



ORIGINAL

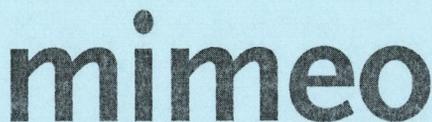
RFP #6171 Z1

State of Nebraska

Flexible Spending Accounts, COBRA Administration, and
Direct Bill Services

Barbara L. Gonzales, CEBS CFC HSAe
Vice President, Public Sector Sales
(850) 451-0693
Barbara.Gonzales@WageWorks.com

November 14, 2019 by 2:00 PM, Central



PACKING SLIP

0166183978



Order ID: 00-0004-00330-59891

From:
 Roselyn Vizcarra
 roselyn.vizcarra@wageworks.com
 WageWorks, Inc.
 760-505-8977

Submitted: 11/13/2019 6:31:26 PM CST

Deliver: 11/14/2019 10:30:00 AM

Deliver To:

Julie Schiltz/ Connie Heinrichs
 State Purchasing Bureau
 1526 K ST STE 130
 LINCOLN, NE 68508-2734
 United States
 402-471-6500

State of Nebraska State Purchasing Bureau
 SOLICITATION NUMBER: RFP 6171 Z1
 Procurement Contact: Julie Schiltz/ Connie Heinrichs
 Phone: 402-471-6500

Opening Date and Time: November 14, 2019 2:00 P.M. Central Time

RFP provided by WageWorks, Inc.



Contents:

Document	Description	Quantity
State of Nebraska RFP	207 Page Mixed Color Binder - 1 1/2" Durable D-Ring Bound Document	1
State of Nebraska RFP (Cost Proposal)	3 Page Color Binder - 1" Durable D-Ring Bound Document	1
		2

Order may be shipped in multiple packages.

Please check the quantity and content of your package carefully, and notify us of any issues within 5 working days.

For more information visit, www.mimeo.com, or call Customer Care at **1.800.GoMimeo** (1 800 466 4636).



ORIGINAL

RFP #6171 Z1

State of Nebraska

Flexible Spending Accounts, COBRA Administration, and
Direct Bill Services

Barbara L. Gonzales, CEBS CFC HSAe
Vice President, Public Sector Sales
(850) 451-0693
Barbara.Gonzales@WageWorks.com

November 14, 2019 by 2:00 PM, Central



Table of Contents

- Table of Contents1**
- Executive Summary.....3**
- Corporate Overview.....6**
- Technical Approach7**
 - Section II – Terms and Conditions7
 - Section III – Contractor Duties 16
 - Section IV – Payment..... 25
 - Section V – Project Description and Scope of Work 27
- Attachments and Exhibits 35**
- Required Documents..... 35**
 - 6171 Z1 Attachment A Bidder Questions 35
 - 6171 Z1 Cost Proposal (Excel)under separate cover
 - Form A – Contractor Proposal Point of Contact..... 35
 - Request for Proposal for Contractual Services Form..... 35
- Exhibits 35**
 - COBRA Report Samples 35
 - COBRA Sample Notices 35
 - Direct Bill (Retiree) Report Samples 35
 - Direct Bill Sample Notices 35
 - FSA Communication Samples 35
 - FSA Report Samples..... 35
 - Implementation Project Plan and Timeline Sample 35
 - Key Personnel Resumes..... 35



Executive Summary

RFP #6171 Z1 Flexible Spending Account, COBRA, and Retiree Benefits Services

WageWorks is pleased to present its FSA, COBRA, and Retiree Benefits Services solutions to the State of Nebraska. We are committed to delivering the industry's highest quality compliant services through a strong, innovative and creative service team at a competitive cost. WageWorks is a wholly owned subsidiary of HealthEquity, Inc. with corporate headquarters located at 15 W. Scenic Pointe Drive, Suite 100, Draper, Utah. We anticipate servicing the State's contract in our dedicated government services site located in Louisville, Kentucky.

We understand that the State wishes to accomplish the following objectives with this RFP:

1. **Minimize the cost and rate of future fee increases** – WageWorks will guarantee fees for the first full 5 years of the contract beginning on July 1, 2020 and ending on June 30, 2025.
2. **Establish performance targets to assess and monitor administrator's performance** – WageWorks has proposed performance guarantees as shown in Attachment A Sections 1.42 and 1.43. We agree to negotiate final performance guarantees and fees at risk during any final contract negotiation phase.
3. **Allow both Health Care and Dependent Care expenses with the Flexible Spending Account** – WageWorks FSA solution covers both qualified Health Care and Dependent Care expenses as covered by the State's Plan Document and IRS regulations.
4. **Streamline the efficiency and compliance of its current COBRA and Retiree process with a high level of performance in COBRA and Retiree administration and billing** – WageWorks has provided COBRA administration services since the COBRA law was initially introduced in the 1980's. Our technology platform has modules for both COBRA and Retiree billing and includes a robust case management system which permits clients, COBRA continuants, and Retirees to submit online case requests and track resolution of their inquiries. All notices/invoices sent are stored in electronic format and can be easily pulled and printed by client, COBRA continuant or Retiree if needed. WageWorks can accept new hire or qualifying event information via incoming file on the frequency designated by the State and generate applicable notices.

Why WageWorks for The State of Nebraska

Our Experience with Public Sector/Government Clients

- **Proven Track Record:** WageWorks is the exclusive consumer-directed accounts administrator for more than 75,000 employer clients and has successfully transitioned more than 1,000 government contracts including States, Federal agencies, Municipalities and Counties, Public Universities and Colleges, and large School Boards. We administer the largest FSA program in the nation, FSAFEDS, with more than 450,000 participants. WageWorks has the experience and resources to effectively manage the implementation process and ensure a successful transition to your new normalized operating environment.

Exceptional Service

- **Daily Operations Call:** Our commitment to service starts at the top. Our Executive Leadership Team hosts a daily operations call that monitors our service performance. Leaders from across the company participate in each call and every service department reviews the previous day's service



results for their respective team. Our commitment to service consistently results in a 90%+ client retention rate year-over-year.

- **24x7x365 Service:** Our onshore customer service team will service State employees and will be available via phone 24/7/365 to answer their FSA questions. Chat services are available as well and we find a high satisfaction rate when surveying participants regarding this new servicing channel. WageWorks' highly-trained agents utilize advanced technology to provide timely and accurate service for participants.
- **Service Team:** WageWorks will deploy an experienced, dedicated service team for the State and its employees.
 - **Executive Sponsor** – Barbara Gonzales, Vice President of Public Sector Sales, will be the Executive Sponsor through the contract and implementation phase. Barbara will assure that implementation, relationship management, customer service, and operational teams are fully apprised of the commitments made during the sales cycle.
 - **Implementation Managers** – Assigned Implementation Managers will manage the implementation for FSA, COBRA, and Retiree Benefits Services. Utilizing an industry leading program management process and sophisticated set of project management tools, we will coordinate every aspect of the project and transition from the State's current vendor.
 - **Relationship Management Team** – Relationship Managers will be assigned for all programs and will take a strategic and proactive approach to our partnership, driving value and growth in the programs. The Relationship Manager will be supported by an Account Service Consultant who will address day-to-day inquiries assuring comprehensive and timely responses to the State.

Proprietary Solutions Using Advanced Technology

- **Advanced Technology Solutions:** WageWorks can support all the State's programs and requirements. For FSA and COBRA, WageWorks offers proprietary platforms that deliver a unique participant experience while creating efficiencies that are leveraged across the organization. Our proprietary V5 platform for FSA creates particular synergy should the State decide to offer additional account-based plans such as HSAs or HRAs in the future. For example, participants receive a single debit card for an HSA and Limited Purpose FSA. The card systematically draws from the appropriate account based on the employer's stacking order and the participant's individual selection to "SAVE" or "SPEND", thereby reducing participant error and confusion.
- **Proprietary Platforms:** Unlike many vendors who license third party technology, WageWorks offers a proprietary technology platform. We own, develop, maintain and enhance our technology which provides WageWorks with the ability to address our clients evolving requirements more rapidly than our competitors. WageWorks releases new enhancements to our platforms every six weeks and invests 10 to 12% of our annual revenues back into our technology and security infrastructure.
- **Business Continuity and Security:** WageWorks takes privacy, security and business continuity very seriously and systems are built to NIST standards. Business continuity is assured through the use of (a) four highly secure and redundant data centers, (b) data replicated to secondary sites in "real time", (c) multiple call centers with dynamic call migration, (d) systems built and tested to handle 200% to 400% maximum load, and (e) ability to recover all systems in minutes/hours and not days. In order to access our systems, participants and client administrators use multi-factor authentication and data is encrypted at rest and in flight. We deploy continuous vulnerability



scanning with full intrusion protection and not just monitoring. Automated code security reviews are incorporated into our system software development life cycles (SDLC) with developers receiving 16 hours of secure code training annually. WageWorks systems are tested annually and we perform PCI compliance and SSAE-16 reviews.

