

APPLICATION FOR HEALTH CARE SPENDING ACCOUNT

D.A. Townley

COMPANY NAME

CONTACT NAME

POLICY No

PLAN No.

EFFECTIVE DATE OF HCSA BENEFIT

ELIGIBILITY

- ALL CLASSES / DIVISIONS ELIGIBLE
- ONLY SELECT CLASSES / DIVISIONS ELIGIBLE (LIST THOSE ELIGIBLE UNDER **ADDITIONAL INFO** SECTION ON REVERSE)

ESTABLISHMENT OF RISK

- CARRY FORWARD CONTRIBUTIONS FOR 12 MONTHS FOLLOWING THE END OF THE CALENDAR YEAR CONTRIBUTED
- CARRY FORWARD RECEIPTS FOR 12 MONTHS FOLLOWING THE END OF THE CALENDAR YEAR INCURRED

ENTITLEMENT SCHEDULE

(IF DIFFERENT BY CLASS / DIVISION, EXPLAIN UNDER **ADDITIONAL INFO** SECTION ON REVERSE)

\$ _____ PER MEMBER PER YEAR, FULL AMOUNT AVAILABLE EACH JANUARY 1ST

IS THERE A WAITING PERIOD FOR BENEFITS? YES NO IF YES, _____

IS FIRST CONTRIBUTION PRO-RATED IF EFFECTIVE DATE IS OTHER THAN JANUARY 1ST? YES NO

IF NEW EMPLOYEE'S FIRST ENTITLEMENT OCCURS WITHIN THE CALENDAR YEAR, IS FIRST CONTRIBUTION PRO-RATED?

YES NO

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| SPECIAL INSTRUCTIONS (PLAN DESIGN) | |
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EXCEPTIONS

ARE THERE ANY SPECIFIC HEALTH-RELATED EXPENSES TO BE EXCLUDED FROM REIMBURSEMENT?
DESCRIBE:

ARE ANY OTHER BENEFITS ADMINISTERED BY D.A. TOWNLEY? NO YES, GROUP POLICY # _____

IF NO, THEN THERE WILL BE A ONE-TIME-ONLY SET UP FEE OF \$250

DOES D.A. TOWNLEY PAY CLAIMS FOR ANY OTHER BENEFITS FOR THIS CLIENT? NO YES, GROUP POLICY # _____

UPON EMPLOYEE TERMINATION, ACCESS TO HCSA IS CLOSED. EMPLOYEE CAN SUBMIT CLAIMS INCURRED WHILE COVERED, FOR 30 DAYS FOLLOWING TERMINATION

SUBMISSION

AUTO-SUBMISSION FROM EXTENDED HEALTH CARE/DENTAL CLAIMS FOR PORTION PLAN DOES NOT PAY (IF EHB/DENTAL CLAIMS PAID BY D.A. TOWNLEY)

SUBMISSION BY EMPLOYEE / INDICATION BY EMPLOYEE ON CLAIM FORM TO SUBMIT TO HCSA

NEW CALENDAR YEAR PROTOCOL

EMPLOYEES HAVE 30 DAYS / 60 DAYS TO CLAIM RECEIPTS INCURRED DURING PREVIOUS CALENDAR YEAR, TO BE APPLIED PRIOR TO FORFEITURE OF ENTITLEMENT.
(RULE **DOES NOT APPLY** IF RISK IS 'CARRY FORWARD OF RECEIPTS FOR 12 MONTHS FOLLOWING THE END OF THE CALENDAR YEAR INCURRED')

ADMINISTRATION FEE

_____ % OF PAID CLAIMS PLUS GST PAYABLE TO **D.A. TOWNLEY**

ADDITIONAL INFO:

POLICYHOLDER SIGNATURE

DATE