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| **RFP Qualitative Questions - Flexible Spending Account** |   |
| **LIFE RATING QUESTIONS** |  |
|  | **Response** | **Explanation, if applicable** |
| What is the First Year Setup Fee? |   | *50 words. N/A ok.* |
| What is the Annual Renewal Fee? |   | *50 words. N/A ok.* |
| What is the Base Monthly Administration Fee for HCA and/or DCA? Is it on a *Unique* Per Participant Per Month Basis? (i.e. Does it differ if participant is in more than one account?) | *100 words.* | *50 words. N/A ok.* |
| Is a Debit Card included in the base fee? If not, is their a Debit Card Fee? | *100 words.* | *50 words. N/A ok.* |
| Is Direct Deposit included in the base fee? If not, is there a fee? | *50 words.* | *50 words. N/A ok.* |
| Does your Base Fee include Cafeteria Plan Docs and SPDs? If not, what is the additional Cost? Are these full documents or simply templates? | *50 words.* | *50 words. N/A ok.* |
| Does your Base Fee include Non-Discrimination Testing? If not, what is the additional Cost? |   | *50 words. N/A ok.* |
| Does your Base Fee include a Check Signing Fee? If not, is there an additional cost? |   | *50 words. N/A ok.* |
| What is the Monthly Minimum Admin Fee? |  | *50 words. N/A ok.* |
| Please confirm your quoted commission matches RFP request, if any. |  | *50 words. N/A ok.* |
| **Will you be able to meet the requested 6 month** |  | *50 words. N/A ok.* |
| **CLAIMS AND ENROLLMENT** |  |
|  | **Response** | **Explanation, if applicable** |
| How do you offer claim forms: paper, electronic or both? Is there an additional cost for paper? | *50 words.* | *50 words. N/A ok.* |
| Is Non-Discrimination Testing included (Annually, One-Time Only, at ER Request) or is it an Additional Cost for each test? If extra, what is the costs? | *50 words.* | *50 words. N/A ok.* |
| How often do you process claim reimbursements? (daily, weekly, monthly, etc…) Is there a minimum amount? |  | *50 words. N/A ok.* |
| Can you provide reimbursements through Direct Deposit? If so, is it included in your proposal costs? |  | *50 words. N/A ok.* |
| Do you provide participants paper statements delivered via mail? Can EEs opt out of this? Is there an additional cost/change for EEs who do want this? |  | *50 words. N/A ok.* |
| Do you maintain a website with 24/7 Participant Access to their account balances and reimbursements? Can participants submit claims on the secure portal?  |  | *50 words. N/A ok.* |
| Will participants electing to use the online portal and participants electing to file claims manually be notified of account activity?  |  | *50 words. N/A ok.* |
| Do you provide Employer reports with FSA Utilization, Reimbursements, and Enrollment? What is the Frequency? |  | *50 words. N/A ok.* |
| Will you interface with the employer's payroll system for account reconciliation purposes? |  | *50 words. N/A ok.* |
| At the termination of your contract do you provide for the administration of runout claims? If Yes, for how long and for what cost? |  | *50 words. N/A ok.* |
| Automatic Rollover of Claims: Yes/No? If Yes, what is cost? | *100 words.* | *50 words. N/A ok.* |
| Automatic Rollover from External Vendors: Yes/No? If Yes, what is cost for 1) set-up (per vendor) and 2) external tape feeds (per tape)? |   | *50 words. N/A ok.* |
| Do you provide Enrollment Materials for the first year (electronic, paper or both) and is there an additional cost? |   | *50 words. N/A ok.* |
| Do you provide additional or renewal Enrollment Materials (electronic, paper or both) and is there an additional cost? |   | *50 words. N/A ok.* |
| Will you attend Open Enrollment meetings for the first year? What do you charge for attending Open Enrollment meetings? Is there a limit to the number of meetings you will attend? |   | *50 words. N/A ok.* |
| Will you attend Open Enrollment meetings annually? What do you charge for attending future Open Enrollment meetings? Is there a limit to the number of meetings you will attend? |   | *50 words. N/A ok.* |
| How does the employee enroll on your plan - Paper or Online? |   | *50 words. N/A ok.* |
| Do you provide access to a website where employees can purchase FSA-eligible products? |   | *50 words. N/A ok.* |
| **NON-DISCRIMINATION TESTING DETAIL** |  |
|  | **Response** | **Explanation, if applicable** |
| For all the tests below that are included in your proposal, how quickly are the results provided? |   | *50 words. N/A ok.* |
| For all the tests below that are included in your proposal, how often and when are these tests provided? | *100 words.* | *50 words. N/A ok.* |
| **Section 105(h): Health FSA** |
| Is the Eligibility Test included in your services? |   | *50 words. N/A ok.* |
| Do you perform eligibility test for both interpretations of "benefitting" (i.e., those who participate and those who are eligible to participate)? |   | *50 words. N/A ok.* |
| Is the Benefits Test included in your services? |   | *50 words. N/A ok.* |
| Do you provide client with criteria to help them determine if their plan is discriminatory? |   | *50 words. N/A ok.* |
| Do You provide consequences of failing and potential adjustments for each test? |   | *50 words. N/A ok.* |
| **Section 125: Cafeteria Plan** |
| Is the Eligibility Test included in your services? | Response | *50 words. N/A ok.* |
| Is the Key Employee Concentration Test included in your services? |   | *50 words. N/A ok.* |
| Is the Contributions and Benefits Test included in your services? | Response | *50 words. N/A ok.* |
| Do you provide client with criteria to help them determine if their plan is discriminatory? |   | *50 words. N/A ok.* |
| Do you provide consequences of failing and potential adjustments for each test? |   | *50 words. N/A ok.* |
| **Section 129: Dependent Care** |
| Is the Eligibility Test included in your services? | Response | *50 words. N/A ok.* |
| Is the 55% Average Benefits Test included in your services? |   | *50 words. N/A ok.* |
| Is the 5%+ Shareholder Concentration Test included in your services? | Response | *50 words. N/A ok.* |
| Is the Contributions and Benefits Test included in your services? |   | *50 words. N/A ok.* |
| Do you provide client with criteria to help them determine if their plan is discriminatory? |   | *50 words. N/A ok.* |
| Do you provide consequences of failing and potential adjustments for each test? |   |   |