



# Employer Information Form

Please complete this form to the best of your knowledge. Anything which does not specifically apply to your organization or plan can be left blank. Questions? Email [onboarding@marinbenefits.com](mailto:onboarding@marinbenefits.com)

## SECTION 1: EMPLOYER PROFILE

<b>Company Name</b>		<b>Corporation Structure</b>		<b>Federal Tax ID</b>	
<b>Street Address</b>		<b>City</b>		<b>State</b>	<b>Zip</b>

## SECTION 2: PLAN DESIGN

<b>Plan Type</b>	<input type="checkbox"/> Integrated HRA with Group Insurance	<input type="checkbox"/> QSEHRA Qualified Small Employer HRA	
	<input type="checkbox"/> Fertility & Family Forming Reimbursement Program	<input type="checkbox"/> ICHRA Individual Coverage HRA	
	<input type="checkbox"/> Limited Purpose Dental and/or Vision HRA	<input type="checkbox"/> Other	
<b>Initial Plan Year Dates</b>		<b>Initial Short Plan Year?</b>	<input type="checkbox"/> Yes
<b>Regular Plan Year Dates</b>			<input type="checkbox"/> No
<b>Claim Runout Period After Plan Year Ends</b>	<input type="checkbox"/> 90 Days <i>(standard)</i>	<b>New Plan or Plan Transfer from Another Administrator</b>	<input type="checkbox"/> New Plan
	<input type="checkbox"/> Other		<input type="checkbox"/> Transfer of Existing Plan
<b>Claim Runout Period for Terminated Participants</b>	<input type="checkbox"/> 90 Days <i>(standard)</i>	<b>If Transfer, Claim Runout to be Handled By</b>	<input type="checkbox"/> Marin Benefits <i>(fees apply)</i>
	<input type="checkbox"/> Other		<input type="checkbox"/> Prior Administrator
<b>Do you also offer an FSA?</b>	<input type="checkbox"/> Yes	<b>Prior Plan Administrator</b>	
	<input type="checkbox"/> No	<b>3-Digit ERISA Plan #</b>	50

## SECTION 3: BENEFIT CARD PROGRAM

<b>Benefit Card Program</b>	<input type="checkbox"/> Yes	<b>Ship Benefit Cards To</b>	<input type="checkbox"/> Participant <i>(standard)</i>
	<input type="checkbox"/> No		<input type="checkbox"/> Employer
<b>Benefit Card Issuance</b>	<input type="checkbox"/> Employee and Spouse/Domestic Partner <i>(standard)</i>		
	<input type="checkbox"/> Employee Only		
	<i>Benefit cards for dependent children over 18 are issued upon request by the participant or HR</i>		

## SECTION 4: ENROLLMENT PROCESSING

<b>Open Enrollment Close Date</b>		<b>Will EDI Carrier Feed Be Implemented?</b>	<input type="checkbox"/> Yes
<b>Census Availability Date</b>			<input type="checkbox"/> No
<b>Ongoing Plan Enrollment Changes Provided By</b>	<input type="checkbox"/> Vendor	<b>Vendor Name</b>	
	<input type="checkbox"/> Client/broker via secure email to <a href="mailto:enrollment@marinbenefits.com">enrollment@marinbenefits.com</a>		
<i>Initial enrollment census must be received by December 6th, 2024 for benefit card delivery by January 1, 2025 by USPS</i>			

## SECTION 5: COBRA ADMINISTRATION

Please note that Health Reimbursement Arrangements are governed by COBRA regulations. With a COBRA qualifying event, an HRA participant must be offered COBRA for their HRA benefit.

<b>COBRA Enrollment Provided By</b>	<input type="checkbox"/> Vendor	<b>Vendor Name</b>	
	<input type="checkbox"/> Client/broker via secure email to <a href="mailto:enrollment@marinbenefits.com">enrollment@marinbenefits.com</a>		

## SECTION 6: PARTICIPANT ELIGIBILITY

A Health Reimbursement Arrangement (HRA) may provide tax-free benefits only to employees, former employees, retirees, and their spouses or covered tax dependents. Because self-employed individuals are not "employees," an HRA may not provide tax-free benefits to self-employed individuals (i.e., sole proprietors, partners, and more-than-2% Subchapter S corporation shareholders).

### Eligibility

- Is the same as the integrated group health plan(s) *(standard for HRAs integrated with group insurance)*  
 Other \_\_\_\_\_

### Benefits Terminate

- On the last day of the month in which the employee ceases to be an eligible employee *(standard)*  
 Date of separation  
 Other \_\_\_\_\_

### Dependents covered by the Plan

- Spouse  
 Domestic Partner  
 Dependent Children  
 No Dependents  
 Other \_\_\_\_\_

### Employee Classification

- Employees do not need to be assigned to a division based upon their employment location or classification *(standard)*  
 Employees need to be assigned to a division based upon their employment location or classification *(please describe below)*