- **Mobile Technology:** WageWorks' website is mobile-compatible and the WageWorks' mobile application makes it easy for employees to manage their accounts while on the go. Participants can use the mobile app to confirm balances, request reimbursement, provide card substantiation and view claims activity.
- **Multiple Reimbursement Options:** WageWorks supports multiple advanced options for reimbursement for the FSA including Healthcare Debit Card, Pay My Provider, Pick and Process, Automatic Health Plan Claims, and Pay Me Back (mail, fax, online).

Effective Communication Program & Tools

- **Customized Communications Approach for Government Accounts:** We have developed custom microsites, FAQ's and built a robust document library based on our extensive experience with large government accounts. The creation of custom quick start guides, newsletters, and dependent care FSA promotions help drive knowledge in concert with increased participation. We will develop customized communications for the State to assure a comprehensive deployment and rollout of services.
- **Transition Assistance Services for COBRA:** WageWorks offers unique one-of-a-kind transition assistance services, at no cost, for former employees and dependents who find COBRA continuation coverage to be unaffordable.

WageWorks acknowledges receipt of *Addendum One: Revised Schedule of Events and Addendum Two: Questions and Answers*. Our proposal presents the WageWorks solution in detail, including the completed Attachment A and related exhibits. This information will demonstrate how WageWorks' program knowledge, strong products, administration experience, commitment to customer service, and competitive pricing combine to offer the State of Nebraska compelling advantages over other options. We truly appreciate your consideration and look forward to exceeding your service level expectations.



Corporate Overview

Please refer to the attached, **Attachment A Bidder Questions**.



Technical Approach

Section II – Terms and Conditions

Bidders should complete Sections II through VII as part of their proposal. Bidder is expected to read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The bidder should also provide an explanation of why the bidder rejected the clause or rejected the clause and provided alternate language. By signing the solicitation, contractor is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and contractor fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this solicitation. The State of Nebraska reserves the right to reject proposals that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

The bidders should submit with their proposal any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the bidder's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DS X	dgm		

The contract resulting from this Request for Proposal shall only incorporate the following documents:

The contract resulting from this solicitation shall incorporate the following documents:

1. Request for Proposal and Addenda;
2. Amendments to the solicitation;
3. Questions and Answers;
4. Contractor's proposal (Solicitation and properly submitted documents);
5. The executed Contract and Addendum One to Contract, if applicable; and,
6. Amendments/Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) executed Contract and any attached Addenda, 3) Amendments to solicitation and any Questions and Answers, 4) the original solicitation document and any Addenda, and 5) the Contractor's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.



B. NOTIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<input checked="" type="checkbox"/>	DS dgm		

Contractor and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth below, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or five (5) calendar days following deposit in the mail.

Either party may change its address for notification purposes by giving notice of the change, and setting forth the new address and an effective date.

C. BUYER REPRESENTATIVE (POC)

The State reserves the right to appoint a Buyer's Representative to manage [or assist the Buyer in managing] the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the Contractor will be provided a copy of the appointment document, and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

D. GOVERNING LAW (Statutory)

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state and federal laws, ordinances, rules, orders, and regulations.

E. BEGINNING OF WORK

The contractor shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

F. AMENDMENT

This Contract may be amended in writing, within scope, upon the agreement of both parties.



G. CHANGE ORDERS OR SUBSTITUTIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DS X	dgm		

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the solicitation. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

In the event any product is discontinued or replaced upon mutual consent during the contract period or prior to delivery, the State reserves the right to amend the contract or purchase order to include the alternate product at the same price.

*****Contractor will not substitute any item that has been awarded without prior written approval of SPB*****

H. VENDOR PERFORMANCE REPORT(S)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DS X	dgm		

The State may document any instance(s) of products or services delivered or performed which exceed or fail to meet the terms of the purchase order, contract, and/or solicitation specifications. The State Purchasing Bureau may contact the Vendor regarding any such report. Vendor performance report(s) will become a part of the permanent record of the Vendor.

I. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DS X	dgm		

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or



pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

J. BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation	NOTES/COMMENTS:
		<input checked="" type="checkbox"/> DS dpm	Contractor does not agree to be responsible for any excess cost if the State obtains services from other sources or for the difference between costs of obtaining replacement services. Contractor also does not agree to pay incidental or consequential damages defined in UCC Section 2-715. WageWorks agrees to be responsible for all direct damages that it causes.

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby. OR In case of breach by the Contractor, the State may, without unreasonable delay, make a good faith effort to make a reasonable purchase or contract to purchased goods in substitution of those due from the contractor. The State may recover from the Contractor as damages the difference between the costs of covering the breach. Notwithstanding any clause to the contrary, the State may also recover the contract price together with any incidental or consequential damages defined in UCC Section 2-715, but less expenses saved in consequence of Contractor's breach.

The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

K. NON-WAIVER OF BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<input checked="" type="checkbox"/> DS dpm			

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

L. SEVERABILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<input checked="" type="checkbox"/> DS dpm			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.



M. INDEMNIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
X	DS dgm		

1. GENERAL

The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. INTELLECTUAL PROPERTY (Optional)

The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Contractor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Contractor has indemnified the State, the Contractor shall, at the Contractor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this solicitation.

3. PERSONNEL

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Contractor.

4. SELF-INSURANCE

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

5. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.



N. ATTORNEY'S FEES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
X	DS djm		

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if ordered by the court, including attorney's fees and costs, if the other Party prevails.

O. PERFORMANCE BOND

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
X	DS djm		

The Contractor will be required to supply a cashier's check or a bond executed by a corporation authorized to contract surety in the State of Nebraska, payable to the State of Nebraska, which shall be valid for the life of the contract to include any renewal and/or extension periods. The amount of the cashier's check or bond must be established dollar amount of \$200,000. The check or bond will guarantee that the Contractor will faithfully perform all requirements, terms and conditions of the contract. If the Contractor chooses to provide a cashier's check, the check must show an expiration date on the check. Cashier's checks will only be allowed for contracts for three (3) years or less, including all renewal options. Failure to comply shall be grounds for forfeiture of the check or bond as liquidated damages. Amount of forfeiture will be determined by the agency based on loss to the State. The bond or cashier's check will be returned when the contract has been satisfactorily completed as solely determined by the State, after termination or expiration of the contract.

P. ASSIGNMENT, SALE, OR MERGER

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
X	DS djm		

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.



Q. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS OF THE STATE OR ANOTHER STATE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
X	^{DS} dgm		

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Contractor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

R. FORCE MAJEURE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
X	^{DS} dgm		

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event"). The Party so affected shall immediately make a written request for relief to the other Party, and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

S. CONFIDENTIALITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
X	^{DS} dgm		

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.



T. EARLY TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
		X <i>ds</i> <i>dgm</i>	Contractor would like the right to terminate if there is a default by the State that remains uncured for 30 days, such as for non-payment of fees and funding. Contractor would like the right to terminate for convenience upon 180 days prior notice to the State. For various reasons there may be a need to terminate a contract. We feel 180-day notice would be sufficient time for the State to engage with another vendor.

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract immediately for the following reasons:
 - a. if directed to do so by statute;
 - b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
 - c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
 - d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
 - e. an involuntary proceeding has been commenced by any Party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
 - f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
 - g. Contractor intentionally discloses confidential information;
 - h. Contractor has or announces it will discontinue support of the deliverable; and,
 - i. In the event funding is no longer available.

U. CONTRACT CLOSEOUT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
		X <i>ds</i> <i>dgm</i>	Contractor would like the option to destroy information and data rather than return it to the State. In some instances returning documents is much more difficult and costly.

Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to



comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures;

4. Cooperate with any successor Contactor, person or entity in the assumption of any or all of the obligations of this contract;
5. Cooperate with any successor Contactor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.



Section III – Contractor Duties

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation	NOTES/COMMENTS:
		<input checked="" type="checkbox"/> DS <i>dpm</i>	With regard to the use of subcontractors, (1) No subcontractors are retained specifically for this contract. All Subcontractors are retained to service Contractor's entire book of business. As such, it is not practical for individual clients to have the right to consent to use a particular subcontractor. Contractor needs to retain the right to substitute subcontractors or add new subcontractors without the consent of the State provided Contractor remains liable for all acts or omissions of such subcontractors in complying with the terms of this Contract. (2) For the same reason, Contractor cannot agree for the State to have right to require the Contractor to reassign or remove from the project any subcontractor or subcontractor employee. (3) All subcontracts are already in place and are not easily amended at this juncture. While Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract, we will not be able to include this provision in the actual subcontract.

