

HRA Implementation Checklist

Section 105 or HRA Implementation Checklist

To ensure a smooth and efficient transition to Consociate • Dansig, we ask that you fill out the requested information below and fax to 217-423-0204. Consociate • Dansig strives to provide exemplary service to our clients, and we look forward to working with you and your employees.

Effective Date: _____

General Information

Company Name				
Address		City	State	Zip
Phone Number		Fax Number		

Benefits Coordinator Information

Name		
Phone Number	Fax Number	Email
Company Federal Tax ID Number		
Fiscal Year for Section 105 / HRA is:		

Section 105 / HRA Information

Copy of Section 105 / HRA Plan Document

Copy of Enrollment / Applications Forms

Check Runs: Daily Weekly



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Plan Information

Insurance Carrier	
Plan Deductible / Employee	Plan Deductible / Family
How is the deductible met? Individual:	Accumulative:
Employee Deductible Responsibility: First	or Last
Employer Deductible Responsibility: First	or Last
Will Employer reimburse any Out of Pocket? <input type="checkbox"/> Yes	Amount and Conditions of Reimbursement: <input type="checkbox"/> No
Are Retirees included in the plan? <input type="checkbox"/> Yes	<input type="checkbox"/> No
Is carryover deductible allowed? <input type="checkbox"/> Yes (Please provide report with Totals)	<input type="checkbox"/> No
How is Consociate • Dansig receiving Claims: <input type="checkbox"/> Manual	<input type="checkbox"/> Electronic
Is Consociate • Dansig creating a new SPD for the Section 105 / HRA? <input type="checkbox"/> Yes (Please complete the attached SPD Questionnaire)	<input type="checkbox"/> No (Please submit a copy of your current SPD)
Billing: <input type="checkbox"/> Flat Fee \$	or <input type="checkbox"/> PEPM \$
Set-up Fee Amount \$	

Banking Information for Section 105 / HRA

Would you prefer to utilize:

An account set up by Consociate • Dansig on behalf of your organization at our banking partner

Your own account (A new bank account must be setup in order for Consociate • Dansig to process claims)

Please provide the following information:

Bank Name: _____

Bank Address: _____

Routing Number: _____

Account Number: _____

Fractional Transit Number: _____

Copy of voided check or deposit slip



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Banking Information for Section 105 / HRA (continued)

Who will be the primary contact for approving and releasing the checks?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Information Needed from Client

- Copy of Section 105 / HRA Plan Document
- Copy of SPD Questionnaire
- Copy of Enrollment
- Signature Collection Form
- Copy of Voided Check
- Copy of Carryover Deductible Report

Official Use Only

Signature

Date



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