

# Humana Personal Care Account

EMPLOYER GROUP APPLICATION

## Plan information

### Select PCA tier structure

Tier funding level may not exceed 50% of the PCA/PPO deductible.

If selecting your own funding level please provide an amount for all four tiers.

Tier 1 - Employee	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ _____
Tier 2 - Employee + Spouse	\$ 1,000	\$ 1,000	\$ _____
Tier 3 - Employee + Child(ren)	\$ 1,000	\$ 1,000	\$ _____
Tier 4 - Family	\$ 1,000	\$ 2,000	\$ _____
			<i>This option not available for SmartSuite products</i>

## PCA Rollover

Please specify how much of the remaining PCA funds should rollover into the next plan year (select one only).

Total account balance rollover is standard. Other options may result in additional administrative fees. Rollover method applies to all tiers.

- Total remaining account balance
- Split percentage rollover \_\_\_\_\_% of remaining balance will rollover
- Flat dollar amount rollover \$ \_\_\_\_\_ (in \$10 increments)
- No rollover

For all rollover methods, please indicate lifetime maximum account balance: \$ \_\_\_\_\_

Please specify when the PCA rollover balance should be available to past and current plan years.

In order for the employer to allow remaining PCA dollars to roll over, the employer must offer a PCA in previous and current plan years and the employee must be enrolled in the PCA in the previous and current plan years. **Please note, if the employer sets a maximum amount of unused funds that can roll over (either dollar limit or percentage limit) immediate PCA rollover options A and B are not available. Rollover occurs 7 days following the conclusion of runout.**

Indicate employer selection for roll over.

- No Rollover
- Option A - Remaining previous plan year PCA funds are available on the first day of the plan year. Current and previous PCA plan year funds can be used for current and previous plan year expenses through the runout period of the previous plan year. After the runout period, rollover and current PCA funds are only used for current plan year expenses.
- Option B - Previous plan year expenses can only use previous plan year PCA funds throughout the runout period. Current and previous plan year funds can be used for current plan year expenses starting on day one of the new plan year.
- Option C - Remaining previous plan year PCA funds rollover after the conclusion of the runout period. Rollover occurs 7 days following the conclusion of runout.

## PCA Reimbursement

Specify which PCA claim categories are eligible for reimbursement. (For groups of 300 or more)

- Medical
- Prescriptions
- Durable Medical Equipment
- Vision
- Dental
- Over-the-Counter Medications

PCA claim categories eligible for reimbursement: SmartExpress Products  
Medical, Prescription, Durable Medical Equipment

Will there be a rollover of Health Reimbursement Account (HRA) balances from a prior HRA administrator?

- No  Yes If yes, please provide contact information for prior HRA administrator.

Carrier name	Contact name
Phone number	Email address

# Humana Spending Account Contacts EMPLOYER GROUP APPLICATION

## Benefits or Human Resources Contact Name at Plan Sponsor

Humana will provide a Check Register Report and a Claims Register report to the Plan Sponsor on a monthly basis for FSAs and PCAs.

Please indicate how reports are to be sent.  Hard Copy  Secured Electronic Mail

### Primary Contact (The person responsible to receive Reports and Personal Health Information)

Name	Position/Title
Phone number	Fax number
Email address	

## Subsidiary Information for PCA and FSA Only

Plan administrator (ownership company of sponsor, if any)			
Business address			
City	State	Zip code	Phone number
Business name (subsidiary, if applying):		Business name (subsidiary 2, if applying):	
Employer federal tax ID number		Employer federal tax ID number	
Business address		Business address	
City	State	City	State
Zip code		Zip code	
Phone number		Phone number	

# Humana FSA and HSA Contributions

## Payroll Cycle

*Please circle the appropriate pay dates with spending account deductions for the entire Plan Year on the Payroll Calendar component. The Plan Sponsor will be invoiced for a change in pay cycle contributions occurring within the Plan Year. See FSA/PCA Plan Management Agreement for details.*

If you have multiple pay cycles please complete a separate payroll calendar for each pay cycle.