It is agreed that the Contractor is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

With respect to its employees, the Contractor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. Damages incurred by Contractor's employees within the scope of their duties under the contract;
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law;
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees)

If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the contractor's proposal. The Contractor shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.



The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

B. EMPLOYEE WORK ELIGIBILITY STATUS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
<input checked="" type="checkbox"/>	DS dgm		

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>
2. The completed United States Attestation Form should be submitted with the solicitation response.
3. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
4. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for goods and services to be covered by any contract resulting from this solicitation.



D. COOPERATION WITH OTHER CONTRACTORS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
X	^{DS} dgm		

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

E. PERMITS, REGULATIONS, LAWS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
X	^{DS} dgm		

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

F. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
X	^{DS} dgm		

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Contractor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.



G. INSURANCE REQUIREMENTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
		X ^{DS} 	<p>All insurance is based on Contractor's entire client base. There is no specific coverage on a client-by-client basis. Based upon the coverage that WageWorks has in place and the requirements of its insurance carriers, we respectfully request the State consider the following alternatives:</p> <ul style="list-style-type: none"> • Without limiting WageWorks liability, WageWorks can only offer recover under its policies based upon the limits set forth in this Agreement. • Umbrella/Excess liability will have an aggregate limit of \$25,000,000 • Professional liability (Medical Malpractice) is not applicable to services being offered. • With regard to notice of cancellation, insurance carrier(s) will "endeavor to" provide 30 days' notice of cancellation or non-renewal, 10 days for non-payment of premium.

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the Contract the Contractor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

1. WORKERS' COMPENSATION INSURANCE

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contractors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter.** The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor



performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.



REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Medical Payments	\$10,000 any one person
Damage to Rented Premises (Fire)	\$300,000 each occurrence
Contractual	Included
XCU Liability (Explosion, Collapse, and Underground Damage)	Included
Independent Contractors	Included
Abuse & Molestation	Included
<i>If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.</i>	
WORKER'S COMPENSATION	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	\$5,000,000 per occurrence
PROFESSIONAL LIABILITY	
Professional liability (Medical Malpractice) Qualification Under Nebraska Excess Fund	Limits consistent with Nebraska Medical Malpractice Cap
All Other Professional Liability (Errors & Omissions)	\$1,000,000 Per Claim / Aggregate
COMMERCIAL CRIME	
Crime/Employee Dishonesty Including 3rd Party Fidelity	\$1,000,000
CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	\$10,000,000
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

3. EVIDENCE OF COVERAGE

The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

Administrative Services
 Attn: Wellness & Benefits Administrator
 1526 K Street, Suite 110
 Lincoln, NE 68508

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage



afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto. Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

4. DEVIATIONS

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

H. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DS dgm			

If Contractor breaches the contract or anticipates breaching the contract the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, and may include a request for a waiver of the breach if so desired. The State may, at its discretion, temporarily or permanently waive the breach. By granting a temporary waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

I. ANTITRUST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DS dgm			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

J. CONFLICT OF INTEREST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DS dgm			

By submitting a proposal, bidder certifies that no relationship exists between the bidder and any person or entity which either is, or gives the appearance of, a conflict of interest related to this Request for Proposal or project.

Bidder further certifies that bidder will not employ any individual known by bidder to have a conflict of interest nor shall bidder take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.



If there is an actual or perceived conflict of interest, bidder shall provide with its proposal a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall bid evaluation.

K. STATE PROPERTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
X	DS dfm		

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

L. SITE RULES AND REGULATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
X	DS dfm		

The Contractor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Contractor.

M. ADVERTISING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
X	DS dfm		

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

N. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)

Contractor shall review the Nebraska Technology Access Standards, found at <http://nitc.nebraska.gov/standards/2-201.html> and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.



O. DISASTER RECOVERY/BACK UP PLAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
X	DS dfm		

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue delivery of goods and services as specified under the specifications in the contract in the event of a disaster.

P. DRUG POLICY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
X	DS dfm		

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

Q. WARRANTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
X	DS dfm		

Despite any clause to the contrary, the Contractor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Contractor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to Customer, or if Contractor is unable to perform the services as warranted, Contractor shall reimburse Customer the fees paid to Contractor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.



Section IV – Payment

A. **PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)**
 Neb. Rev. Stat. §§81-2403 states, “[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency.”

B. **TAXES (Statutory)**
 The State is not required to pay taxes and assumes no such liability as a result of this solicitation. The Contractor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor

C. **INVOICES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DS X	dfm		

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. The State can support a daily invoice and process ACH transfers within three (3) business days. The State cannot support a pre-funded account. The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

Invoices for payments must include:
 Monthly invoice (for the Flexible spending administration fees. The fees should be invoiced after the end of the month. (For example, the August admin fees would be invoiced 9/1/19.)

Flexible Spending daily reimbursement documentation must be emailed to the State and must include:
 The date the payments are processed & for what plan year, a separate amount for the dependent care & Health Care, an invoice #, in addition to a remittance address.

Weekly backup to support the daily Flexible Spending reimbursement requests must include:
 The employee name, SS#, date of the reimbursement, dollar amount of the reimbursement & whether the reimbursement was for Health Care or Dependent Care.

The Admin Fee Invoice and weekly backup reports shall be posted to the vendor's site and picked up by the State.

D. **INSPECTION AND APPROVAL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DS X	dfm		

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.



E. PAYMENT (Statutory)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
X	DS dfm		

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2403). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

F. LATE PAYMENT (Statutory)

The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Statutory)

The State's obligation to pay amounts due on the Contract for a fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

H. RIGHT TO AUDIT (First Paragraph is Statutory)

The State shall have the right to audit the Contractor's performance of this contract upon a thirty (30) days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. (Neb. Rev. Stat. §84-304 et seq.) The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of contractor's business operations, nor will contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to contractor.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
		X DS dfm	An overpayment of one-half of one percent is an extremely small error and WageWorks respectfully does not agree it should be responsible to pay the cost of an audit for such a small error. Contractor proposes that it will reimburse the State for the cost of the audit only in instances where fraud or material misrepresentations is discovered.

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent to three (3) percent of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.



Section V – Project Description and Scope of Work

The contractor should provide the following information in response to this solicitation.

A. PROJECT OVERVIEW

This Request for Proposal (RFP) is being issued to find a qualified contractor to provide a Flexible Spending Account and COBRA and Retiree Benefits Administration program for approximately 16,100 eligible and 15,126 enrolled state employees effective on July 1, 2020.

Stand-alone proposals will not be accepted for FSA (Medical & Dependent care) and/or COBRA/Retiree Administration. This RFP requires a single administrator for all parts of this request, including FSA (Medical and Dependent Care) along with all COBRA and Retiree Administration related services. The State of Nebraska currently outsources administration of FSA, COBRA and Retiree benefits to ASI COBRA.

The State's open enrollment period is during May for the July 1 through June 30 plan year. All active employees along with COBRA and Retiree individuals must re-enroll each year to choose their options for the next plan year. The State of Nebraska also completes new hire and status change enrollments as necessary.

The State wishes to accomplish the following objectives:

1. Minimize the cost and rate of future fee increases.
2. Establish performance targets to assess and monitor administrator's performance.
3. Allow both Health Care and Dependent Care expenses with the Flexible Spending Account.
4. Streamline the efficiency and compliance of its current COBRA and Retiree process with a high level of performance in COBRA and Retiree administration and billing.

B. FLEXIBLE SPENDING ACCOUNTS PROJECT ENVIRONMENT

All eligible permanent State of Nebraska employees (full time and part time) located throughout the State of Nebraska can chose to enroll and participate in the Flexible Spending Account program. Enrollment is completed within the State of Nebraska Workday system, the enrollment information (name, date of birth, social security number, affective date, amount, etc.) is pulled from Workday and those files are transferred to the Contractor. Employees have the option to participate in a Health Care Flexible Spending Account, a Dependent Care Flexible Spending Account, or both. One fee is paid if employee is enrolled in both Dependent Care and Health Care Accounts.

Employees can set aside up to \$2,700 pre-tax per calendar year for the Health Care Flexible Spending Account program. This may change based on Federal guideline limits and as approved by the State. Employees may not make an annual election of less than \$120. Those employees participating in the Dependent Care Flexible Spending Account program are allowed to set aside up to \$5,000 per calendar year, per household. Employees may not make an annual election of less than \$72.

Employees participating in the Flexible Spending Account program cannot transfer money from the Dependent Care Flexible Spending Account to the Health Care Flexible Spending Account and vice versa.

Direct deposit is available to Flexible Spending Account participants once the employee signs up to receive reimbursements by direct deposits to an account of the employees choosing that receives direct deposits, or by using a medical Flex debit card. Flex card is for medical related and pharmacy spending. Dependent care can only be submitted through receipt reimbursement process.

