PBS POP & Flexible Spending Account Setup

PBS Professional Benefit Services, Inc.

Employer Demographic Information	
Employer Name:	

Plan Information

Is this a New Plan or Takeover		Plan Number (takeover only):	
Plan Effective Date:		Plan Year Begins:	Plan Year Ends:
1st Payroll Date:		Open Enrollment Dates:	to
Payroll Frequency:	Weekly(52) Bi-Weekly(26) Semi Monthly(24) Monthly(12)		
Plan Name:			

Plan Trustee(s):_____

Do you have other plans in place: Yes   No

Regulatory Limits (as of January 2022)

Employee Contribution Benefit Limit - $2,850   Rollover - $570   Grace Period – 2.5 months

Flexible Spending Account Detail (Do not complete for POP only services)

	Flexible Spending Account (FSA)	Limited Purpose (LPFSA)
Benefit Limit	Federal Max Other:_____	Federal Max Other:_____
Runout	90 days Other:_____	90 days Other:_____
Grace Period (Not available for plans with rollover provision)	75 days Other:_____	75 days Other:_____
Rollover (Not available for plans with Grace Period)	Federal Max Other:_____	Federal Max Other:_____
Offer Benefits Card?	Yes No	Yes No
Employer Contributions	Yes No	Yes No
If yes, please list amount and frequency	**Fixed dollar** or **% of comp** Amount:_____ Frequency: _____ (payroll, quarter, etc.)	**Fixed dollar** or **% of comp** Amount:_____ Frequency: _____ (payroll, quarter, etc.)

Copays
   Office Visit
   Prescription
   Other
	Please list all copays (General, Specialist, In-Network, Out-of-Network, etc.)	

POP/Flexible Spending Account Eligibility

Does plan eligibility match group health plan?	Yes No	
Employee Hour Requirement (per week):		Employee Age Requirement: *Maximum of 21*
Length of Service:	None 1 Month 2 Months	
Date of Eligibility:	1st of the month or immediate or first of the month or coincident with	
Exclusions or Notes:		

Authorizing Initials: _____   Date:_____

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