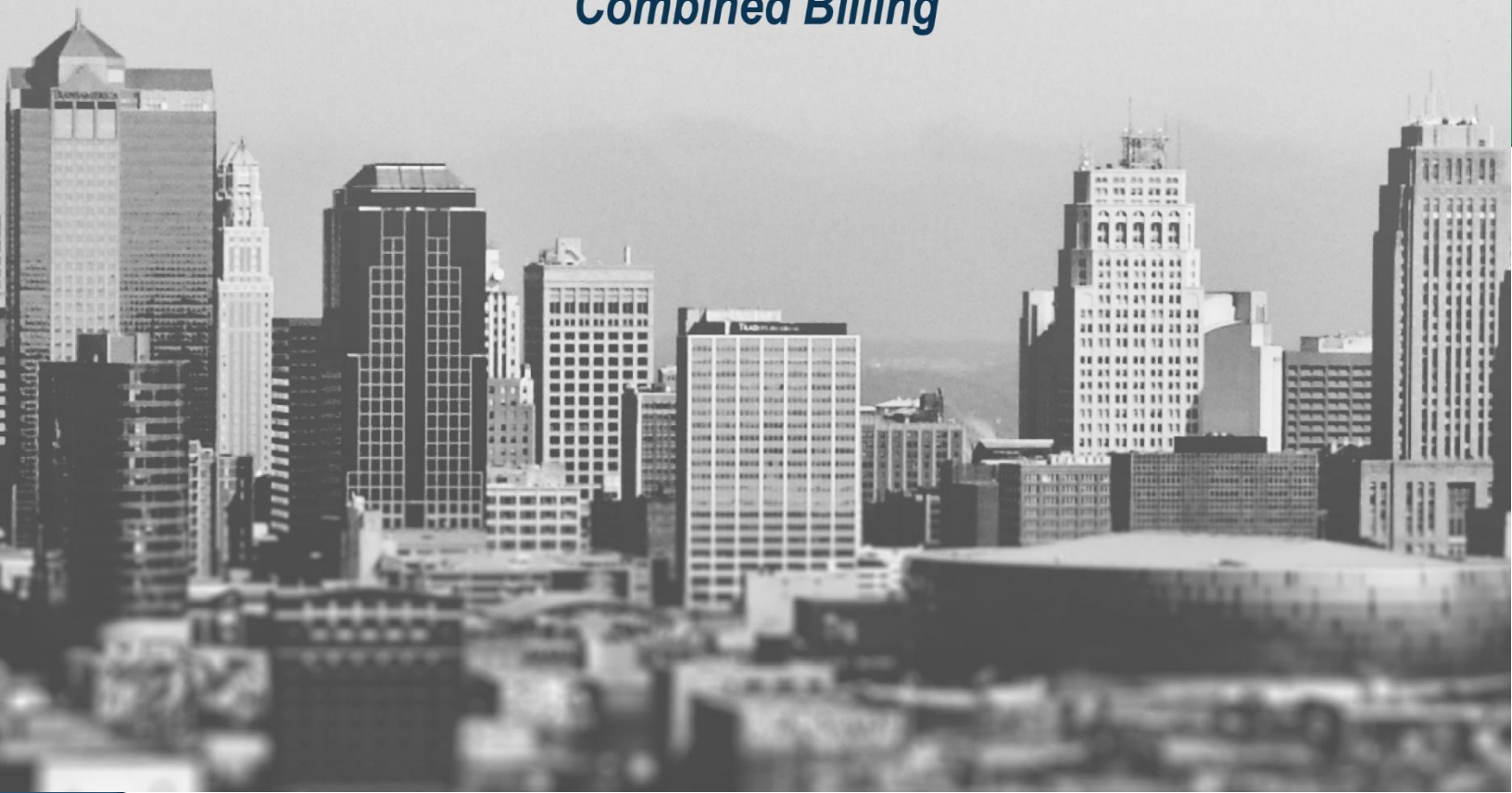
NueSynergy

CUSTOMER FOCUSED • TECHNOLOGY DRIVEN

2027 FSA Renewal Packet

Health Savings Account | Health Reimbursement Arrangement
Flexible Spending Account | COBRA | Direct Bill
Combined Billing



Flexible Spending Account Plan Renewal

Renewal/Enrollment Procedures

Thank you for choosing to renew your Flexible Spending Account plan with NueSynergy. We are excited to be working with you and your employees over the next plan year. Below is a guide of what is needed to complete your FSA plan renewal. If you have any questions at all during the renewal process, please do not hesitate to contact us.

Step 1: Complete the attached FSA Plan Renewal Agreement. Attain a Payroll Calendar with all scheduled deductions for the upcoming plan year. *See page #6*
Once these 3 items are completed, please return them to Employer Support.
A copy of your full FSA Plan Adoption Agreement has been provided for your reference, to assist you in completing this renewal document.

Important: We cannot proceed with the renewal set up until documents have been completed and returned to our Employer Support at PartnerSupport@NueSynergy.com.