The enrolled employees must use funds with a date of service as June 30 or earlier each plan year or remaining funds are forfeited back to the plan (no carryover option). All employees are allowed a 4 month grace period, as allowed by Federal guidelines, with all receipts to be submitted for reimbursement by the October 31 deadline each year.

The Summary Plan Description for the current Flexible Spending Account program can be found at <http://das.nebraska.gov/Benefits/Active/flex.html> Flexible Spending Accounts Summary Plan Description (SPD). Of the State's approximately 16,379 eligible permanent employees 3,533 are enrolled in the current Health Care Flexible Spending Account and 432 enrolled in the current Dependent Care Flexible Spending Account and 235 are enrolled in both.



C. FLEXIBLE SPENDING ACCOUNT REQUIREMENTS:

1. Process grace period from July 1 through October 31 and run out claims.

RESPONSE: Confirmed.

2. Participate in-person during the annual Open Enrollment meetings for the Human Resource Information Group (HRIG) in April of each year. If requested by other State agencies, the Contractor may participate in agency specific health fair(s).

RESPONSE: Confirmed.

3. Supply printed materials (i.e. Employee flyers, links, general informational material) concerning Flexible spending and COBRA information for the annual OE meetings with HR and across the state. This information is provided to members.

RESPONSE: Confirmed.

4. Provide final Summary Plan Documents (SPD), written and electronic, to the State Wellness and Benefit Division prior to the Open Enrollment period and subsequent open enrollments.

RESPONSE: Confirmed.

5. Comply with the following eligibility process:

- a. Integrate with the State's eligibility systems;
- b. Eligibility files are sent on a weekly basis with enrollment information;
- c. At Open Enrollment, one large file will be sent with all updates for the new plan year, and weekly after that;
- d. The State of Nebraska will provide the initial Flex file (for both Medical and Dependent care) from the Open Enrollment elections for the plan year;
- e. Accept electronic transfer of eligibility data in a format indicated by the State and acknowledge receipt of the file;
- f. Implement eligibility updates within 24 hours of receipt;
- g. Maintain eligibility records for all participants; and
- h. Maintain eligibility reconciliations between Contractor files and the State's eligibility files.

RESPONSE: Confirmed.

6. Claims are paid by the Contractor and a reimbursement request is sent to the State on a daily basis via email. The reimbursement request is processed the following business day. The funds are electronically deposited into the Contractor's bank account within two business days.

RESPONSE: Confirmed.

7. Advise and assist the State in the preparation of Nondiscrimination Testing Management Report along with any additional preparation of forms and necessary documentation to fulfill reporting and disclosure requirements.

RESPONSE: Confirmed.

8. Provide guidance and written documentation within thirty (30) days upon request, on the PPACA and any future issues as related to health care reform, including but not limited to data comparison, analytics, strategic development, timelines, compliance, impact studies and implementation as those issues pertain to the State's experience.

RESPONSE: Confirmed.

9. Administer the program in compliance with the insurance laws of the State of Nebraska and all Federal regulations.

RESPONSE: Confirmed.



10. Monitor Federal regulations and State legislation affecting Flexible Spending Account programs provided under the plan and report to the State on those issues in a timely fashion prior to the effective date of any mandated plan changes.
RESPONSE: Confirmed.
11. Attend an annual performance or "stewardship" meeting within 180 days after contract year-end at which time the Contractor will, as directed by the State, summarize activities and performance for the year end.
RESPONSE: Confirmed.
12. Provide dedicated staff in the following specialties:
- a. Implementation Manager: Responsible for development and execution of implementation plan. Coordinates with the State, internal and other external resources. The Implementation Manager shall be dedicated to the State during the implementation process. Three (3) years of experience as an Implementation Manager and experience with groups 15,000 and larger are also required.
RESPONSE: WageWorks will assign Shani Grell-Smith as the FSA Implementation Manager.
Please refer to the attached, **Key Personnel Resumes**.
 - b. Account Executive: Responsible for overall account relationship including strategic planning in relation to plan performance, consultative services, recommendations for benefit design and cost containment opportunities, overseeing contractual services under the contract with the State, and managing all other Contractor's staff working on this account. Has overall responsibility for waste, fraud and abuse oversight and control. The Account Executive will be located in Nebraska and will be dedicated to the State account. The Account Executive will have a minimum five (5) years of experience as an Account Executive and have previously served as an Account Executive for at least one (1) year for a group of at least 15,000 members.
RESPONSE: WageWorks will assign Dustin Bryant as the FSA Account Executive.
Please refer to the attached, **Key Personnel Resumes**.
 - c. Member Services Manager: Responsible for all customer service functions and reporting. Three (3) years of experience as a Member Services Manager and experience with groups 15,000 and larger are also required.
RESPONSE: WageWorks will assign Robin Barnett, Director Customer Service, as the Member Services Manager.
Please refer to the attached, **Key Personnel Resumes**.
13. An Account Executive shall be accountable and responsible to the State for proactive management of all aspects of the Contractor's performance to the State. The Contractor shall not change assignment of the Account Executive without written notice provided to the State with a minimum of fourteen (14) business days prior to such change. The State reserves the right to request assignment of a new Account Executive and the Contractor shall make such change within 30 calendar days of receipt of written notice from the State.
RESPONSE: Confirmed.
14. Account Executive must be available by phone conference within two (2) hours after a request by the State and at no additional cost to the State.
RESPONSE: Confirmed.
15. Provide data feeds (ex. eligibility file) to the State's contractors such as Medical/Rx contractors, as requested.
RESPONSE: WageWorks provides detailed reporting, available on-demand, via our employer website. Additionally, if granted access by the State, the State's contractors may have access to view and export reports.
16. Provide an annual score card so the State can assess Contractor's performance.
RESPONSE: Confirmed.



17. Provide prefund claims reimbursement, including the printing and issuing of checks and electronic funds transfer.

RESPONSE: Confirmed.

D. COBRA AND RETIREE PROJECT ENVIRONMENT

Services to include COBRA and Retiree Administration for the Health, Dental, Vision, Medical FSA and EAP plans. Direct billing services must also be provided for both COBRA and Retiree enrolled in either of these options. COBRA enrollees are charged a 2% administration fee for each of the plans enrolled. The administration fee is retained by the State.

Retirees must go through Open Enrollment each year just as active employees. During the open enrollment period, a Retiree cannot enroll in any coverage they are not presently enrolled in. The enrolled participant can make tier changes to the coverage's and change plan enrollment types, example if the participant is enrolled in Basic Dental they are allowed to elect Premium Dental, if the participant is in any medical plan they can change within plans, example: high deductible to regular. Current Retirees cannot add any dependents during open enrollment unless documentation is supplied showing the spouse has lost creditable group coverage, not individual coverage, the day prior to when the new benefit plan year will be effective. (Example: the new benefit plan year will start on July 1st, John Smith is enrolled in single medical, his wife retires from her job and can supply the documentation that her coverage ended on June 30th then John Smith will be allowed to add his wife to his coverage.)

An ex-employee under the age of 55 can go before the State Retirement Board and request disability retirement. If the request is approved, the Nebraska Public Employees Retirement System will send a letter with the approval to the State Employee Benefits Office. In order for the ex-employee to be enrolled in the Retiree continued coverage group the ex-employee must be enrolled and in good standing in COBRA. If the employee is in good standing with COBRA his or her enrollment will be moved to the Retiree group the first of the month after the date of the approval letter and will be able to remain on the Retiree continued group up to the first of the month he or she turns 65 as long as the ex-employee remains in good standing with the Retiree group. If disabled and not an eligible retiree, the qualified beneficiary is eligible for up to an 11-month extension of COBRA continuation coverage, for a total of 29 months of COBRA coverage. The State charges the additional 48% of the premium for the 11 month SSDI extension. When COBRA/Retiree participants turn age 65, the State terminates all coverage on all plans. If employment is terminated with the State after attaining the age of 65, the individual is offered 18 months coverage for Health, Dental, Vision and EAP under COBRA.

COBRA participants and Retirees have the same plan options for Health, Dental, Vision and EAP as do active employees. Employees who terminate employment with the State at ages 55-64 and have contributed to the State's Retirement System are considered as "Retiree Status". Under Retiree Status, the participant will have the option to stay on the State's plans until turning age 65. As an added benefit, those on Retiree Status are not charged the 2% administration fee for health. Retirees aged 65 and older are offered COBRA and are charged the 2% administration fee on Health, Dental, Vision, FSA and or EAP.

The State does not employ any unique termination practices; all termination policies are the same. The State averages 3,680 terminations and 2,900 New Hires events per year. The State does not allow pro-rated/mid-month terminations. The State has approximately 1,620 IRS qualifying events per year. Of the State's approximately 16,379 eligible permanent employees, 125 are currently enrolled as COBRA and 300 are currently enrolled as a Retiree. All are being served by direct billing as enrolled participants are located across the country.