### Other plan eligibility criteria not described above

## SECTION 7: PLAN CONTRIBUTIONS

### Employer Contribution

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Regular Annual Benefit  | \$_____ per Employee Only<br>\$_____ per Employee + 1<br>\$_____ per Family | <input type="checkbox"/> Lifetime Maximum     | \$_____ per Employee Only<br>\$_____ per Employee + 1<br>\$_____ per Family |
| <input type="checkbox"/> Initial Short Plan Year | \$_____ per Employee Only<br>\$_____ per Employee + 1<br>\$_____ per Family | <input type="checkbox"/> Monthly Contribution | \$_____ per Employee Only<br>\$_____ per Employee + 1<br>\$_____ per Family |
| <input type="checkbox"/> Other _____             | \$_____ per Employee Only<br>\$_____ per Employee + 1<br>\$_____ per Family | <input type="checkbox"/> Other _____          | \$_____ per Employee Only<br>\$_____ per Employee + 1<br>\$_____ per Family |

### Funding Roll-Over

- Unused benefits do not roll-over at the end of plan year (*standard*)
- Unused benefits roll-over at the end of plan year

Funds roll-over \_\_\_\_\_

### Proration

- Benefits are not prorated outside of annual open enrollment (*standard*)
- Benefits are prorated for newly eligible participants during the plan year outside of annual open enrollment

Benefits are prorated \_\_\_\_\_

### Tracked Individual and Family Amounts

- Benefit funding shared by family members with no individual limit per year (*standard*)
- Benefit funding embedded and limited to \$\_\_\_\_\_ per individual per year. Please note that Plans where funding is embedded may not offer a benefit card due to requested plan design complexity.

### Other plan contribution features not described above

## SECTION 8: INTEGRATED HRA PLANS WITH GROUP INSURANCE

Complete if offering an Integrated HRA Plan with a group health plan.

<b>Insurance Carrier(s) and Plan(s)</b>	
<input type="checkbox"/> We will provide Marin Benefits with companion insurance plan summaries, SBCs and EOCs when available <i>(required)</i>	

## SECTION 9: FERTILITY AND FAMILY FORMING REIMBURSEMENT PROGRAMS

Complete only if offering Fertility and/or Family Forming benefits.

<b>Plan Type(s)</b>	<input type="checkbox"/> Integrated Fertility HRA with Group Insurance <i>(tax advantaged)</i>
	<input type="checkbox"/> Fertility Assistance without Medical Diagnosis and LMN <i>(taxable)</i>
	<input type="checkbox"/> Adoption Assistance <i>(taxable)</i>
	<input type="checkbox"/> Surrogacy Assistance <i>(taxable)</i>
<p><i>A medical diagnosis of infertility and a Letter of Medical Necessity signed by the patient's treating physician is required to obtain reimbursement from an HRA Plan on a tax-advantaged basis. If the patient does not have a medical diagnosis of infertility, reimbursements must be made on a taxable basis per IRS regulations. Elective egg/embryo/sperm cryopreservation without a medical diagnosis of infertility, and fertility expenses for same-sex couples without a medical diagnosis of infertility, are only reimbursable on a taxable basis. Client will be responsible for reporting all taxable reimbursements via Payroll after receiving disbursement reporting from Marin Benefits.</i></p>	
<b>Benefits Provided Only to Employees on Your Group Health Plan</b>	<input type="checkbox"/> Yes <i>(standard)</i>
	<input type="checkbox"/> No
<p><i>Participants must have employer-sponsored group medical coverage to be eligible for reimbursement from an HRA Plan. Group medical coverage may be provided by the employer that offers the HRA Plan, or employees must certify they have coverage under a spouse's or domestic partner's group medical plan. Claimants will be asked during the claims process to confirm whether they have employer-sponsored group medical coverage.</i></p>	
<b>Do you offer an HSA-Compatible Group Health Plan?</b>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
<p><i>Participants with contributions to their Health Savings Account (HSA) during the plan year must satisfy the IRS mandated minimum annual out-of-pocket amounts for IRS allowed medical expenses before any benefits may be paid from an HRA Plan to maintain their HSA contribution eligibility. Claimants will be asked during the claims process to confirm whether their HSA is receiving contributions.</i></p>	

## SECTION 10: ADDITIONAL PLAN DESIGN FEATURES

Please describe your requested plan design(s) further, if needed.

### SECTION 11: BROKER OF RECORD

<b>Broker Agency</b>		<b>Broker Name</b>	
<b>Broker Email</b>		<b>Broker Phone</b>	

### SECTION 12: QUOTED ADMINISTRATIVE FEES

Marin Benefits' proposed rates are subject to change based upon final plan design and actual plan enrollment counts. A minimum monthly administrative fee applies to all Marin Benefits clients dependent on plan type.

<b>Estimated Number of Plan Enrollees</b>		
<b>Plan Implementation Fee</b>		
<b>Monthly Administrative Fee Billing</b>	<input type="checkbox"/> Per Employee Per Month	
	<input type="checkbox"/> Flat Rate	

### SECTION 13: AUTHORIZED SIGNATURE

I hereby authorize Marin Benefits Administrators to provide reimbursement account services based on the information provided in this information form.

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**Authorized Signature**

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**Printed Name**

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**Date**