



**PLAN SET-UP
HEALTH REIMBURSEMENT ACCOUNT**

Employer/Plan Sponsor:

Legal name: _____ EIN: _____

Address: _____

Phone: _____ Fax #: _____ Email: _____

Main Contact _____ Email Address _____

Divisions: _____ Number of Employees: _____

Eligibility Requirements:

Hours worked: _____ per _____

Waiting period: _____

Effective Date: First Date Following Completion of Waiting Period _____
First of the month following completion of the Waiting Period _____

Run Out Period _____ Days

Plan Information

Effective date: _____ Plan year: _____

Employer Contributions: \$ _____

Frequency of contribution deposits _____ i.e. Monthly, Weekly, Bi-Weekly,
Annual \$'s Available 1st day of Plan year

Annual Rollover of funds? Yes No

Payroll Frequency: Weekly _____ Bi-Weekly 26 _____ Bi-Weekly 24 _____ Monthly _____ Other _____

Describe benefit design and any limitations on use of funds (i.e.: only for deductible, only for employee expenses, etc.): _____

A company logo can be applied to the plan document cover by sending a logo file.

A plan document draft will be sent for review and approval by the plan sponsor prior to sending a final copy. The plan sponsor is responsible for verifying the information relative to your plan is correct.

Signature _____ Date _____

Please return by one of the following methods:

Email to nancy.fee@3pa.com

Fax to 779-3009 or 877-540-0094

Mail to 3PAdministrators, P.O. Box 247, Onalaska, WI 54650