



New Group Application



## Client Information

Client Name:

Client DBA (if applicable):

Client Address:

City:

State:

Zip:

Federal Tax ID:

Employer Organization State:

Employer Organizational Type: \_\_\_\_\_

*(Corporation, Limited Liability Company, Partnership, S Corporation, Sole Proprietorship, Non-Profit Organization, Estate, Professional Corporation, Governmental Entity or Church)*

## Client Contact Information

The “**Signatory Contact**” should be the individual authorized to sign/execute the legal plan documents at the organization. All individual(s) listed below will be provided with Employer Administrative Access, and any other OCA issued communications.

Primary Contact:

Title:

Primary Email:

Primary Phone:

Signatory Contact:

Title:

Signatory Email:

Signatory Phone:

## Broker Contact Information

Primary Broker Contact:

Primary Broker Email:

Additional Broker Contact:

Additional Broker Email:

Broker Firm:

General Agency:

## Invoicing Set-up

### Invoice Remittance Information –Responsible for Paying OCAs Administrative Fees

Who is responsible for paying OCA’s administrative fees?  Employer  Other: \_\_\_\_\_

Invoice Contact Name:

Invoice Contact Email:

Phone:

**Method of Payment Options:**

ACH Draft  Credit Card  Check

**Do invoices need to be issued by division?**

Yes  No (If yes, please provide divisional name(s) below. This form should be repeated for each division if separate banking is required)

Divisional Names: \_\_\_\_\_

### Bank Account Information – Required for ACH Draft

Bank Name:

Routing Number (9 Digits):

Account Number (Include leading 0’s):

### Invoicing Details & Bank Filter Information

OCA’s invoicing process is scheduled for the 1st week of every month, with generated invoices reflecting services provided in the previous month; for instance, June's invoice will pertain to services rendered in May. Furthermore, if ACH is chosen for the admin fee payment, OCA will automatically withdraw the monthly administrative fee on or around the 15th of each month. Additionally, your bank should be provided with OCA’s banking filters and placed on the “approved” list. This is particularly important when employers offer employees the ability to be reimbursed via direct deposit and/or employees are issued OCA’s debit card.

**We recommend you notify your bank with the following bank filters:**

**OCA Admin Fees/ACH Pull**

- ACH Vendor: TransFirst Sponsor Bank (aka TransCentral)
- Merchant ID: 1752598308

**Direct Deposit/Debit Card Reimbursements (if applicable)**

- Submitting Bank: HARRIS BANK F/K/A M&I
- COMPANY ID (Daily POS Settlements): 1383261866
- COMPANY ID (ACH RESUBMITS): W383261866
- COMPANY ID (MANUALS): 3W38326186
- BANK COMPANY NAME: Med-I-Bank or MBI
- ROUTING NUMBER: 075000051

**HSA Clients Only (if applicable for payroll contributions)**

- Company ID (HSA Items): I900808825
- Submitting Bank (HSA Services): HSAWCSPCUSTODIAN
- Company ID (Payroll Funding): 071000288
- Routing Number: 075072157

### Commuter Reimbursement Account (CRA) Set Up

**Commuter Effective Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

**Is this a Commuter takeover?**  Yes  No

If yes, OCA will need the existing Parking & Transit plan elections and the employee's remaining balances.

**Plan Duration:**  Calendar Year or  Plan Year - Runs: \_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_  
(mm/dd) (mm/dd)

### Commuter Benefits Offered (Select All That Apply)

**Transit (Pre-Tax):** We assume the IRS monthly maximum contribution limit, unless specified here: \$ \_\_\_\_\_

**Allow Additional Post-Tax Transit Contributions**  
OCA will assume a monthly post-tax contribution limit of \$1,000 unless specified here: \$ \_\_\_\_\_

**Employer Transit Contribution:** \$ \_\_\_\_\_

**Parking (Pre-Tax):** We assume the IRS monthly maximum contribution limit, unless specified here: \$ \_\_\_\_\_

**Allow Additional Post-Tax Parking Contributions**  
OCA will assume a monthly post-tax contribution limit of \$1,000 unless specified here: \$ \_\_\_\_\_

**Employer Parking Contribution:** \$ \_\_\_\_\_

### Commuter Payroll and Funding Schedule

Since the monthly pre-tax election for Parking and Transit has IRS imposed limits, employers and their payroll providers should be adjusting the employee contributions to ensure the monthly contribution is not exceeding the IRS monthly limit. Therefore, regardless of your company's payroll schedule, the purpose of this section is to determine a set "contribution date" for employee elections.

