



Wellmark Blue Cross Blue Shield of Iowa
Wellmark Blue Cross Blue Shield of South Dakota

Independent Licensees of the Blue Cross and Blue Shield Association

Flexible Benefits
PO Box 14585

Des Moines, Iowa 50306-3585

For questions or assistance with this form, call (800) 624-2755 ext. 4661 or 5209 Fax (515) 376-9002

For forms and information, visit our website at www.wellmark.com/flex

Premium Only Plan
Flexible Benefits Employer Application

General Information

Form fields for General Information: Full Legal Name of Employer, Federal Tax I.D., Street Address, City, State, Zip Code, Contact Person, Contact Phone, Contact Fax, E-Mail Address.

Business Entity: C. Corporation, LLC, Subchapter S, Partnership, Proprietorship, Tax-Exempt Employer

List any subsidiaries or affiliates to be included in this plan. If more space is necessary, attach a separate sheet.

Name: Federal Tax I.D.

Effective Date of the Plan

Administration of this plan will begin on ___/___/___ and end on ___/___/___.

(The plan year shall mean a 12 month period. The initial plan year may be less than 12 months.)

If a plan is now in place: current plan year is ___/___/___ to ___/___/___.

Original eff. date is ___/___/___.

Benefits to be Offered Under the Plan

Pre-Tax Premium for: Medical, Dental, Group Term Life, HSA, Other
All premiums through payroll deduction will be pretaxed.

Pre-Tax Contribution to Health Savings Account (HSA): If pre-tax HSA contributions are elected, a Participant may change their contribution election:

- By filing a new election form pursuant to the administrative rules established by the Employer
Only in connection with a Change in Status of other event permitting benefit elections to be changed mid-year under the Plan

Eligibility and Plan Entry Date

Note: Participants in the flexible benefits plan must be employees for FICA and tax withholding purposes. Proprietors, Partners, Subchapter S Corp. owners, Limited Liability Corporation owners, and other self-employed persons are not eligible to participate.

Administrative Fees

Standard flexible benefits services will be performed according to the fee agreed upon below:

Annual administrative service fee: \$_____

This annual fee includes consulting, IRS non-discrimination testing, standard plan documents, and enrollment materials.*

*An additional charge may be incurred for modifications to our standard documents. Enrollment materials are based on number of eligibles plus 25%; any additional materials will be charged at cost.

Enrollment Information

Wellmark will prepare your enrollment materials based on the following information.

Number of eligible employees: _____

Send enrollment materials to (name): _____ by (date): ____/____/____

Employees should return enrollment forms to (name): _____ by (date): ____/____/____

Enrollment forms do not need to be sent to Wellmark. The employer must maintain these records.

Service Agreement

I certify that I am legally authorized to sign this flexible benefits employer application on behalf of the employer named herein. The employer hereby agrees to purchase those services indicated on this application at the cost provided in the flexible benefits proposal or fee schedule. The cost quotation provided to the employer was calculated based upon certain representations previously made by the employer including, but not limited to, the flexible benefits services requested by the employer and the number of eligible participants. Wellmark Blue Cross and Blue Shield reserves the right to revise the cost quotation previously provided to the employer if such representations differ from the flexible benefits plan implemented by the employer. A minimum fee of \$100 will be payable if an application is processed but subsequently cancelled.

Signature: _____ Title: _____ Date: ____/____/____

Wellmark Blue Cross and Blue Shield Representative: _____

Broker Name: _____ Company/Agency: _____