The State of Nebraska Retiree group benefit is for employees that wish to leave active service for the State on or after attaining the age of 55 up to and prior to the age of 65 and have been actively paying into the State's retirement system. A Retiree can continue Health, Dental, Vision, Medical FSA, and EAP enrollment at the age of 55 and keep the coverage to the first of the month he or she turns 65. Medical FSA can only be kept through the benefit year that the Retiree leaves state government. The enrolled participant can pay for Medical FSA for a limited number of months and then request to drop the benefit. Medical FSA is the only benefit that the Retiree can request to drop anytime during the benefit plan year.

If a person declines Retiree coverage at the time of termination from State employment, enrolled participant can never apply or be accepted for Retiree benefits in the future.



State Patrol Lifer Retiree

The State has a predetermined number of employees who are promised a unique Retiree status through a prior agreement we refer to as "State Patrol Lifer Retirees".

The number of employees that have a "State Patrol Lifer Retiree" status is approximately 8. No other employees will be allowed to participate in this manner. These individuals and spouses (if eligible) can retire from being an active employee; select benefits under the Retiree program and keep the medical benefits for an undetermined amount of time. All other benefits the State Patrol Lifer Retiree and spouse are enrolled in must be canceled the first of the month in which either participant turns 65. If the State Patrol Lifer turns 65 prior to his or her spouse then the spouse can continue enrollment in the other benefits, example Dental and/or Vision on a single plan coverage until the first of the month he or she turns 65 and vice versa.

The State Patrol Lifer Retiree cannot bring on a spouse at any later date and keep the spouse on for an in determined amount of time. If his or her spouse experiences a life event that allows the spouse to come on to the State Patrol Lifer Retiree benefit coverage's, the spouses coverage will end at the first of the month he or she turns 65 regardless of the fact that the State Patrol Lifer Retiree can carry the medical coverage for a in determined number of years. The State Patrol Lifer Retiree can keep the Health Coverage for Life only, this does not pertain to Dental, Vision, EAP or Flex. A State Patrol Lifer's Spouse can have single Dental and or Vision up to the age of 65 if the State Patrol Lifer Retiree turned 65 prior to the spouse, the medical coverage will always be employee and spouse unless the State Patrol Lifer Retiree passes away prior to the spouse then the State Patrol Lifer Retiree spouse can continue in a single medical plan.

E. COBRA AND RETIREE REQUIREMENTS:

1. Implement and comply with all Federal COBRA program requirements. Maintain full compliance, including but not limited to providing all new hires a letter confirming "General Notice of Your Rights, Group Health Continuation Coverage Under COBRA."

RESPONSE: Confirmed.

2. Medical, Dental, Vision, and flexible spending premiums that the COBRA and Retiree participants payments will need to be paid to the State of Nebraska, and payment is made on a monthly basis. Only the premium is sent to the contractor, the 2% Admin fee is retained by the State of Nebraska.

RESPONSE: The participant will pay the full premium, including the 2%. Once all premiums have been received for the month, WageWorks will return the premiums, for the State's remittance to carriers, including the 2% for the State.

3. Allow active Retiree who is in good standing with his or her Retiree monthly premium payments and is considered an active Retiree participant, then returns to employment with the State of Nebraska will be allowed to enroll again into the Retiree continued coverage program when enrolled participants leave State of Nebraska employment. The Retiree will be allowed to enroll in the benefits he or she was currently enrolled in on the last day of their current employment. The Retiree can also re-enroll and continue to elect coverage during the Open Enrollment period as long as the enrolled participants have remained active on the plan.

RESPONSE: Confirmed. The State will provide all eligibility related to COBRA and Direct Billing administration. Once notified of a newly eligible Retiree, WageWorks will enroll the Retiree in the appropriate plans, as designed by the State.

4. Any active Retiree who drops the continued Retiree coverage for any other employment with benefit coverage other than employment with the State of Nebraska will not be allowed to come back on the continued Retiree coverage program for any reason. Once the enrolled participant drops the coverage or do not pay premiums in a timely manner they are terminated from the Retiree continued group coverage with no option of reinstatement. Employees are allowed a 30 day grace period from the premium due date. If premiums are not paid by that deadline the plan will be terminated.

RESPONSE: Confirmed. The State will provide all eligibility, including terminations outside of late or non-payment terminations, related to COBRA and Direct Billing administration. Once notified of a newly eligible Retiree, WageWorks will terminate the Retiree from the appropriate plans.

5. No Retiree can add coverage without a life status change that is consistent with the allowed life status changes of all State of Nebraska Active employees.

RESPONSE: Confirmed.



6. A Spouse cannot enroll in Single coverage under the Retiree continued coverage with the exception of the spouses of State Patrol Lifers.

RESPONSE: Confirmed. WageWorks will establish the rules for direct billing of the Retiree plans based on the States requirements.

7. Comply with the following eligibility process:

- a. Integrate with the State's eligibility systems;

RESPONSE: Confirmed. WageWorks' file transfer specifications are recommended to ensure integrity of the EDI process. Specifications are relatively easy to program and developed specifically for maintaining seamless data transfers from a variety of sources and systems. Using our file transfer specifications allows clients to accommodate growth, add new plans, or meet new regulatory requirements, using the same uninterrupted data feeds. If non-standard specifications are desired, we can perform a gap analysis to determine if mapping software can handle the non-standard layout. Our mapping software can accommodate almost any client format, given the required fields are present for the intended transactions to be performed. Should programming be required, additional programming fees may apply.

- b. Eligibility files are sent on a weekly basis with enrollment information;

RESPONSE: Confirmed. WageWorks accepts files as often as determined by the State.

- c. At Open Enrollment, must process paper enrollment changes submitted by participants;

RESPONSE: Confirmed.

- d. Accept electronic transfer of eligibility data in a format indicated by the State and acknowledge receipt of the file;

RESPONSE: Confirmed. If non-standard specifications are desired, we can perform a gap analysis to determine if mapping software can handle the non-standard layout. Our mapping software can accommodate almost any client format, given the required fields are present for the intended transactions to be performed.

- e. Implement eligibility updates within 24 hours of receipt;

RESPONSE: WageWorks processes 99% of files received within two (2) business days.

- f. Maintain eligibility records for all participants; and

RESPONSE: Confirmed.

- g. Maintain eligibility reconciliations between Contractor files and the State's eligibility files.

RESPONSE: WageWorks provides reporting via our employer website, which is available on-demand, to assist the State with contractor and State eligibility reconciliations.

8. Provide services to all present active employees enrolled on the program effective date.

RESPONSE: Confirmed.

9. Provide materials to communicate participants' continuation options.

RESPONSE: Confirmed.

10. Advise and assist the State to fulfill reporting and disclosure requirements.

RESPONSE: Confirmed.

11. Provide guidance and written documentation within thirty (30) days upon request, on the PPACA and any future issues as related to health care reform, including but not limited to data comparison, analytics, strategic development, timelines, compliance, impact studies and implementation as those issues pertain to the State's experience.

RESPONSE: Confirmed.

12. Administer the program in compliance with the insurance laws of the State of Nebraska and all Federal regulations.



RESPONSE: Our COBRA services are provided in accordance with federal requirements and governed by and construed in accordance with laws of the state of Texas. This includes the provisions of the Texas Medical Records Privacy Act, which adopts a broader definition of a "breach" than what is found under HIPAA. We not only protect PHI as required by HIPAA, but sensitive information as required under the aforementioned Texas privacy laws.

- 13. Monitor Federal regulations and State legislation affecting COBRA and Retiree Administration programs provided under the plan and report to the State on those issues in a timely fashion prior to the effective date of any mandated plan changes.

RESPONSE: Confirmed.

- 14. Attend an annual performance or "stewardship" meeting within 180 days after contract year-end at which time the Contractor will, as directed by the State, summarize activities and performance for the year end.

RESPONSE: Confirmed.

- 15. Provide dedicated staff in the following specialties:

- a. Implementation Manager: Responsible for development and execution of implementation plan. Coordinates with the State, internal and other external resources. The Implementation Manager shall be dedicated to the State during the implementation process. Three (3) years of experience as an Implementation Manager and experience with groups 15,000 and larger are also required.

RESPONSE: WageWorks will assign Charoletta Smith as the COBRA/Direct Bill Implementation Manager.

Please refer to the attached, **Key Personnel Resumes**.

- b. Account Executive: Responsible for overall account relationship including strategic planning in relation to plan performance, consultative services, recommendations for benefit design and cost containment opportunities, overseeing contractual services under the contract with the State, and managing all other Contractor's staff working on this account. Has overall responsibility for waste, fraud and abuse oversight and control. The Account Executive will be located in Nebraska and will be dedicated to the State account. The Account Executive will have a minimum five (5) years of experience as an Account Executive and have previously served as an Account Executive for at least one (1) year for a group of at least 15,000 members.

