



TRANSAMERICA[®]

Benefits Design Guide

Internal Use Only:
To be completed by Transamerica

Relationship Manager Name

Email Address

Transition Manager Name (if applicable)

Email Address

Employer Code

Sales Force ID

Custom Funds Line Up ID

Advisor ID

Retirement Account Number

Custodial Fee

Investment Mgmt Fee

Total Investment Fee

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Existing relationship (Inforce Client) Yes No

Employer portal used WX TA-Retire

Direct WEX Employer portal Log in Only Yes No

SECTION 1: COMPANY INFORMATION

Company Name:			
Tax ID Number:			
Mailing Address:			
City:			
State:			
Zip:			
Division Names* (only if applicable)			
Divisional Reporting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Divisional Banking*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Benefit Eligible Employees:		Number of Expected Enrollments:	

***Please note if you are setting up divisional banking, we will need a completed ACH form for each division. An additional ACH form will be provided on request.**

SECTION 2: COMPANY CONTACTS

For your security, only the below listed individuals will be authorized to communicate with us about any plan information. Unless noted the contact will have access to both the retirement and benefits portal.

Primary Contact – Responsible for overall program / plan authorization. Recipient of all general communications and important notices from Transamerica. Automatically assigned Employer Portal access.

Secondary Contact – Designated as Primary Contact back-up contact. Automatically assigned Employer Portal access.

Technical Contact – Responsible for the coordination of transmission of employee data. Employer Portal access will be limited to file submissions and results unless otherwise designated.

Other Contact – Designated by the Primary Contact to fulfill administrative role(s) described above.

Consultant/Broker contact –

Benefits Only Contact – This contact will have full access to the benefits portal only, no access to the 401k portal.

Please ensure that the email listed below is the same as the email used on the Transamerica retirement employer portal.

Primary Employer Contact (this contact will have access to the Employer Portal)	
Name:	
Email Address:	
Phone Number:	
Secondary Employer Contact (this contact will have access to the Employer Portal)	
Name:	
Email Address:	
Phone Number:	

Additional Contacts (Optional)

Contact Type	Technical <input type="checkbox"/> Other <input type="checkbox"/> _____	Employer Portal Access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Investment Management Access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		Division	
Email Address:			
Phone Number:			

Contact Type	Technical <input type="checkbox"/> Other <input type="checkbox"/> _____	Employer Portal Access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Investment Management Access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		Division	
Email Address:			
Phone Number:			

SECTION 3: Plan information

Will Transamerica be creating your Plan Documents? <i>If yes, please complete the attached addendum.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please select which documents: <input type="checkbox"/> FSA <input type="checkbox"/> HRA <input type="checkbox"/> Transportation *Note that there is a one-time per document fee of \$400 for FSA and HRA, and \$350 for Transportation. WRAP document available upon request.
Will Transamerica be completing your nondiscrimination testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How will your plan information be loaded on the system? Internal contact responsible for submitting/sending files will need to be added as a contact.	<input type="checkbox"/> Employer Portal Upload <input type="checkbox"/> File Feed – Internal Employer System <input type="checkbox"/> Demographic <input type="checkbox"/> Enrollment <input type="checkbox"/> Contribution <input type="checkbox"/> File Feed – External Vendor <input type="checkbox"/> Demographic <input type="checkbox"/> Enrollment <input type="checkbox"/> Contribution
If a vendor will be sending files, who is the vendor*? *The vendor will need to be added as a contact	

