

FSA Renewal

County of Granville

Plan Year: 7/1/2022 - 6/30/2023

In order for your plan to be ready by the first day of the new plan year, we'll need this document and all participant elections no later than 20 days prior to the start of the plan year. This will ensure that we have adequate time to set up your plan. Failure to submit required renewal information by this date may result in claim processing and debit card delays.

Instructions for your FSA Annual Renewal:

1) **Select your Enrollment Option below and take steps to complete it.**

2) **Review the Renewal Plan Design document online.**

Please review the FSA Renewal – Plan Design document posted under the Reports menu on the ProBenefits Employer Portal (<https://hr.probenefits.com/>). If you have questions about the Plan Design document or if you need to make corrections/updates, please contact your ProBenefits Account Manager by email at Service@ProBenefits.com or by phone at 888-722-8382.

3) **Review and return this form.**

Review the data on this form and make any corrections, complete the required sections, and then sign and return to Service@ProBenefits.com. Please also include a copy of your benefits summary showing copays.

4) **Distribute Enrollment Guides to your employees.**

Even if you're not enrolling using paper forms, it's a great idea to give our Enrollment Guides to your employees, to help them make their election decisions. We're happy to mail paper guides to you to distribute – just let us know as soon as possible how many you need. Or if you prefer to distribute the Enrollment Guide electronically, you can download it here, or share this link with your employees:

<https://probenefits.com/forms/EnrollmentGuide.pdf>

(Select One) Available Enrollment Options

Self-service election entry on hr.probenefits.com

If you use paper forms or another online enrollment option (perhaps provided by your benefits broker), you can quickly and easily enter your participants' elections on our employer portal.

When do you expect your Open Enrollment period to end? _____

Employee online enrollment on my.probenefits.com

We'll set up online enrollment for your plan so your employees can log in and make their elections directly on our web portal, and we'll provide you with a report so you can make necessary adjustments to your payroll.

Online Enrollment Start Date: _____ Online Enrollment End Date: _____

Health and Dependent Care FSA census

If you have a large number of Health and Dependent Care elections to report, you can send those to us in a census. Due to changes in our discrimination testing process, you won't need to include additional premium data.

When do you expect to return the census? _____

File Feed

If your company has a feed setup, check with your vendor to see if they will be sending an Enrollment file to us.

Provider _____ Separate Enrollment File: (Y/N) _____ Date File will be sent: _____



2634 Reynolda Road
Winston-Salem, NC 27106-3817
ProBenefits.com

p. 336.761.1850
888.722.8382
e. Service@ProBenefits.com

(Please complete) Payroll Date

Date of First Paycheck with deductions in the new Plan Year: _____

- Monthly 12 deductions
 Semi-Monthly 24 deductions
 Weekly 52 deductions
 Bi-Weekly 26 deductions
 Bi-Weekly 24 deductions

Payroll Uniqueness (e.g., the last Thursday of each month; Monthly with 10 deductions)

Plan Specifications**Entity Type:** Governmental**Tax ID Number:** 56-6000303**Group Medical Renewal Date:** 7/1**Included Pre-Tax premiums:** Health Insurance, Dental Insurance, Vision Insurance, Supplemental Insurance Products**Do you offer Benefit Credits?** No**Do you offer a Health Savings Account:** No

	Included	Carry Over	Grace Period	Min	Max	Debit Card**
Health FSA	Yes	Yes	No	\$300	\$2,850*	Yes
Limited Dental/Vision FSA	No					
Dependent Care FSA	Yes	n/a	Yes	\$300	\$5,000*	Yes
HSA administered by ProBenefits	No					

*or IRS maximum

**For important information about FSA Debit Card substantiation please review:

https://probenefits.com/forms/FSA_debit_card_transactions-Important_information_for_employers.pdf

Please provide us with a copy of your benefits summary showing the copay amounts for your group health plan(s) so we can verify and update the autosubstantiation parameters.

Benefits Broker

Agency: Gallagher Benefit Services
 Representative: Joy Binkley
 Phone: 919-403-1986
 Email: Joy_Binkley@ajg.com
 Account Manager: Jennifer Swenk
 Phone: 919-403-1986
 Email: Jennifer_swenk@ajg.com



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Employer Address

County of Granville
P.O. Box 906
Oxford, NC 27565

Employer Contacts

Name	Phone	Ext.	Email	Primary?
Angela Miles	919-603-1639		Angela.Miles@granvillecounty.org	Y
Diane Cash	919-603-1304		diane.cash@granvillecounty.org	
Mike Felts	919-693-5240		michael.felts@granvillecounty.org	
Stephen M. McNally	919-603-1301		steve.mcnally@granvillecounty.org	

Reviewed by

Signature

Date



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