



## BPC Service Setup Sheet

### Company Information

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Employer Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Website \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer FEIN – Tax ID Number \_\_\_\_\_

Health Alliance Group ID \_\_\_\_\_

Number of Employees \_\_\_\_\_

Broker \_\_\_\_\_

Broker Phone \_\_\_\_\_

Broker Email \_\_\_\_\_

Is Employer subject to COBRA?

Yes  No

Choose one: Health Plan is:

Fully Insured or  Self Insured

Effective Date/Renewal Date \_\_\_\_\_

Deductible Year  Calendar Year  Other \_\_\_\_\_

Choose one Employer Entity:

- C Corporation
- S Corporation\*
- Partnership\*
- Sole Proprietorship\*
- Governmental Entity or Church
- Non-Profit Organization
- LLC\*
- LLP\*
- Other

\*Participation by owners may be limited

**Note: For HRA, please attach a Summary of Benefits for the Health Alliance Plan(s) associated to the HRA.**

#### Affiliated Employer

If more than one affiliated employer, please attach a separate sheet.

Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

FEIN – Tax ID Number \_\_\_\_\_

Employer Entity (choose from above list) \_\_\_\_\_

Health Alliance can provide an electronic data feed of enrollment and claims they have processed to BPC, Inc. for FSA and HRA plans

**OR**

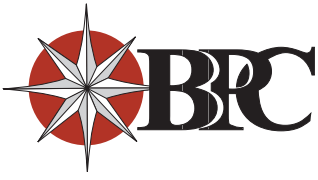
BPC can issue debit cards for FSAs and/or HRAs that cover all IRS eligible medical and dental expenses.

**Employers cannot offer both data feed and debit card.**

**Please select one.**

\_\_\_\_\_ Electronic Data Feed

\_\_\_\_\_ Debit Card



## BPC Service Setup Sheet

### BPC Services

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Mark each service that you want BPC to administer.

- FSA Flexible Spending Account** – Cafeteria Plan IRC § 125 and IRC § 129 i.e. Health FSA and DCAP Daycare etc.
- HRA Health Reimbursement Arrangement** – IRC § 105
- HSA Health Savings Account** – IRC § 223
- COBRA Continuation Administration** – Consolidated Omnibus Budget Reconciliation Act of 1985

BPC will contact you to set up these plans or you can reach BPC's Implementation Department at 217-355-2300 or 800-355-2350 with any questions.

The signature below approves Health Alliance to provide enrollment, termination and claims information to BPC, Inc.

**Employer Name ("Plan Sponsor" and "Covered Entity")** \_\_\_\_\_

**Employer Representative Signature** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date** \_\_\_\_\_