RESPONSE: WageWorks will assign David Horton as the COBRA/Direct Bill Account Executive.

Please refer to the attached, **Key Personnel Resumes**.

- c. Member Services Manager: Responsible for all customer service functions and reporting. Three (3) years of experience as a Member Services Manager and experience with groups 15,000 and larger are also required.

RESPONSE: WageWorks will assign Robin Barnett, Director Customer Service, as the Member Services Manager.

Please refer to the attached, **Key Personnel Resumes**.

- 16. An Account Executive shall be accountable and responsible to the State for proactive management of all aspects of the Contractor's performance to the State. The Contractor shall not change assignment of the Account Executive without written notice provided to the State with a minimum of fourteen (14) business days prior to such change. The State reserves the right to request assignment of a new Account Executive and the Contractor shall make such change within 30 calendar days of receipt of written notice from the State.

RESPONSE: Confirmed.

- 17. Account Executive must be available by phone conference within two (2) hours after a request by the State and at no additional cost to the State.

RESPONSE: Confirmed.

- 18. Provide data feeds (ex. eligibility file) to the State's contractors such as Medical/Rx contractors, as requested.



RESPONSE: WageWorks provides detailed reporting, available on-demand, via our employer website. Additionally, if granted access by the State, the State's contractors may have access to view and export reports.

19. Provide an annual score card so the State can assess Contractor's performance.

RESPONSE: Confirmed.

20. Provide a monthly premium remittance electronically to the State of Nebraska.

RESPONSE: Confirmed.

F. DELIVERABLES

See Cost Proposal

RESPONSE: Please refer to the attached, Cost Proposal.



Attachments and Exhibits

Required Documents

6171 Z1 Attachment A Bidder Questions

6171 Z1 Cost Proposal (Excel)

Form A – Contractor Proposal Point of Contact

Request for Proposal for Contractual Services Form

Exhibits

COBRA Report Samples

COBRA Sample Notices

Direct Bill (Retiree) Report Samples

Direct Bill Sample Notices

FSA Communication Samples

FSA Report Samples

Implementation Project Plan and Timeline Sample

Key Personnel Resumes

**Attachment A
Bidder Questionnaire
RFP 6171 Z1**

Bidder Name: WageWorks, Inc.

Bidder should complete all questions in Attachment A.

CORPORATE OVERVIEW	
1.01	<p>BIDDER IDENTIFICATION AND INFORMATION</p> <p>Provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business, whether the name and form of organization has changed since first organized, and Federal Employer Identification Number.</p> <p>Response: Please see responses below.</p> <ul style="list-style-type: none"> • Company Name: WageWorks, Inc. a wholly-owned subsidiary of HealthEquity, Inc. • Corporate Headquarters: 15 West Scenic Pointe Drive, Suite 100, Draper, UT 84020 • State in which bidder is incorporated: WageWorks, Inc. was incorporated in Delaware. • Year in which bidder first organized to do business: 2000 • Federal Employer Identification Number: 94-3351864
1.02	<p>FINANCIAL STATEMENTS AND INFORMATION</p> <p>Provide financial statements applicable to the firm. Provide a copy of the bidder's most recent annual report. If publicly held, provide a copy of the corporation's most recent two (2) years of audited financial reports and statements, and the name, address and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.</p> <p>If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information must be submitted in such a manner that proposal evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm must provide a banking reference.</p> <p>The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.</p> <p>The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.</p> <p>Indicate the most recent Financial Rating, Financial Rating Modifiers and the Financial Rating Effective Date that have been received by the following organizations. Indicate all changes that have occurred in the last twelve (12) months for each of these ratings.</p> <ul style="list-style-type: none"> a. A.M.Best b. Standard and Poors c. Moody's d. Fitch

Response: HealthEquity, Inc. is a publicly held company. Please visit <https://www.sec.gov/cgi-bin/browse-edgar?CIK=hqy&owner=exclude&action=getcompany> or <https://ir.healthequity.com/sec-filings> for information related to HealthEquity's annual filings and financial statements. HealthEquity is not rated by any of the entities listed.

Fiscally responsible representative of HealthEquity:

Darcy Mott, EVP and CFO
15 W. Scenic Pointe Dr.
Draper, UT 84020
801-727-1000

From time to time, the Company may become involved in legal proceedings, claims and litigation arising in the ordinary course of business. There is no pending litigation that might materially affect the viability or stability of the organization. There are no financial reversals known or expected at this time.

CHANGE OF OWNERSHIP

1.03 If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded Contractor will require notification to the State.

Describe any parent/subsidiary relationship.

Response: We do not anticipate any change in ownership or control of the company during the next twelve (12) months.

OFFICE LOCATION

1.04 The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska must be identified.

Response: WageWorks' government service and operations site in Louisville, Kentucky will serve as the primary servicing site for the State. The Louisville, Kentucky office address is 5200 Commerce Crossings Dr., Louisville, Kentucky 40229. COBRA and Direct Bill (Retiree) administration will be serviced out of Irving, Texas. The Irving, Texas office address is 4609 Regent Blvd #100, Irving, TX 75063.

RELATIONSHIPS WITH THE STATE

1.05 The bidder describe any dealings with the State over the previous twelve (12) months. If the organization, its predecessor, or any party named in the bidder's proposal response has contracted with the State, identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

Response: While WageWorks has not had any direct dealings with the State over the previous 12 months and we do not have a direct contract with the State, we do contract with the University of Nebraska, a State-funded Agency. We are contracted with the University to provide Flexible Spending Account and COBRA Administration. Contact information has been provided in our response to the State's request for client references.

BIDDER'S EMPLOYEE RELATIONS TO STATE

1.06 If any party named in the bidder's proposal response is or was an employee of the State within the past twelve (12) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for proposal submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.

Response: None.

CONTRACT PERFORMANCE

If the bidder or any proposed subcontractor has had a contract terminated for default during the past three (3) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default. Bidder must provide information on administrative and/or litigation within the past three (3) years, include current/pending cases, expected litigation, judgments, awards, and settlements (both in and out of court) or other real or potential financial reversals, including any bankruptcy proceedings whether voluntary or involuntary, which might materially affect the viability or stability of the bidder.

1.07 It is mandatory that the bidder submit full details of all termination for default experienced during the past three (3) years, including the other party's name, address and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past three (3) years, so declare.

If at any time during the past three (3) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting party.

Response: None that we are aware.

SUMMARY OF BIDDER'S CORPORATE EXPERIENCE

Provide a summary matrix listing the bidder's previous projects similar to this Request for Proposal in size, scope and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the proposal.

The bidder must address the following:

Provide three narrative descriptions **for Flexible Spending Account services** to highlight the similarities between previous experience and this Request for Proposal. These descriptions must include:

- 1.08
- a. The time period of the projects;
 - b. The scheduled and actual completion dates;
 - c. The Contractor's responsibilities;
 - d. The number of contracts and the number of covered members for each project;
 - e. for reference purposes, three customer names (including the names of a contact person, current telephone numbers, facsimile numbers and e-mail addresses); and
 - f. Each project description shall identify whether the work was performed as the prime Contractor or as a subcontractor. If a bidder performed as the prime Contractor, the description must provide the originally scheduled completion dates and budget, as well as the actual (or currently planned) completion dates and actual (or currently planned) budget.

Contractor and subcontractor(s) experience for each set of requested services must be listed separately. Narrative descriptions submitted for subcontractors must be specifically identified as subcontractor projects.

If the work was performed as a subcontractor, the narrative description shall identify the same information as requested for the Contractors above. In addition, identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.

- a. Is this an exclusive relationship?
- b. Effective date of Subcontract?

Response:

Reference #1 – University of Nebraska

WageWorks provides administration of FSA and COBRA services for the University of Nebraska. The University's total number of covered members is 13,427. We have been providing these services since 1/1/2013. The State may contact Brian Schlichting, Assistant Director of Benefits, at (402) 472-5258 or via email at bschlichting@nebraska.edu. WageWorks is the prime contractor. The implementation was started prior to the effective date of 1/1/2013 and was completed on time. 2018 contract budget was \$220,516.

Reference #2 – University of Southern California

WageWorks provides administration of FSA, COBRA, and Direct Bill services for the University of Southern California. The University's total number of covered members is 17,775. We have been providing these services since 2/1/2012. The State may contact Kevin Johnson at (213) 821-8100 or via email atkfjohnson@usc.edu. WageWorks is the prime contractor. The implementation was started prior to the effective date of 2/1/2012 and was completed on time. 2018 contract budget was \$453,834.

