



## FSA configuration form (Set up, modify or renew an FSA)

Email completed form to your GHP account executive.

Forms must be typed – Optum will not accept handwritten forms.

### 1 Employer information

Legal name of employer sponsoring plan

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Federal tax ID

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Type of medical insurance policy (check all that apply)

HMO    PPO    TPA (not GFA)    Other

Business address

---

City

State

Zip code

---

Mailing address (if different than business address)

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GHP group ID (group #)

# of eligible employees

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Plan effective date

Plan end date

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### 2 Contact information

**Account administrator** (The main employer contact for the implementation process)

Name

Title

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Phone number

Fax number

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Email address

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**Broker contact**

Contact name

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Firm name

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Phone number

Fax number

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Email address

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### 3 FSA section – FSA plan details

**Healthcare flexible spending account (FSA)**

FSA up-front funding is required at 4% of total employee elections plus total employer contribution (if any).

Estimated number of FSA participants: \_\_\_\_\_

**Funding account stacking order (for an HRA paired with an FSA)**

Expenses that are eligible for reimbursement from both accounts will be processed in the following order:

HRA first, FSA second (recommended)    FSA first, HRA second

**Runout**

Runout period of \_\_\_\_\_ days will be offered (90 days is standard)    No runout period will be offered

**Rollover and grace period (choose only one – either rollover or grace period):**

Rollover of \$ \_\_\_\_\_ will be offered (IRS maximum)    Rollover will be not be offered

Grace period of 2½ months will be offered    Grace period will not be offered

### 4 Review of required up-front funding (entry required below)

**Employer group acknowledges up-front funding is required for FSAs.**

**Will there be an FSA payment card?**

Yes    No

FSA up-front funding is 4% of total employee elections + total employer contribution.

**FSA Optum Financial dashboard form** (Create, modify or remove account administrators)

Email completed form to Dave Torrey: [dtorrey@thehealthplan.com](mailto:dtorrey@thehealthplan.com)

**Employer authorization to Optum Financial (online) account dashboard**

**System authorization**

Administrators with system authorization access can now manage employees’ access to the employer dashboard. To grant or remove access for an employee, open the appropriate employee record, then select “Add/Edit System Authorization” from the left-hand menu. You may then grant or remove access for this employee to human resources, finance and/or system authorization roles in the employer dashboard. Alternatively, you may complete the form continued below.

**Human resources access:** Authorization to view participant data and update information

**Financial access:** Authorization to receive funding emails, view claim payment and update banking information

**Grant access:** Authorization to grant administrative or financial access to other employer administrators

Type name here: \_\_\_\_\_

Date: \_\_\_\_\_

Disclosure: By typing my name here, I agree the information on this form is correct.

As the administrator of my company's account, I authorize the following contacts to access our corporate account via the employer dashboard.

Company name:

Administrator name:

Date:

Type name here:

Disclosure: By typing my name here, I agree the information on this form is correct.

(All fields required)

### Contact information

Name

Title

Phone number

Email address

Pick one:  Add contact access  
 Change contact access  
 Remove contact access

Pick all that apply:  Human resource access  
 Financial access  
 Ability to grant access

Name

Title

Phone number

Email address

Pick one:  Add contact access  
 Change contact access  
 Remove contact access

Pick all that apply:  Human resource access  
 Financial access  
 Ability to grant access

Name

Title

Phone number

Email address

Pick one:  Add contact access  
 Change contact access  
 Remove contact access

Pick all that apply:  Human resource access  
 Financial access  
 Ability to grant access

### ACH authorization form (All fields and check boxes are required.)

Email completed form to Dave Torrey: [dtorrey@thehealthplan.com](mailto:dtorrey@thehealthplan.com)

Initiate ACH  Change ACH information

### Employer information

Legal name of employer sponsoring plan

Contact title

Contact name

Phone number

Email address

## Bank information

Bank name	Account type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Street address			
City	State	Zip code	
Account number	Routing number (9 digits)		

- I understand Optum Financial may elect to run a test of the ACH process (i.e., Pre-note) to be sure it is working properly. I may see a transaction on the account with a \$0-\$1 charge.
- I understand that, on a monthly basis, Optum Financial will re-calculate the required minimum funding (RMF) based on the expected annual elections for all participants active at that time. If the re-calculated RMF is greater than the current RMF by 25% or more, the RMF will increase to the new calculation.
- My bank may have a separate routing number for ACH transactions. I confirm that I have verified the routing number above with my financial institution as a valid ACH transaction routing number.

As a duly authorized bank account signer, I authorize Optum Financial LLC to initiate ACH (Automated Clearing House) debit entries and, if necessary, to initiate any ACH credit entries and adjustments to correct any erroneous ACH debit entries to this bank account. This authorization covers ACH origination of payment for program fees and funding for employee spending account claims and required minimum balances. I certify the above-referenced bank account is a business account enabled for ACH transactions, and I agree and understand that in the case of an ACH transaction being rejected for NSF (non-sufficient funds), Optum Financial LLC may, at its discretion and in accordance with NACHA operating guidelines, attempt to process the charge again and may charge the client bank account for penalties and fees incurred as a result of such rejection. I understand this authorization will remain in effect until Optum Financial LLC has received written notification from an authorized representative of its termination or change. Client agrees to be bound by the NACHA operating guidelines.

- I confirm the herein company IDs are set up as authorized to debit from the account listed above.

Type name here: \_\_\_\_\_ Date: \_\_\_\_\_

Disclosure: By typing my name here, I agree the information on this form is correct.

*Note: Your bank may require the following information to allow Optum Financial to pull funds. Funds are pulled for establishing the required minimum funding (RMF) and paying FSA and/or HRA claims through the employer weekly funding request (EWFR).*

**Bank:** Optum Bank    **Company ID:** 6261274092