**Example:** If you select the 1<sup>st</sup> of the month posting and have a new enrollee elect mid-month, the employee will not receive a contribution until the 1<sup>st</sup> of the following month – meaning the first contribution will occur on the next posting date following the enrollment date.

**Please select your preferred transit and/or parking contribution schedule and the date(s) each month funds are available to the employee (made available on OCA's Commuter Debit Card):**

**Monthly** on the \_\_\_\_\_ day of each month.

**Semi-Monthly** on the \_\_\_\_\_ day and \_\_\_\_\_ day of each month  
mm/dd mm/dd

## Commuter Employee Eligibility

*\*Full-time and salaried employees are already included*

**Include employees that work \_\_\_\_\_ hours or more per week.**

**Exclude the following Employee Classes (Check all that apply):**

Select the employee classes that will not be eligible to participate under the plan. Exclusions must be included in the plan document.

- Union
- Non-Resident Aliens
- Hourly Employees
- Salaried Employees
- Leased Employees
- Other Employee Class Exclusions: \_\_\_\_\_

## Commuter Entry into Plan

**Entry Into Plan:**

- Same as Employer's Group Medical Plan
- 1<sup>st</sup> Day of the Month Following Date Requirements Were Met
- 1<sup>st</sup> Day of the Pay Period Following Date Requirements Were Met
- Date that Eligibility Requirements Were Met
- Other(Please Provide Description): \_\_\_\_\_

## Benefit Debit Card Information

**Please indicate which lines of service the card should be related to:**

- HRA   
  FSA   
  Commuter   
  Lifestyle Account

**Default Card Shipping Location:**

- Employee Mailing Address   
  Employer Address

*If nothing is selected, OCA will default to shipping cards to the employee mailing address on file.*

## FSA Debit Card Set-Up

- IIAS Approved Pharmacies  
 Medical Providers (i.e., Doctors office, Hospitals)  
 Dental Providers  
 Vision Providers

## HRA Debit Approved Merchants

**HRA Approved Merchants (select all that apply):**

- IIAS Rx Prescriptions Approved Pharmacies  
 Medical Providers (i.e., Doctors office, Hospitals)  
 Dental Providers  
 Vision Providers  
 Insurance Carrier (ICHRA Only)

**HRA Debit Card Payment Option:**

- Pay 100% of Card Transaction  
 Pay \_\_\_\_\_% of Card Transaction  
 Pay Set Amount:

\$\_\_\_\_\_ Per RX   
 \$\_\_\_\_\_ Per Office Visit   
 \$\_\_\_\_\_ Per ER Visit   
 \$\_\_\_\_\_ Per Hospital

\$\_\_\_\_\_ Per Other: \_\_\_\_\_

## Lifestyle Spending Approved Merchants

*(OCA may request additional information to verify all available Merchant Category Codes (MCCs))*

- |                                   |                                                |                                          |                                         |
|-----------------------------------|------------------------------------------------|------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Auto     | <input type="checkbox"/> Finance               | <input type="checkbox"/> Pets & Pet Care | <input type="checkbox"/> Fitness        |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Home & Home Office    | <input type="checkbox"/> Personal Care   | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Food     | <input type="checkbox"/> Insurance & Utilities | <input type="checkbox"/> Education       | <input type="checkbox"/> Family Care    |



## Claims Reimbursement – Employer Bank Account Set-Up

This employer bank account will be for claims/debit card transactions. If this account is the same as the account listed under the “Invoice Set-up” page, you do not need to re-enter employer banking information. Additionally, upon account set-up, a non-refundable \$1.00 pre-note will be drafted on this account. This pre-note serves to verify that OCA has the correct account/routing information on file.

**Bank Name:**

**Routing Number (9 Digits):**

**Account Number:**

**Use the employer bank account for the following services:**

- All Lines of Service
- HSA (Health Savings Account)
- HRA (Includes HRA, ICHRA, EBHRA, QSEHRA)
- FSA (Includes Health FSA, Dependent Care, Limited Purpose FSA)
- Commuter (Includes Transit and Parking)
- LSA (Lifestyle Spending Account)

**Do you wish to use different bank accounts for different divisions?**  Yes  No

If yes, please verify the division name below. You will need to complete this form for each division.