Reference #3 – San Francisco Unified School District

WageWorks provides administration of FSA and COBRA services for the San Francisco Unified School District. The District's total number of covered members is 7,800. We have been providing these services since 3/1/2010. The State may contact Jeremy Balli at (415) 241-6101 or via email ballij@sfusd.edu. WageWorks is the prime contractor. The implementation was started prior to the effective date of 3/1/2010 and was completed on time. 2018 contract budget was \$44,829.

Provide three narrative descriptions for **COBRA Administration services** to highlight the similarities between previous experience and this Request for Proposal. These descriptions must include:

1.09

- a. The time period of the projects;
 - b. The scheduled and actual completion dates;
 - c. The Contractor's responsibilities;
 - d. The number of contracts and the number of covered members for each project;
 - e. for reference purposes, three customer names (including the names of a contact person, current telephone numbers, facsimile numbers and e-mail addresses); and
- Each project description shall identify whether the work was performed as the prime Contractor or as a subcontractor. If a bidder performed as the prime Contractor, the description must provide the originally scheduled completion dates and budget, as well as the actual (or currently planned) completion dates and actual (or currently planned) budget.

Contractor and subcontractor(s) experience for each set of requested services must be listed separately. Narrative descriptions submitted for subcontractors must be specifically identified as subcontractor projects.

If the work was performed as a subcontractor, the narrative description shall identify the same information as requested for the Contractors above. In addition, identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.

- a. Is this an exclusive relationship?
- b. Effective date of Subcontract?

Response:

Reference #1 – University of Nebraska

WageWorks provides administration of FSA and COBRA services for the University of Nebraska. The University's total number of covered members is 13,427. We have been providing these services since 1/1/2013. The State may contact Brian Schlichting, Assistant Director of Benefits, at (402) 472-5258 or via email at bschlichting@nebraska.edu. WageWorks is the prime contractor. The implementation was started prior to the effective date of 1/1/2013 and was completed on time. 2018 contract budget was \$220,516.

Reference #2 – Lockheed Martin Corporation

WageWorks provides administration of COBRA services for Lockheed Martin Corporation. Lockheed Martin's total number of covered members is 98,000. We have been providing these services since 1/1/2018. The State may contact Jacquelyn Hilliard at (301) 548-2239 or via email at jacquelyn.hilliard@lmco.com. WageWorks is the prime contractor. The implementation was started prior to the effective date of 1/1/2018 and was completed on time. 2018 contract budget was \$592,306.

Reference #3 – Leidos

WageWorks provides administration of COBRA services for Leidos. Leidos' total number of covered members is 15,159. We have been providing these services since 8/22/2018. The State may contact Kristina "Nina" Perrin at (571) 526-6336 or via email at kristina.perrin@leidos.com. WageWorks is the prime contractor. The implementation was started prior to the effective date of 8/22/2018 and was completed on time. 2018 contract budget was \$278,482.

Provide three narrative descriptions for **Retiree Administration services** to highlight the similarities between previous experience and this Request for Proposal. These descriptions must include:

1.10

- a. The time period of the projects;
- b. The scheduled and actual completion dates;
- c. The Contractor's responsibilities;
- d. The number of contracts and the number of covered members for each project;
- e. for reference purposes, three customer names (including the names of a contact person, current telephone numbers, facsimile numbers and e-mail addresses); and

Each project description shall identify whether the work was performed as the prime Contractor or as a subcontractor. If a bidder performed as the prime Contractor, the description must provide the originally scheduled completion dates and budget, as well as the actual (or currently planned) completion dates and actual (or currently planned) budget.

Contractor and subcontractor(s) experience for each set of requested services must be listed separately. Narrative descriptions submitted for subcontractors must be specifically identified as subcontractor projects.

If the work was performed as a subcontractor, the narrative description shall identify the same information as requested for the Contractors above. In addition, identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.

- a. Is this an exclusive relationship?
- b. Effective date of Subcontract?

Response:

Reference #1 – Massachusetts Mutual Life Insurance Co.

WageWorks provides administration of FSA, HRA, COBRA, Direct Bill, and Retiree Billing services for Massachusetts Mutual Life Insurance Co. Massachusetts Mutual Life Insurance Co.'s total number of covered members is 12,800. We have been providing these services since 1/1/2016. The State may contact Ana Francisco at (413) 744-1195 or via email afrancisco@massmutual.com. WageWorks is the prime contractor. The implementation was started prior to the effective date of 1/1/2016 and was completed on time. 2018 contract budget was \$168,850.

Reference #2 – University of Southern California

WageWorks provides administration of FSA, COBRA, and Direct Bill services for the University of Southern California. The University's total number of covered members is 17,775. We have been providing these services since 2/1/2012. The State may contact Kevin Johnson at (213) 821-8100 or via email atkfjohnson@usc.edu. WageWorks is the prime contractor. The implementation was started prior to the effective date of 2/1/2012 and was completed on time. 2018 contract budget was \$453,834.

Reference #3 – University of Miami

WageWorks provides administration of HRA, FSA, COBRA, and Direct Bill services for the University of Miami. The University's total number of covered members is 13,000. We have been providing these services since 1/1/2012. The State may contact Jennifer S. Cohen at (305) 284-6835 or via email jcohen1@miami.edu. WageWorks is the prime contractor. The implementation was started prior to the effective date of 1/1/2012 and was completed on time. 2018 contract budget was \$435,222.

1.11

Indicate years of service providing and administering the coverage(s) related to this RFP. Describe abilities to administer such plans including:

- a. Flexible Spending Accounts (Medical)
- b. Dependent Care Spending Accounts
- c. COBRA administration and billing
- d. Retiree administration and billing

Response:

- a. Flexible Spending Accounts (Medical) – Since 2002
- b. Dependent Care Spending Accounts – Since 2002
- c. COBRA administration and billing – Through acquisition, since 1986
- d. Retiree administration and billing – Through acquisition, since 1998

1.12

For the entire book of business for **Flexible Spending Account services**, provide the total year-end national group membership (number of contracts) that receives medical administration services and indicate how many of these are in Nebraska. Provide statistics for Public Sector clients

	National Group Membership (Number of Contracts)	Nebraska Group Membership Number of Contracts)	Number of Public Sector Groups	Number of Public Sector Groups with 15,000+ lives
2016				
2017				
2018				
2019				

Response: Please refer to the table below.

	National Group Membership (Number of Contracts)	Nebraska Group Membership Number of Contracts)	Number of Public Sector Groups	Number of Public Sector Groups with 15,000+ lives
2016	2244	10	82	12
2017	3606	14	95	11
2018	5228	16	120	12
2019	5579	11	138	11

The information provided above is based on WageWorks' enterprise book of business, clients of similar size and scope as the State.

1.13

For the entire book of business for **COBRA Administration services**, provide the total year-end national group membership (number of contracts) that receives medical administration services and indicate how many of these are in Nebraska. Provide statistics for Public Sector clients

	National Group Membership (Number of Contracts)	Nebraska Group Membership	Number of Public Sector Groups	Number of Public Sector Groups with 15,000+ lives

			Number of Contracts)		
2016					
2017					
2018					
2019					

Response: Please refer to the table below.

	National Group Membership (Number of Contracts)	Nebraska Group Membership Number of Contracts)	Number of Public Sector Groups	Number of Public Sector Groups with 15,000+ lives
2016	10,266	21	83	8
2017	16,566	38	114	7
2018	20,474	38	142	8
2019	23,973	41	163	8

The information provided above is based on WageWorks' enterprise book of business, clients of similar size and scope as the State.

1.14

For the entire book of business for **Retiree Administration services**, provide the total year-end national group membership (number of contracts) that receives medical administration services and indicate how many of these are in Nebraska. Provide statistics for Public Sector clients

	National Group Membership (Number of Contracts)	Nebraska Group Membership Number of Contracts)	Number of Public Sector Groups	Number of Public Sector Groups with 15,000+ lives
2016				
2017				
2018				
2019				

Response: Please refer to the table below.

	National Group Membership (Number of Contracts)	Nebraska Group Membership Number of Contracts)	Number of Public Sector Groups	Number of Public Sector Groups with 15,000+ lives
2016	268	0	8	0
2017	396	1	11	0
2018	449	1	14	0
2019	491	1	15	0

The information provided above is based on WageWorks' enterprise book of business, clients of similar size and scope as the State.

1.15

What percentage of the 2018 total group membership renewed for the 2019 plan year for FSA, COBRA and/or Retiree Administration services?

Response: Historically WageWorks maintains annual client retention rates in excess of 90%.

SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH

The bidder must present a detailed description of its proposed approach to the management of the project.

