



FSA & Commuter Benefits RENEWAL FORM

Instructions: If submitting the Renewal Form and an Enrollment File, please submit both items via the Online Support Request.

Submit this completed form via one of the following methods:	Online Support Request	Mail
	Log onto your online account at cdaclient.basiconline.com and attach the completed form via Support Request	BASIC PO Box 6278 Monona, WI 53716

CLIENT/EMPLOYER INFORMATION

Client/Employer Name:			Client/Employer ID #:		
Division: (If applicable)			Class: (If applicable)		
Client/Employer Email:			Client/Employer Phone:		
Primary Address:	Address 1:				Suite:
	Address 2:				
	City:				
	State:		ZIP/Postal Code:		+4

PLAN CHANGES

Plan Year Start Date:		Plan Year End Date:		Total Employee Count:	
Renew my FSA and/or Commuter Plans: <input type="checkbox"/> With NO changes <input type="checkbox"/> With the changes indicated below. Effective Date: If plan changes are required, please make selections and complete the required information below.					

<input type="checkbox"/>	Change in Payroll Schedule (Any changes, REQUIRE the Payroll Frequency and Payroll Dates sections to be completed.) (Please indicate the complete schedule on page 3.)				
Payroll Frequency:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly (24)	<input type="checkbox"/> Biweekly (26)		
	<input type="checkbox"/> Semi Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other:		
Payroll Dates: (Format: MM/DD/YYYY)	1 st Payroll Date: ___/___/___	2 nd Payroll Date: ___/___/___	Last Payroll Date: ___/___/___		
<input type="checkbox"/>	Change in Employer Contribution Schedule (Any changes, REQUIRE Contribution Posting Frequency to be completed. (Please indicate the complete Employer Contribution Posting Frequency on page 3.)				
Employer Contribution Posting Frequency:	<input type="checkbox"/> Payroll Schedule (As per above Payroll Dates)	<input type="checkbox"/> Annual Schedule	<input type="checkbox"/> User Initiated		
	<input type="checkbox"/> Custom Schedule (Enter posting frequency):				

CONTINUED ON PAGE 2



FSA & Commuter Benefits RENEWAL FORM

Change in Plan Elections View all IRS limits on our resource web page: www.basiconline.com/hq/regulations

	Plan Minimum	Plan Maximum	Employer Contribution Maximum
Healthcare FSA (HFSA):	\$	\$	\$
Limited Purpose Healthcare FSA (LPHSA):	\$	\$	\$
Dependent Care FSA (DCA):	\$	\$	\$
Healthcare Premium Reimbursement (NESP) Account:	\$	\$	\$
Transit Account (monthly limits):	\$	\$	\$
Parking Account (monthly limits):	\$	\$	\$

Change in Open Enrollment

Enrollment Period: Start Date: ___/___/___ End Date: ___/___/___ (Must end prior to start of new plan year)

Online Self-Enrollment: Allow participant online self-enrollment
 Do Not Allow participant online self-enrollment

Change in Plan Copays

Office Visits: \$ Prescriptions: \$

Change in Plan Runout, Grace Period, Carryover, or Rollover

Runout Period: End Date: ___/___/___ Grace Period: End Date: ___/___/___
 # of days from plan year end: _____ (up to 2 months and 15 days) # of mo/days: ___/___

Grace Period: Healthcare FSA Limited Purpose Healthcare FSA
 Dependent Care FSA Healthcare Premium Reimbursement (NESP) Account
 (Not available for plans with Carryover.)

Carryover: Amount: \$ Healthcare FSA Limited Purpose Healthcare FSA
 (\$ 570 Max)

Rollover: Transit Account Parking Account

Change in Plan Year: Plan Start Date: ___/___/___ Plan End Date: ___/___/___

Change in Plan Eligibility:

Change in Terminated Participant Eligibility:

CONTINUED ON PAGE 3



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<input type="checkbox"/>	Add or Remove Carryover or Rollover:
<input type="checkbox"/>	Add or Remove Benefit Plan: <ul style="list-style-type: none"> • Adding a new benefit plan requires a new BASIC Purchaser Details form. Contact your BASIC Sales Director. • Removing an existing benefit plan requires completion of a Consolidated Termination Request form. Contact Customer Care to obtain a copy.
<input type="checkbox"/>	Employer Information Change (name, address EIN, etc): <ul style="list-style-type: none"> • If your service includes plan documents and your employer information has changed, submit a separate Support Request and an updated SPD will be provided.

CONTRIBUTION POSTING SCHEDULE/DATES

On the chart below, enter the contribution dates (Format: MMDDYYYY) from which deductions will be taken or Employer contributions applied. If you have more than two schedules, please copy this form as needed. Please adjust dates for Holidays.

Select Schedule Type:	<input type="checkbox"/> Payroll Schedule <input type="checkbox"/> Employer Contribution Schedule
Enter Name and Scheduled Posting Frequency:	Schedule Name: Posting Frequency:

1		2		3		4		5	
6		7		8		9		10	
11		12		13		14		15	
16		17		18		19		20	
21		22		23		24		25	
26		27		28		29		30	
31		32		33		34		35	
36		37		38		39		40	
41		42		43		44		45	
46		47		48		49		50	
51		52							

Completed By (Client Contact):	Date:
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For enrollment assistance: call toll-free 800-372-3539
Have your form, employer name, and the Client ID# ready.
 Find all IRS limits on our resource web page: www.basiconline.com/hq/regulations