Number of calendars submitted (if applicable) \_\_\_\_\_

## Contribution Files

*Please indicate the method by which payroll contribution files will be provided.*

**Complete this section if applying for an FSA:**

- Electronic** (Must have internet connection and file encryption capability. Additional information will be provided. Recommended for employers with 50+ FSA enrollees.)

You will receive a Humana Electronic Transmission Survey further describing options for sending data electronically.

- Paper**

You will receive instructions further describing how to send information on paper.

*Send contribution information only. Contribution funds will be drawn as needed, as specified in the Banking Agreement.*

**Complete this section if applying for an HSA:**

- Electronic** (Must have internet connection and file encryption capability. Additional information will be provided. Recommended for employers with 50+ HSA enrollees.)

You will receive a Humana Electronic Transmission Survey further describing options for sending data electronically.

- Paper**

You will receive instructions further describing how to send contribution information on paper to UMB.

*Contribution funds must be sent to UMB for the HSA Account.*

Persons to contact at the Client's location regarding contribution files:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 E-mail (max 50 characters) \_\_\_\_\_

# Humana Banking Agreement

EMPLOYER GROUP APPLICATION

The Client and Humana Insurance Company agree to the following terms and conditions in order to support reimbursement requests as defined in the Plan Management Agreement:

## Initial Deposit

The Client will make and maintain an initial deposit to the Humana owned FSA/PCA bank account.

- This deposit is the greater of 4% of the client's FSA/PCA liability or \$1,000.00 for employers with less than 100 employees and the greater of 4% or \$2,000.00 for employers with 100 or more employees.
- This 4% includes, but is not limited to, annual elections, prior year roll-overs, RX impact credits, wellness credits, etc.
- This deposit is due 2 weeks prior to the plan effective date. If this deposit is not received 2 weeks prior to the plan effective date, FSA/PCA reimbursements will be suspended until receipt of deposit.

- Deposit amounts will not be known until after the open enrollment period.

This initial deposit will be submitted by (please check one):

- Check
- Automated Clearing House (ACH) initiated by the Plan Manager will draw from the Customer Designated Account information completed below.
- Electronic payment initiated by the Client.

## Humana Disbursement Account

The FSA/PCA Bank Account is identified as:

Bank Name	Bank of America
City, State	Atlanta, GA
ACH transit routing number	061112788
Wire transit routing number	026009593
Account number	

The Client will be informed two days in advance of the amount of the electronic debit that will draw from the client's designated account for checks issued and card swipes processed for the previous week. The Client will be informed each week of the amount of the debit. These debits will be generated through the Automated Clearing House (ACH) system as authorized by the client.

The FSA/PCA Bank Account is owned by Humana; however, all funds therein are owned by the Client.

The Plan Manager will provide a monthly financial reconciliation package that reports FSA/PCA Account activity.

Draws will be made on a weekly basis.

## Customer Designated Account

The customer will designate an account which will fund card swipes and manual reimbursement requests under the FSA/PCA Plan Management Agreement. The Client will authorize the bank where it has established the account to permit electronic debits (ACH) in the account for credit to the FSA/PCA Bank Account.

The Client authorizes the Plan Manager to initiate ACH debits to the Client's account identified below, crediting the "FSA/PCA Bank Account".

The designated account of the Client is identified as:

Bank Name	
Bank Address	
Transit Routing Number	
Name of Account	
Account Number	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Trust

The Client will pay any banking fees charged to this account.

Please indicate the person to contact at the Client's location regarding weekly withdrawal notifications and funding issues:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail (max 50 characters) \_\_\_\_\_

## Automated Clearing House (ACH) Authorization Agreement for Pre-authorized Payments

The Client and Plan Manager agree to the terms of this Banking Agreement to fulfill the funding requirements outlined in the "FSA/PCA Plan Management Agreement." The Client and Plan Manager may agree in writing to change the terms of the Banking Agreement, however, changes will not affect the Client's financial liability under the "FSA/PCA Plan Management Agreement."

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_  
(MM/DD/YYYY)