Minimum \$ Statutory Maximum 5000</p>
<p>Employer Contribution (Additional Benefits) and Frequency* <i>Any contributions from Program Sponsor that are not employee contributions to the plan. Note: Employer contributions DO NOT count toward the \$2,600 maximum.</i></p>	<p>Amount \$ Maximum <input checked="" type="checkbox"/> Not applicable Frequency of Employer Contribution [Select] If Other, describe: Click here to enter text.</p> <p>Date or pay period of the first Employer contribution: Click here to enter text.</p>	<p>Amount \$ Click here to enter text. Maximum <input checked="" type="checkbox"/> Not applicable Frequency of Employer Contribution [Select] If Other, describe: Click here to enter text.</p> <p>Date or pay period of the first Employer contribution: Click here to enter text.</p>
<p>Funding Sources <i>The source of the account funds. This information is used to validate the funding types provided to WageWorks on the Program Sponsor File.</i></p>	<p>Applied toward Election Amount <input checked="" type="checkbox"/> Pre-tax payroll deductions (standard) <input type="checkbox"/> Pre-tax contribution from Program Sponsor <input type="checkbox"/> Post-tax contribution from Program Sponsor</p> <p>Provide Additional Benefits over Election Amount (Client Contribution) [Select]</p>	<p>Applied toward Election Amount <input checked="" type="checkbox"/> Pre-tax payroll deductions (standard) <input type="checkbox"/> Post-tax payroll deductions <input type="checkbox"/> Post-tax contribution from Program Sponsor</p> <p>Provide Additional Benefits over Election Amount (Client Contribution) [Select]</p>
C. OPEN ENROLLMENT INFORMATION	HEALTHCARE & DEPENDENT CARE FSA	
<p>Open Enrollment Begin Date <i>The first day eligible participants can enroll in the plan.</i></p>	<p>11/1/2018</p>	
<p>Open Enrollment End Date <i>The last day eligible participants can enroll in the plan.</i></p>	<p>11/30/2018</p>	
<p>Enrollment Data Collection <i>How is enrollment data collected by the employer from the employee?</i></p>	<p>Employee Self-Administered On Portal – After Original set up</p>	



HealthCare & Dependent Care FSA Plan Requirements Document

Enrollment Data to WageWorks <i>How will enrollment data be provided to WageWorks?</i>	Employee Self-Administered On Portal – After Original set up
Enrollment Message to Eligible Participants <i>This message will be displayed when the Enroll button is clicked on WW participant site. Max = 255 characters</i>	Message <i>Please contact your Human Resources Department for questions regarding enrollment or qualified changes.</i> <input type="checkbox"/> Other Click here to enter text.
Address Control <i>WageWorks offers the Address Control feature that allows the employer to control the address updates to employee records and restrict the employee ability to make changes.</i>	Would you like to use this feature? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Best Practice) <i>*Ask your Implementation Manager for more details regarding this option.</i>

D. ELIGIBILITY & ENROLLMENT	HEALTHCARE FSA	DEPENDENT CARE FSA
New Hire Enrollment Allowed & Qualified Changes * <i>Does your plan allow newly hired or newly eligible participants to enroll in the middle of the plan year or make qualified changes mid-year?</i>	Yes	SAME
New Hire Enrollment Waiting Period* <i>Number of days a newly hired or newly eligible participant must wait before they can be covered under this plan.</i>	# of Days 0	SAME
New Hire Waiting Period Rule* <i>Do newly hired or newly eligible participants have to satisfy the New Hire Waiting Period to enroll during Open Enrollment?</i>	No	SAME
New Hire /Qualified Change Enrollment Period* <i>Number of days from the first possible coverage date that a newly hired, newly eligible or qualified change participant has to enroll?</i>	# of 0Days Click here to enter text.	SAME
New Hire/Qualified Changes Coverage Effective Date* <i>The day of the month new hire or qualified change coverage becomes effective following the waiting period or enrollment date.</i>	Any day / date of hire	SAME
Coverage End Date/Termination* <i>The day of the month coverage ends following termination of employment.</i> Note: <i>If selecting "Do not end coverage based on termination date" please indicate when coverage ends for each plan type.</i>	Employment termination date	Employment termination date

E. PAY CYCLE INFORMATION
Please provide the information below regarding the varying payrolls that your FSA participants could have.

