

**State of Nebraska  
Request for Proposal  
Flexible Spending Account Administration**

**Vendor Name:**

<b>Administrative Activities</b>	<b>Sample Response</b>	<b>Vendor Explanation</b>
<b>Services</b>		
Contractor will adhere to and comply with all Federal policies and guidelines	Yes / No and Description of Service	
Reimbursement frequency - how often are payments processed to employees	Daily, Weekly, Monthly and Description of Service	
Claims processing turnaround time - time from when a clean claim is received by Contractor to the time a payment is made to the employee. Should be within 4 business days or less	# of days and is this an average	
Mode for claims submission	Mail, Fax, Toll Free Fax, Online	
Direct deposit available (provide a sample form)	Yes / No and Description of Service	
Debit card available (optional service to be determined by the State)	Yes / No and Description of Service	
Debit card vendor and any specific debit card requirements	Vendor and card requirements	
Please indicate under what circumstances will a debit card user be asked for receipts/additional information to complete substantiation	Description of Service	
Locations that will accept the Debit Card	Provide Locations and any usage limitations at each location	
Customer service phone number for participants and hours of operation	Yes / No and Description of Service	
Account balance reflected on EOB after each claim submission	Yes / No and Description of Service	
Are EOB's sent to employees after each claims submission	Yes / No and Description of Service	
Creation and maintenance of a plan document that incorporates the State's Section 125 components including medical, dental, vision and flex.	Yes / No and Description of Service	
Creation and maintenance of an SPD and SBC	Yes / No and Description of Service	
Frequency of written communication regarding plan balance to participants and method of delivery (provide samples)	Monthly, Quarterly, etc.	
Dedicated account management (provide resumes of account team assigned to the State)	Yes / No and Description of Service	
Provide samples of available employer daily, weekly, monthly, annual management and error reports. Does this specifically include a Payroll Discrepancy report?	Sample Reports	
The State requires reporting by Agency. Confirm whether this capability is available.	Yes / No and Description of Service	
Vendor can provide Non-Discrimination Testing for the State	Yes / No and Description of Service	
<b>Enrollment / Eligibility</b>		

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Ability to use an identifier other than a participant's Social Security Number	Yes / No and Description of Service	
Enrollment lead time requirement	Yes / No and Description of Service	
Enrollment support at all Open Enrollment events	Yes / No and Description of Service	
Enrollment kits (provide a sample)	Yes / No and Description of Service	
Payroll stuffers/brochures (provide a sample)	Yes / No and Description of Service	
Electronic Transfers of Eligibility upon implementation and weekly thereafter.	Yes / No and Description of Service	
Will accept the State's file and record format for eligibility files sent weekly	Yes / No and Description of Service	
Ability to accommodate multiple payroll cycles (Please indicate if there is a limit)	Yes / No and Description of Service	
Ability to continue to administer flex for terminated participants with positive account balances	Yes / No and Description of Service	
<b>Implementation</b>		
Provide an implementation time line	Yes / No and Description of Service - detail time frame needed to implement with an 7/1 effective date	
<b>Web Capabilities</b>		
Interactive secure website for participants (provide screen shots)	Yes / No and Description of Service	
Online tracking of participant claims in process and completed via a secure web site (provide sample screen shots)	Yes / No and Description of Service	
Participants Account balance and each years history of claims submitted reflected on the secure website	Yes / No and Description of Service	