**Division Name:** \_\_\_\_\_

## Claims Reimbursement Options

**Please select the allowable reimbursement options below:**

- Debit Card Transactions    Direct Deposit Reimbursements    Check Reimbursements (see below)

**Manual Claims Reimbursement Schedule:** OCA will process claims daily, unless specified here: \_\_\_\_\_

*Note: Debit card reimbursements will occur daily regardless of manual claims schedule*

## Check Reimbursements (If Applicable)

**For check reimbursements, please provide the starting check number OCA should be using:** \_\_\_\_\_

*There is no need to order check stock, OCA uses our own supply. Reimbursement checks will be issued from the designated employer bank account provided in this application.*

**Do you want reimbursement checks sent directly to the employee?**  Yes  No

**Do you want reimbursement checks sent directly to the provider (HRA Clients Only)?**  Yes  No

*If the answer is yes to either of the above questions, please provide the signature of the authorized signer in the designated signature box below.*

Additionally, if the employer authorized signature is provided to OCA, checks can only be mailed to either the employee mailing address or provider address. Checks cannot be sent in bulk to the employer.

**Authorized Signature:**

The signature provided above will be included on the physical check reimbursements. Please do not type your name nor provide an electronic timestamp as your signature.

## Commonly Asked Compliance Rules & Definitions – IMPORTANT PLEASE READ

**Employee Reimbursement Checks:** If the employer authorized signature is provided to OCA, reimbursement checks can only be mailed to either the employee mailing address or provider address, ensuring security and accuracy in distribution. However, if the employer authorized signature is not provided, OCA will bulk mail check reimbursements to the employer address for signature and distribution to employees, streamlining the process while maintaining necessary protocols.

**Ownership Eligibility Rules:** Only “employees” can participate in a Cafeteria Plan (FSA, DCA, Commuter) and/or Health Reimbursement Arrangement (HRA) on a tax-favored basis. Thus, while partnerships, sole proprietorships and Sub-Chapter “S” Corporations may sponsor Cafeteria Plans, the following cannot participate on a tax-favored basis: sole proprietors, partners, and greater than 2% shareholders in Sub-Chapter “S” Corporations, as well as direct family members (spouses, siblings, parents, and children) of the greater than 2% owner. When the employer agrees to reimburse up to a specified amount of medical expenses incurred during a plan year for non-eligible participants, the compensation that the employer is providing under the Code to the “employee” is the value of medical coverage. The value of coverage is the fair market value of the coverage without regard to whether the employee utilizes the coverage in full. Please consult with your CPA for confirmation or further guidance as OCA does not render tax or legal advice.

**Run-Out Period:** A run-out period is a pre-determined time frame after the plan year ends. During the run-out period, employees may file HRA, FSA and dependent care claims for expenses incurred during the prior plan year.

**Terminated Employee Runout Period:** A terminated employee run-out period is a pre-determined time frame beginning the day after termination or after the plan year ends, which is typically a different run-out period than used for current employees.

**75-Day Grace Period:** Money unspent at the end of the plan year can now be rolled over into the next plan year for 2.5 months. Thus, employees contribute for 12 months but have 14.5 months to incur expenses and use up the remaining money. The maximum grace period is until the 15th day of the third calendar month after the end of the plan year. (This can apply to the Health FSA, Limited Purpose FSA, and the Dependent Care Account).

**FSA Carryover:** An FSA carryover is the amount of unused FSA funds the Internal Revenue Service (IRS) allows plan participants to carry from one year to the next plan year. There is an annual maximum that can be carried over from one year to the next which is typically 20% of the maximum allowable yearly contribution. (This can apply to the Health FSA or Limited Purpose FSA. It does NOT apply to the Dependent Care Account).

**HRAs & COBRA:** An Employer is entitled to bill COBRA participants 1/12<sup>th</sup> of the HRA maximum benefit (plus 2% administrative surcharge) unless the rollover option is selected. With the rollover option an actuary MUST be retained to determine COBRA premium for the HRA. The HRA is not available to participants selecting coverage under the NJ Dependent to Age 31 or most state continuation programs. Any unused COBRA contributions that are paid to the employer remain the employer’s property at the conclusion of the Plan year run-out period. Conversely, Employers are responsible for funding the full amount a COBRA participant’s claim through the HRA, even in cases when they haven’t fully contributed their portion. An organization subject to COBRA is legally bound to offer the HRA.

**Aggregated:** Is where all members of the families’ claims count towards one up-front responsibility and/or the maximum reimbursement cap.

**Non-Aggregated:** Is where each family member has an individual responsibility in addition to the overall family responsibility.

**Lifestyle Accounts/Tax Implications:** LSAs are generally a taxable benefit to the employee and employer. Only used funds are considered taxable income. Please keep this in mind when identifying how/when tax withholdings take place. Many clients withhold the Lifestyle benefit value (i.e. \$3,000) throughout the entire plan year to limit and surprise tax withholdings at the end of the year or when a claim is incurred. In this example, any taxes previously withheld for unused Lifestyle funds can be credited back to the employee.