	Weekly (52)	Bi-Weekly (26)	Semi-Monthly (24)	Monthly (12)	Other
Pay Cycle <i>This information is used to help anticipate timely receipt of files. It will not be used to calculate or estimate pay period deductions.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify Click here to enter text.
Date of First Deduction	8/2/2019	8/2/2019	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
Payroll Contribution Data <i>How will payroll contribution data reporting be provided to WageWorks (select one):</i>	<input type="checkbox"/> File template to be uploaded to WageWorks through our Employer website (WW to provide the template) <input type="checkbox"/> Employer to utilize online payroll tool (Requires review and submission each pay period on Employer website) If contact responsible for this is different than the Primary Contact, please provide information below PAYCOR WILL SEND				
	Contact Name Click here to enter text.		Role Click here to enter text.		
	Contact Phone Click here to enter text.		Contact Email Click here to enter text.		
F. OPTIONAL SERVICES					
Non Discrimination Testing <i>Fees may apply for these services. See your contract.</i>	Will WageWorks perform Non Discrimination testing? <input type="checkbox"/> No <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Comprehensive				
Plan Document and SPD <i>Fees may apply for these services. See your contract.</i>	Will WageWorks prepare plan documents? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
G. ADDITIONAL PLAN DETAILS					
Failure to Make an Election	With respect to Benefit Plan Options including the HC and DC elections, failure to make an election will result in which of the following: <input checked="" type="checkbox"/> The employee will be deemed to have elected not to participate. <input type="checkbox"/> The employee will be deemed to have elected to continue benefits in effect as of the end of the Plan Year in which the Annual Election Period took place. <input type="checkbox"/> Employees are assumed to be enrolled unless they "opt out" in writing.				
HSA-compatible FSA Switch <i>(If applicable)</i> <i>Once an employee has met the deductible for their High-Deductible health plan (HDHP), the account may be used for items and services typically covered by a standard FSA.</i>	Employee Management of Initial Enrollment Selection of HSA-compatible Option and Post-HDHP Deductible Substantiation* (Default - This method has been found as the easiest for the employee to understand and is most efficient for the employer.) Proof of deductible met is made by employee submitting the HDHP Form and substantiation of the HDHP deductible to WageWorks and/or by the Employer.)				



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<p>Plan Copayments/Copays (Copay amounts are used for adjudication for card transactions.) Enter Copay Amounts for Medical, Prescription, Vision, and Dental in the adjacent table. You can also provide copay information in a separate document if needed.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td></tr> <tr><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td></tr> <tr><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td></tr> <tr><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td></tr> <tr><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td><td>\$[enter copay]</td></tr> </table>	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]	\$[enter copay]
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<p>Card Suspension Card Suspension suspends Healthcare Card privileges when a transaction remains unverified for more than 90 days. This feature helps ensure compliance by requiring Card transactions to be verified or paid back to the plan.</p>	<p>Suspend at 90 days and when Unverified Balance is Above Threshold (1% - 99%) of Available Balance (Default)</p> <ul style="list-style-type: none"> Set threshold at 50 % of available balance (the system default is 50%) WageWorks continues to send Card Use Verification requests via email, if on file, or USPS Reinstate Card after unverified total is below the threshold % <p style="color: red;">Reactivate Card at beginning of new plan year</p>																														
<p>Election Amount + Savings & Spending Calculator Tax Savings Estimate</p>	<p>Yes (Best Practice) (Default)</p>																														
<p>H. PLAN DOCUMENT PREPARATION (ONLY Required if Electing WageWorks to Create Plan Documents)</p>																															
<p>The Plan is (check one)</p>	<p><input checked="" type="checkbox"/> An ERISA Plan <input type="checkbox"/> A Non-ERISA Plan</p>																														
<p>State of Controlling Law</p>	<p>NewYork</p>																														
<p>3-digit Plan Number i.e., 501, 502, etc. (not WageWorks ID#)</p>	<p>Click here to enter text.</p>																														
<p>Initial Effective Date (the date that the Plan was first established.)</p>	<p>1/1/2016</p>																														
<p>Initial Plan Year</p>	<p>2016</p>																														
<p>Amended and Restated Date (if applicable)</p>	<p>Click here to enter a date.</p>																														
<p>Affiliated Employers participating in the Plan</p>	<p>Click here to enter a date.</p>																														
<p>Who is Eligible?</p>	<p><input type="checkbox"/> Full Time Only <input checked="" type="checkbox"/> Full and Part Time</p>																														
<p>Number of Hours Required</p>	<p>One day worked a week is considered PT (if left blank, 40 hours per week)</p>																														
<p>I. HEALTHCARE SPENDING ACCOUNT COBRA ADMINSTRATOR</p>																															
<p>Does WageWorks Currently Administer Your COBRA?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please complete below.</p>																														
<p>Name of HCSA COBRA Administrator</p>	<p>Basic New England</p>																														
<p>Address</p>	<p>3649 Post Rd, Warwick, RI 02886</p>																														
<p>Attention to a Specific Department</p>	<p>COBRA Department</p>																														

* A change in your program may require an amendment to your Plan Document and Summary Plan Description (SPD), depending on how the item in this field is described in your current documents.

Employer Representative	Joe Carracino
Date Completed	5/21/2019