



Combined Services LLC

EMPLOYEE BENEFITS

REQUEST FOR PROPOSAL FOR FSA/HRA/PCP ACCOUNT ADMINISTRATION

Employer Name & Address

Producer/Representative Name & Address

Employer Contact Name _____

Broker Contact Name _____

Tel: _____ Fax: _____

Tel: _____ Fax: _____

Send Proposal To: _____

Type of Proposal Requested:

- | | |
|--|--|
| (a) <input type="checkbox"/> Flexible Spending Acct. | <input type="checkbox"/> Health Reimbursement Acct. |
| <input type="checkbox"/> Premium Conversion Plan | <input type="checkbox"/> Single or <input type="checkbox"/> Multiple Expense |

- (b) New Restatement/Replacement

Number currently enrolled in plan? _____ PCP

_____ FSA

_____ HRA

Number of eligible employees: _____

Number of Locations: _____

Requested effective date: _____

Does the employer wish to have a Grace Period included in the Plan? Yes No (FSA plans only)

Does the employer wish to have debit cards included in the Plan? Yes No (FSA & HRA plans only)

Once completed, please forward your request to:

Vermont

Karen J. Metz, RHU

kmetz@combinedservices.com

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Phone: 1 888 227-9745

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