Step 2: Once the Renewal Agreement are received, Employer Support will provide you with enrollment materials based on your elections within the FSA Renewal Agreement.

Important: Enrollment forms or files should be returned to Employer Support at least 20 days before the start of your new plan year.

Step 3: Once all enrollments are processed, you will recieve an Employee Confirmation Report which will provide a summary of all participant information.

Important: Please review the Employee Confirmation Report making sure all participants are entered correctly and notify Employer Support in the event any corrections or changes are needed.

NueSynergy Contact Guide

Department	Phone	Fax	Email	Role
Customer Service For Employees	833.941.6262	844.560.6752	MemberSupport@NueSynergy.com	Dedicated support to participants for Claim questions, Balance information, and Eligible expenses
Employer Support For Employers & HR Contacts	833.941.6262	844.560.6752	Partnersupport@NueSynergy.com	For assistance if your assigned account manager is unavailable for administrative support, FSA /HRA/HSA plan design, Enrollment/ Implementation, and Manage of enrollment documents, terminations
Operations For Employers & HR Contacts	855.890.7239 option 3	844.560.6752	Operations@NueSynergy.com	For questions concerning bank funding, ACH setup, debit card settlement, claims processing, reimbursement schedules etc.

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Eligibility / Post Plan Year	Page 5
Payroll Calendar	Page 6
Signature / Submission Methods	Page 7

- **Pages 3, 6, and 7 are REQUIRED to be completed.**
- **Pages 4 and 5 are for any UPDATES to your current plan(s).**
  If there are no updates, you can initial the box at the bottom right of pages 4 or 5.

This renewal document is to verify your upcoming plan year details. If any sections are incomplete, your plan's renewal will be *put into a hold status* until the necessary information is received by NueSynergy. Your NueSynergy Account Manager can assist you if you have any questions.

EMPLOYER INFORMATION

Employer Name: _____ Employer Federal ID *(9 digits)*: _____

PLAN YEAR

☐ Plan Year Dates: to

☐ *Short Plan Year Dates (Optional)* - This plan is a short-plan year that begins _____ and ends on _____ .

ENROLLMENT METHOD

☐ Paper

☐ Eligibility File

☐ Employee Navigator

☐ Benefits Enrollment System - Please provide name: _____

☐ NueSynergy Online Enrollment - Open enrollment starts _____ and ends _____
(Open enrollment end date must be at least 15 days before the start of your new plan year.)

PLAN CONTACTS

Primary HR Contact

Name: _____ Title: _____ Telephone: _____ Email: _____

Primary Billing Contact (if different than above)

Name: _____ Title: _____ Telephone: _____ Email: _____

Broker/Agent Contact

Name: _____ Title: _____ Telephone: _____ Email: _____

Additional Contact - **Optional*

Name: _____ Title: _____ Telephone: _____ Email: _____

Please record any UPDATES you would like to make to your Flexible Spending Account Program below.

Toll-Free: 833.941.6262 • Fax: 844.560.6752 • Email:PartnerSupport@NueSynergy.com

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FSA PLAN SET-UP

Section 125 Plan Document *(If current plan document is older than ten (10) years, a new plan document required)*

☐ Yes - New plan document needed
☐ No - New plan document not needed

Section 125 Pre-Tax Options - *I would like to add the follow plans to my Section 125*

Plans offered and Contribution Limits	*2027 IRS Max*	2027 Max Contributions
☐ General purpose healthcare Flexible Spending Account (FSA)	*$3,400 /yr*	$
☐ Limited purpose FSA (LP)	*$3,400 /yr*	$
☐ Dependent Care Spending Account (DCA)	*$7,500 /yr*	$
☐ Transit Plan	*$340 /mo*	$
☐ Parking Plan	*$340 /mo*	$

* New IRS limits are released during fourth quarter for the upcoming year. If you would like to elect the maximum amount after the new 2027 limits are released, then type "MAX" in the appropriate cell under "2027Max Contributions."

Will the employer contribute to the Health Care FSA? ☐ No ☐ Yes
If Yes: ☐ Each pay period *Or* ☐ Annually upfront
What will employer contribute to each employee? $ _____

DEBIT CARD

Does this plan offer the NueSynergy Debit Card?

☐ No
☐ Yes (If yes, please select one - ☐ Auto-issue OR ☐ Have the participant elect the Debit Card during enrollment)

EMPLOYER REIMBURSEMENT OPTIONS

If you would like to make changes to your FSA reimbursement, please contact your account manager.

ELIGIBILITY REQUIREMENTS

The below classes of employees are Eligible to enroll in the FSA.