PREVIOUS PLAN YEAR TAKEOVER			
Will all plans have the same plan year dates? <i>If yes, please provide the dates below. If No, please fill in the dates above each plan type.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Plan year end date is only required for FSA, HRA and QTA plans.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Plan year start date</td> <td style="width: 50%; border: none;">Plan year end date</td> </tr> </table>	Plan year start date	Plan year end date
Plan year start date	Plan year end date		
Do you have a prior plan year that Transamerica will take over administration for?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grace Period/Runout <input type="checkbox"/> Runout Only <input type="checkbox"/> Rollover Only		
What plans will we be taking over administration of? <i>Check all that apply, additional information will be needed for us to administer the plans.</i>	<input type="checkbox"/> Medical FSA <input type="checkbox"/> Dependent Care FSA <input type="checkbox"/> Limited Purpose FSA <input type="checkbox"/> HRA <input type="checkbox"/> Transit <input type="checkbox"/> Parking		
If Yes does the previous plan year mirror your new plan year?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, additional documentation is required with prior plan year details.		

CO-PAYMENT AMOUNTS				
Please indicate your co-payments for auto-approval of debit card transactions. Benefit summaries, percentages, and/or deductible amounts cannot be accepted.				
<input type="checkbox"/> Our Plan does not offer co-payments (please check box)				
Medical/Office Visits	Emergency Room Visits	Pharmacy	Dental	Vision
\$	\$	\$	\$	\$
\$	\$	\$	\$	\$
\$	\$	\$	\$	\$
\$	\$	\$	\$	\$
\$	\$	\$	\$	\$
\$	\$	\$	\$	\$
\$	\$	\$	\$	\$

PAYROLL DEDUCTION INFORMATION							
Rounding of Payroll Deductions: <i>(Please indicate the rounding method on how uneven payroll deductions should be handled. Example: \$1,000 election/26 payrolls = \$38.4615)</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Standard Rounding</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Adjust First Period <input type="checkbox"/> Adjust Last Period</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Round Up</td> <td style="border: none;"><input type="checkbox"/> Adjust First Period <input type="checkbox"/> Adjust Last Period</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Round Down</td> <td style="border: none;"><input type="checkbox"/> Adjust First Period <input type="checkbox"/> Adjust Last Period</td> </tr> </table>	<input type="checkbox"/> Standard Rounding	<input type="checkbox"/> Adjust First Period <input type="checkbox"/> Adjust Last Period	<input type="checkbox"/> Round Up	<input type="checkbox"/> Adjust First Period <input type="checkbox"/> Adjust Last Period	<input type="checkbox"/> Round Down	<input type="checkbox"/> Adjust First Period <input type="checkbox"/> Adjust Last Period
<input type="checkbox"/> Standard Rounding	<input type="checkbox"/> Adjust First Period <input type="checkbox"/> Adjust Last Period						
<input type="checkbox"/> Round Up	<input type="checkbox"/> Adjust First Period <input type="checkbox"/> Adjust Last Period						
<input type="checkbox"/> Round Down	<input type="checkbox"/> Adjust First Period <input type="checkbox"/> Adjust Last Period						

Benefits Deduction Payroll Cycle:
(Please indicate your payroll cycle for withholding deductions.)

- Weekly (52 pay periods/year)
 Bi-Weekly (24 pay periods/year)
 Bi-Weekly (26 pay periods/year)
 Semi-Monthly
 Monthly

Please complete the specific payroll **benefit deduction** dates in the calendar below:

<u>20</u>		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Pay Dates	1 st												
	2 nd												
	3 rd												
	4 th												
	5 th												

<u>20</u>		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Pay Dates	1 st												
	2 nd												
	3 rd												
	4 th												
	5 th												

SECTION 4: HEALTH SAVINGS ACCOUNT (HSA)

* Please note the HSA plan comes with a debit card.

Will a Health Savings Account (HSA) be offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be transferring current Health Savings Account balances? <small>Note: Current custodian must agree to bulk transfer and approve request language.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, will you be sending a bulk transfer for all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Number of enrollments:	
Plan Year Start Date:	
First Funding Date:	
Will you be mirroring your retirement investment funds lineup?* If your financial advisor is monitoring your investment lineup, please add them as a contact in the contacts section.** <small>*Mirroring is only available for clients utilizing Transamerica's Retirement products. **If your financial advisor is monitoring your investment lineup, please add them as a contact in the contacts section.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No ¹

NOTIONAL PLAN OFFERINGS

Plans offered	<input type="checkbox"/> FSA (Complete Section 5) <input type="checkbox"/> HRA(Complete section 6) <input type="checkbox"/> QTA (Complete section 7)
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¹ If you choose No, the plan will be setup with the default investment line-up.

