



# WHY Outsource Claim Processing ? CONVENIENCE

## Administrative services for as little as \$50 per month

*For Section 125 FSA and HRA Plans*

All employers want to take advantage of Section 125 and HRA tax-advantaged healthcare solutions offered by Core Documents; however, some may not want to deal with the day-to-day claims processing issues, or the HIPAA liability that comes from handling employees' protected health information.

For these clients, Core Admin offers a 24/7/365 online portal that allows employees to:

- Enroll;
- Make instant changes to their information; and,
- Access their account balances.

This virtually eliminates internal inquiries by employees about their plan. Plus, with the optional debit card, employees will no longer have to wait for reimbursement.

**Beat the crowd and sign up early.**  
Call 877-236-9186 to speak with a live Consultant.

**Visit us online today**

Learn more about Core Admin and all of our products and services at [www.coredocuments.com/claim-processing.php](http://www.coredocuments.com/claim-processing.php)

### How much does Section 125 FSA and HRA Claim Processing cost?

Unlike many administrators of Section 125 or HRA plans, Core Documents does not have a high minimum monthly charge for small employers.

#### Core Admin Fee Chart -- Per Employee

Number of Participants in Group	Monthly Fee Per Participant	Set-Up Fee New Participants after Set-Up*
1-5	\$50 Minimum Fee	\$10 FSA / \$20 HRA
6-10	\$10 FSA / \$10 HRA	\$10 FSA / \$10 HRA
11-19	\$9 FSA / \$10 HRA	\$9 FSA / \$10 HRA
20-49	\$8 FSA / \$9 HRA	\$8 FSA / \$9 HRA

Minimum \$150 Initial HRA Set Up Fee.  
Minimum \$100 Initial FSA Set Up Fee.

\* The Set-Up Fee for New Participants will be charged for New Participants added more than 30 days after the initial Set-Up.

## Request for Administrative Services

We request that **Core Documents, Inc.** complete an Agreement to provide administrative services through **CoreAdmin** as outlined below:

1) Administrative Services for:      r HRA    r EAP    r Health FSA    r DCAP FSA    r 132

2) Employer Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ (Agreement signer)

Contact Person (if different than signer): \_\_\_\_\_

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

3) Have you ordered your Plan Document(s) at [www.CoreDocuments.com](http://www.CoreDocuments.com) ?       Yes     No

4) Do you need assistance in ordering your Plan Document(s) at [www.CoreDocuments.com](http://www.CoreDocuments.com) ?       Yes     No

5) Date you would like Benefit to be Effective: \_\_\_\_\_

6) Number of W-2 Employees: \_\_\_\_\_

7) Number of Employees Expected to Participate \_\_\_\_\_

8) Number of pay periods each year :

Weekly - 52                       Bi-Weekly - 26  
 Twice each Month               Monthly - 12

9) First two pay dates after Plan Year begins: \_\_\_\_\_ and \_\_\_\_\_

10) How would you like the Benefit to be available to Employees:

r Debit Cards                      r Check to Employee

r Reimbursement will be paid directly to Employee by Employer after **CoreAdmin** reviews claims

11) Please provide additional information about any special circumstances or requests:

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