☐ Employees who are eligible under the employer group health insurance plan
☐ Part-time employees expected to work more than _____ hours per week
☐ Commissioned salespersons
☐ Any employee of the employer who is included in a unit of employees covered by an agreement which the Secretary of Labor finds to be a collective bargaining agreement between employee representatives and one or more employers unless the collective bargaining agreement requires the employee to be included within the plan
☐ Any employee who is temporary or seasonal (working for less than 6 months of the year)
☐ Any leased employee
☐ Nonresident aliens
☐ Other: _____

If there are no updates to this year's FSA plan, please check the box below and initial

☐ No updates – plan details staying the same _____Initial here *(Skip to next page)*

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Plan Entry
☐ Same as Health Plan ☐ Number of days after date of hire: _____ ☐ Other:_____

EE Term Date:
☐ Actual Term date
☐ End of month

POST PLAN YEAR ADMINISTRATION

Carryover options - utilized FSA funds in next plan year

In March of 2020, the IRS released a new option for "Post Plan Year" Carryover regulations for section 125 plans. Employers now have an additional option for Carryover funds. Employers now have the option to elect "carryover" to be 20% of the IRS Maximum.
For Example: 20% of the 2026 IRS FSA Maximum $3,400 is $680.

Offer Carry Over? (If electing Carryover, you may select only ONE Carryover option.)
☐ Yes - Carryover* - 20% of IRS Maximum Option **New** (Example: 20% of 2026 IRS FSA max $3,400 is $680)
☐ Yes - Carryover* - Flat Dollar Amount Option $_____ (Must be at OR less than 20% of the current IRS Maximum)
☐ No Carryover
**Please note that the FSA Carryover is only applicable to the Medical and Limited Purpose FSA. It is not permitted for the Dependent Care FSA.*

Grace Period - extension allowing participants to incur new expenses post plan year end

Offer Grace Period?
☐ Yes - Grace Period* ☐ 75 days (*IRS limit* or ☐ Number of days _____
☐ No Grace Period
**If offering the Carryover option, then the Grace period will only apply to non-medical FSAs.*

Run-Out - extension to file claims, for transactions incurred within the previous plan year

Plan Year Run-Out Period *(available with both the Carryover and Grace Period)*
☐ 30 ☐ 60 ☐ 90 ☐ Other: _____

Run-Out Example:
- You have a doctor's visit in Dec 2021
- You can file your claim in Jan 2022
- Towards 1/1/21 - 12/31/21 plan year

Elect Termination Run-Out Period?

Pre-funded Benefits (Medical/Limited FSA):	☐ 30	☐ 60	☐ 90	☐ Other: _____
Payroll Based Benefits (Dependent Care/Adoption FSA):	☐ 30	☐ 60	☐ 90	☐ Other: _____

(*Debit cards are immediately deactivated upon notification of termination/separation of employment. Manual claims can be submitted per employer's grace period.*)

PAYROLL

☐ **PAYROLL CALENDAR** ***Required***

Number of Payroll Periods:
☐ Weekly (52)
☐ Biweekly (26)
☐ Semi-Monthly (24)
☐ Monthly (12)
☐ Other: _____

*** If you already have a Payroll Calendar ready in Excel or Word format, you are welcome to attach that to your reply email instead. Please be sure that the Excel or Word document includes ALL the details listed on this page.**

☐ I have attached an Excel or Word Payroll Calendar instead

If there are no updates to this year's FSA plan, please check the box below and initial
☐ No updates – plan details staying the same _____ Initial here *(Skip to next page)*

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Flexible Spending Account Plan Renewal

Are deductions taken each time the employee is paid?

☐ Yes
☐ No - If no, please list payroll dates without deductions: _____

If your pay date falls on a weekend/holiday, then the pay date will move to:

☐ Previous day
☐ Next business day

Please list ALL payroll dates that deductions will be taken for this _____ to _____ plan year :

Interactive Table – Click a blank field to enter a date

January	February	March	April
May	**June**	**July**	**August**
September	**October**	**November**	**December**
Other payroll dates if applicable:			

PLAN CO-PAYS

Co-pay Type	Co-pay Amount $
Medical	$
Dental	$
Vision	$
Prescription	$

This page is REQUIRED

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AUTHORIZED SIGNATURE

I confirm that by executing this Renewal Agreement, I am agreeing that NueSynergy will be the third-party administrator for the employer's Flexible Spending Account (FSA). I further confirm that all necessary information concerning employees and their dependents participating in the Plan and any changes to that participation, such as terminations or elections, shall be provided to NueSynergy in a timely manner. I understand that NueSynergy will rely solely on the information provided by the employer in implementing the FSA Plan and subsequent administration. I further understand that all plan participant communication pertaining to account balances and activity is provided solely via email or online and that if paper notification of claims activity is required, additional fees may apply.

By providing my E-signature below I certify that I have read and understand the information within this application and that all information provided herein is true and accurate to the best of my knowledge.

Dated this _____ day of _____, 20_____

E-Signature: _____

Title: _____

Thank you for renewing your Flexible Spending Account Plan with NueSynergy!
We are excited to continue working with you and your team. Please do not hesitate to let us know if there is ever anything we can do to help.

Please submit the completed renewal to Employer Support by one of the below methods:
Email: PartnerSupport@NueSynergy.com
Fax: 844-941-6262

This page is REQUIRED