SECTION 5: FLEXIBLE SPENDING ACCOUNTS (FSAs)

Only complete if offering Flexible Spending Accounts through Transamerica. Employer will be obligated to provide its employees with all information governing the FSA. **Please note the Medical FSA, Dependent Care FSA and Combination FSA plans come with a debit card.**

Select type of FSA(s) offered	<input type="checkbox"/> Medical FSA <input type="checkbox"/> Dependent Care FSA <input type="checkbox"/> Limited Purpose FSA
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Plan Year Start Date:		Plan Year End Date:	
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Please complete each section for each FSA that will be offered.

Plan Type	Expected Number of Enrollments	Employee Maximum Annual Contribution	Employee Minimum Annual Contribution	Annual Employer Contribution
Medical FSA		<input type="checkbox"/> IRS Maximum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> No Minimum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> None <input type="checkbox"/> Other \$ _____
Dependent Care FSA		<input type="checkbox"/> IRS Maximum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> No Minimum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> None <input type="checkbox"/> Other \$ _____
Limited Purpose FSA Combination FSA <input type="checkbox"/>		<input type="checkbox"/> IRS Maximum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> No Minimum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> None <input type="checkbox"/> Other \$ _____

Grace Period – Allows employees with unused benefits to incur expenses for qualified benefits after the plan year ends. Grace Period extension is defined as no more than two and one-half months after the end of the plan year – by the 15th of the third month. If a runout period is used, the runout will need to be greater than or equal to the Grace Period. Please note, a rollover cannot be used if a Grace Period is offered.

Rollover – Allows participants to roll over up to IRS Max of unused funds at the end of the plan year. Cannot be used if Grace Period is offered.

Please choose only one of the following options for each plan; both cannot be offered.

Grace Period: <i>Does the plan allow participants who have unused benefits to incur expenses for qualified benefits after the plan year ends?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please select account types:	<input type="checkbox"/> Medical FSA <input type="checkbox"/> Dependent Care FSA <input type="checkbox"/> Limited Purpose FSA
Rollover: <i>Will the plan allow participants to rollover unused funds at the end of the plan year?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please select account types:	<input type="checkbox"/> Medical FSA <input type="checkbox"/> Limited Purpose FSA
Select maximum rollover amount:	<input type="checkbox"/> IRS Max <input type="checkbox"/> Other \$ _____

Runout period – Allows employees to file claims after the plan year ends. Date of service for claims must be incurred during the plan year.

Runout Period: <i>Does the plan allow participants who have unused benefits to submit expenses after the plan year end that were incurred prior to the plan year-end?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please select account types and number of days allowed:	<input type="checkbox"/> Medical FSA _____ days following the Plan Year End Date
<i>*Please note if offering grace period, runout period must be longer than grace period.</i>	<input type="checkbox"/> Limited Purpose FSA _____ days following the Plan Year End Date
	<input type="checkbox"/> Dependent Care FSA _____ days following the Plan Year End Date

Loss of Eligibility – When an employee has been terminated from employment, they may become ineligible for benefits depending on how you want to handle terminated employees. *

Loss of Eligibility (please complete both sections): (Ex. John left the company on 10/1; he goes to the Dr. on 10/2. Can he file a claim for his 10/2 Dr. Appt.?)	Can an employee who is no longer eligible file claims with a date of service after ineligible?
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
When an employee resigns retires, or is terminated, how many days do they have to finish filing claims for services incurred while they were an active employee?	Allow participants to file claims for: (please select one and indicate the number of days) <input type="checkbox"/> _____ days following the days after the plan year end date OR <input type="checkbox"/> _____ days after the last date they were 'Active'

SECTION 6: HEALTH REIMBURSEMENT ARRANGEMENTS (HRAs)

Only complete if offering a Health Reimbursement Arrangement through Transamerica. Employer will be obligated to provide its employees with all information governing the HRA.

