

Effective Date _____

Offering Card: YES NO Rollover? YES NO

Will rollover be a percentage or amount? _____

Rollover percentage/amount: _____ Terminated employee spend down? YES NO

Offering other plans? FSA HRA POP HSA

ICHRA will pay: _____ Will EE be able to pretax via POP plan? YES NO

Funding method: _____

Amount to Fund for employees - based on coverage tiers: _____

Plan year: _____ Waiting Period: _____

Eligibility requirements: _____

Offering to different classes? YES NO If so, what are those classes? _____

Premium reimbursement by age? YES NO