Select Eligible Expense List	<input type="checkbox"/> General Purpose 213(d) <input type="checkbox"/> Limited Purpose (Dental and Vision) <input type="checkbox"/> ICHRA <input type="checkbox"/> Medical Only <input type="checkbox"/> Medical and Pharmacy <input type="checkbox"/> Other _____
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Plan Year Start Date:	_____	Plan Year End Date:	_____
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HRA Plan Details – If offering more than one type of HRA additional paperwork is required.

Will a debit card be offered with this plan? <i>(Note: For debit card to be used, the plan must pay first and every dollar at 100%)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If offering FSA and HRA plans which plan pays out first to participants? Which plan should be exhausted first?	<input type="checkbox"/> FSA <input type="checkbox"/> HRA <input type="checkbox"/> Not Applicable
Expected Number of Enrollments	_____
Does this HRA require MSP Reporting? <i>(Note: Dependent demographic information must be collected for HRA plans that require MSP Reporting)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can participants be reimbursed for expenses incurred between now and the original effective date of the HRA as long as they were a participant? <i>(Example: If this is the first time offering the HRA, would the plan design X years from now pay back claims with dates of service back to the original date listed to the right)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide the date HRA was first offered to employees</i> ____/____/____

HRA FUNDING

How will funds be available to participants?	<input type="checkbox"/> 100% plan year start or upon eligibility <input type="checkbox"/> 1 st of each Month <input type="checkbox"/> Per Payroll Frequency
Will funds be prorated for participants that start outside the plan year start date?	<input type="checkbox"/> Monthly <input type="checkbox"/> No, employee gets full amount

How much does the employer contribute to the HRA annually?	Contribution Level	Contribution Amount	Is there an individual reimbursement maximum?
	Single	\$ _____	N/A
	Single Plus Spouse	\$ _____	<input type="checkbox"/> Yes, \$ _____ <input type="checkbox"/> No
	Single Plus Dependent	\$ _____	
	Family	\$ _____	
Amount varies <small>*This will require a contribution file</small>	<input type="checkbox"/> Yes*		

Runout period – Allows employees to file claims after the plan year ends. Date of service for claims must be incurred during the plan year.

Runout Period:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the plan allow participants who have unused benefits to submit expenses after the plan year end that were incurred prior to the plan year-end?

_____ days following the Plan Year End Date

Loss of Eligibility – When an employee has been terminated from employment, they may become ineligible for benefits depending on how you want to handle terminated employees. *

Loss of Eligibility: (Ex. John left the company on 10/1; he goes to the Dr. on 10/2. Can he file a claim for his 10/2 Dr. Appt.)?	Can an employee who is no longer eligible file claims with a date of service after ineligible? <input type="checkbox"/> Yes <input type="checkbox"/> No
When an employee resigns, retires, or is terminated, how many days do they have to finish filing claims for services incurred while they were an active employee?	Allow participants to file claims for: (please select one and indicate the number of days) <input type="checkbox"/> _____ days following the days after the plan year end date OR <input type="checkbox"/> _____ days after the last date they were 'Active'

Rollover – Allows participants to roll over up to 100% of unused funds at the end of the plan year.

HRA Rollover If funds are rolling over to a subsequent plan year, the rollover will take place on Day 1 of the new plan year.	Can unused dollars be carried over and used in subsequent plan years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Up to \$ _____ <input type="checkbox"/> _____ % of Balance
When an employee has been terminated from employment; will their funds rollover to the next plan year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Spenddown –Allows employees the ability spend remaining balance of their HRA in subsequent plan years, even if they are no longer eligible for the HRA.

When an employee is no longer eligible for the HRA, will their funds rollover to the next plan year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 7: Qualified Transportation Accounts (QTAs)

Only complete if Employer offers a Qualified Transportation Account administered through Transamerica. Employer will be obligated to provide its employees with all information governing the QTA.

Select type of QTA(s) offered	<input type="checkbox"/> Parking <input type="checkbox"/> Mass Transit
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Plan Year Start Date:		Plan Year End Date:	
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Please complete each section for each QTA that will be offered. **Please Note the QTA plans come with a debit card.**

Plan Type	Expected number of enrollments	Maximum Total Monthly Contribution (amount may vary based on IRS guidelines)	Employee Minimum Monthly Contribution	Monthly Employer Contribution	Contribution fund type
Parking		<input type="checkbox"/> IRS Maximum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> No Minimum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> None <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax <input type="checkbox"/> Both
Mass Transit		<input type="checkbox"/> IRS Maximum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> No Minimum <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> None <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax <input type="checkbox"/> Both

Runout period – Allows employees to file claims after the plan year ends. Date of service for claims must be incurred during the plan year.

Runout Period: <i>Does the plan allow participants that have unused benefits to submit expenses after the plan year end that were incurred prior to the plan year-end?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ days following the Plan Year End Date (No more than 180 days)
<i>Maximum number of days to submit claim after date of service?</i>	_____ IRS Maximum of 180 Days (standard) _____ days (no more than 180 days)

Loss of Eligibility –When an employee has been terminated from employment they become ineligible for benefits.

Loss of Eligibility:	Claims filed with a date of service after loss of eligibility will not be accepted.
<i>When an employee resigns, retires, or is terminated, how many days do they have to finish filing claims for services incurred while they were an active employee?</i>	Participants can file claims with a date of service prior to loss of eligibility for: <i>(please select one and indicate the number of days)</i> <input type="checkbox"/> _____ days following the days after the plan year end date OR <input type="checkbox"/> _____ days after the last date they were 'Active'

Commuter Rollover	Commuter dollars for active employees continuously rollover month to month, year to year per IRS regulations.
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SECTION 8: PROGRAM FEES

Below is a list of the Transamerica program fees. Please chose if each fee will be paid by the employer or passed along to the employee. Please note: If fees are paid by the employer, all applicable fees will be passed along to the employee upon employment termination once the termination is received. Fees will not be waived for retroactive terminations.

FEES	AMOUNT	PAID BY
HSA-only Monthly Service Fee*	\$	Employer <input type="checkbox"/> OR Employee <input type="checkbox"/>
Non-HSA only Monthly Service Fee (FSA/HRA/QTA)*	\$	Employer paid Fee
Multi-Product Monthly Service Fee*	\$	
HSA Paper Statement Fee	\$1.50	Employer <input type="checkbox"/> OR Employee <input type="checkbox"/>
Nondiscrimination Testing	\$	Employer Paid Annual Fee
Plan Document One time Fee	\$	Employer Paid Fee, per document
Advisor Compensation Fee Name		

*Minimum monthly service fee of \$150/month.

Advisor Name _____			
Advisor Compensation Structure	Select	Amount	Other information
Additional Per Participant/Per Month Fee		\$	Paid By: Employer <input type="checkbox"/> OR Employee <input type="checkbox"/> Duration: Ongoing <input type="checkbox"/> OR First Year <input type="checkbox"/>
BPS fee on Invested Assets		_____%	
Flat fee on invested assets		\$____	
No advisor compensation facilitation required			Advisor not involved <input type="checkbox"/> Advisor waiving comp <input type="checkbox"/> Separate advisor comp agreement <input type="checkbox"/>

SECTION 9: EMPLOYER SIGNATURE

Primary Contact Signature:	
Print:	
Title:	
Date:	