The bidder must identify the specific professionals who will work on the State's project if the company is awarded the contract resulting from this Request for Proposal. The names and titles of the team proposed for assignment to the State project shall be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified. If the teams are different for each product (i.e. FSA is different from COBRA), indicate as such. The team shall include, but not be limited, to the following roles:

- a. Implementation Manager
- b. Account Executive
- c. Member Services Manager

1.16

Designated alternate Account Executive would be expected to be familiar with all aspects of the State's business as it relates to the State's Health Plan. The designated alternate Account Executive is not subject to the location requirements, but must be available via a conference call.

Provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the Request for Proposal in addition to assessing the experience of specific individuals.

Resumes must not be longer than three (3) pages. Resumes shall include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

response:

- a. Implementation Manager

Flexible Spending Accounts Administration

The designated implementation manager is responsible for providing clients with a seamless transition to our services. The implementation manager will coordinate with the client's benefits staff to provide necessary implementation requirements, schedule and participate in a kick-off meeting, complete and maintain a project plan and action log, establish timelines, identify action items and requirements, coordinate with internal resources, and provide updated communications.

The implementation manager will engage other internal resources as required by the client's specific requirements, including IT, Product resources, and others. Upon completion of the implementation, the client will be transitioned to client services for ongoing account management and administration.

Shani Grell-Smith, Implementation Manager: WageWorks will assign Shani Grell-Smith as the FSA Implementation Manager. Shani joined WageWorks in 2016 with more than 17 years of industry experience. She oversees the implementation process for new FSA, HRA, Commuter, and HSA clients. Prior to joining WageWorks, Shani served as a senior implementation manager and training director for a benefits administrator for 17 years. Her background includes strong knowledge and administration of FSA, HSA, HRA, and Commuter benefits, including midyear takeover accounts. Shani has a Bachelor's degree in Psychology.

Please refer to the attached, **Key Personnel Resumes**.

Client References

Client Name	Contact Name	Email	Phone
Piedmont Healthcare	Jennifer Dunlap	Jennifer.Dunlap@piedmont.org	470-271-1949
City of Fort Worth	Joanne Hinton	Joanne.Hinton@fortworthtexas.gov	817-392-6275
The GEO Group	Pam Titus	PTitus@geogroup.com	561-999-7455

Ben Michaelson, Manager, Implementation Solutions: Ben Michaelson joined WageWorks in 2012. He leads the Enterprise Implementation Team responsible for implementing WageWorks Consumer Directed Benefits. Ben has over 13 years of experience working with pre-tax reimbursement benefits and has a strong background in FSA, HSA, HRA, Wellness and Commuter Benefits, including 10 years in project management. He is a graduate of Utah Valley University and holds a B.S. in business management.

Robin Thrasher, Sr. Director, Implementation Solutions: Robin Thrasher joined WageWorks in 2008 and leads a team of implementation managers responsible for implementation of healthcare, wellness and commuter benefit programs to new and existing clients and partners. In addition to providing oversight and management support to her team's projects, Robin serves a key role in client and partner relationship management and development of tools and process improvement initiatives. Robin has over 10 years of benefits outsourcing administration experience with focus on business development, operations team leadership, management of new client and service, and extensive project management. Prior to joining WageWorks, Robin held management roles in customer support and human resources.

COBRA/Direct Bill Administration

The COBRA/Direct Bill implementation manager will coordinate with the FSA implementation manager, who will serve as the primary point of contact, during the implementation process.

Charoletta Smith, Implementation Manager: WageWorks will assign Charoletta Smith as the COBRA/Direct Bill Implementation Manager. Charoletta Smith joined WageWorks in 2015 as an experienced Implementation Manager with healthcare industry experience. She is a strong program and project management professional with skills in nonprofit organizations, team building, public speaking, management, and managed care. Client satisfaction is high on her list of priorities, as well as insuring a positive experience with WageWorks. Charoletta has received her COBRA (CAS) certification and is working to achieve her flexible compensation (CFC) accreditation. She holds a Master of Business Administration (MBA) focused in healthcare administration and management from Satish & Yasmin Gupta College of Business and Bachelors of Arts in Biology from the University of Texas at Arlington.

Please refer to the attached, **Key Personnel Resumes**.

Client References

Client Name	Contact Name	Email	Phone
Big Lots	Chris Means	CMeans@biglost.com	614-278-6633
San Francisco Unified School District	Jeremy Balli	Ballij@sfusd.edu	415-241-6101
The GEO Group	Pam Titus	PTitus@geogroup.com	561-999-7455

Meghan Adams, Manager, Implementation Solutions: Meghan Adams joined WageWorks in 2008 with expertise in direct customer service, client service, and platform implementation. As Manager, she leads the Mid-Market and Support teams. During her time at WageWorks, Meghan has held progressively responsible roles leading to her current position where she focuses on client implementation and service roll out. Her experience in troubleshooting customer service has proven critical in her understanding and ability to manage projects as they relate to client implementations. Prior to WageWorks, Meghan worked in project management roles for Einstein Bros., TouchNet Information Systems, and ExamOne a division of Quest Diagnostics. She

holds a B.S. from the University of Central Missouri, Honors College, with a focus on business.

Robin Thrasher, Sr. Director, Implementation Solutions: Robin Thrasher joined WageWorks in 2008 and leads a team of implementation managers responsible for implementation of healthcare, wellness and commuter benefit programs to new and existing clients and partners. In addition to providing oversight and management support to her team's projects, Robin serves a key role in client and partner relationship management and development of tools and process improvement initiatives. Robin has over 10 years of benefits outsourcing administration experience with focus on business development, operations team leadership, management of new client and service, and extensive project management. Prior to joining WageWorks, Robin held management roles in customer support and human resources.

b. Account Executive

Flexible Spending Accounts Administration

WageWorks is committed to service excellence for clients and their employees. To ensure client satisfaction, we assign a designated relationship manager to oversee your account. Your relationship manager has full responsibility for and ownership of your experience. The relationship manager will collaborate closely with the State's benefits team to deliver service and solutions that uniquely address your specific needs. The primary roles and responsibilities of relationship managers include:

- Serve as client advocate
- Establish, develop, and maintain the client relationship
- Identify and manage client expectations
- Serve as a consultant for strategic planning
- Provide timely response to client requests, concerns, and escalations
- Prepare and facilitate client service reviews
- Educate client on compliance changes, product enhancements, and new services offered by WageWorks
- Partner with clients to review their programs related to industry results

Dustin Bryant, Relationship Manager: Dustin Bryant is a Relationship Manager at WageWorks. In this role, he manages all aspects of the client relationship and day-to-day activities to ensure service delivery. Previously, he was an Account Manager at a large cloud-based telecommunications provider and has over 10 years of operations and client services experience working with large-scale clients. Dustin received his BS in Business Administration from Spalding University in Louisville, KY and recently obtained his Health Savings Account Expert certification (HSAe).

Please refer to the attached, **Key Personnel Resumes**.

Client References

Client Name	Contact Name	Email	Phone
Blue Cross Blue Shield Association	Eliza Chu	Eliza.chu@bcbsa.com	312-297-6131
Health Alliance Plan – HAP	Jaimie Fuhrman	Jfuhrma1@hap.org	248-443-1135

Tavia Trost, Sr. Director, Relationship Management: Tavia Trost is a Senior Director of Relationship Management at WageWorks. In this role, she leads a team responsible for service delivery and client relationships. Previously, she was a Program Manager at a large HealthCare provider. She has over 20 years of operations, marketing and client services experience working with large-scale clients, including the Federal government. Additional experience includes program office and project management in the Health Care industry. She received her BS in Marketing from Miami University of Ohio and her Master's Degree in Business Administration from the University of Dayton. She also has a Project Management Professional Certification (PMP) and recently obtained her Health Savings Account Expert certification (HSAe).

Danielle Higdon, Vice President, Relationship Management: Danielle Higdon is the Vice President of Government Services and Operations at WageWorks. In this role, she leads the team responsible for service delivery, client relationships and operations. She has over 15 years of experience in client services, operations and project management focused on the Federal space. Previously, she held various roles in corporate marketing. She received her BA in Communications and a minor in Psychology from the University of Louisville. She also has a Project Management Professional Certification (PMP) as well as a Health Savings Account Expert certification (HSAe).

COBRA/Direct Bill Administration

The COBRA/Direct Bill relationship manager will coordinate with the FSA relationship manager, who will serve as the primary point of contact, for ongoing account administration.

David Horton, Relationship Manager: David Horton joined WageWorks in 2010 and has more than 12 years of insurance industry experience. David’s prior experience includes account management for a company that provided services to Medicare Advantage plans, medical claims adjuster in insurance cost containment and claims adjuster in the property and casualty side of the insurance industry. David is proactive in anticipating his client’s needs and works to develop strategic solutions for their COBRA and Direct Bill administration. He holds a B.S. in business administration with majors in management information systems and marketing.

Please refer to the attached, **Key Personnel Resumes**.

Client References

Client Name	Contact Name	Email	Phone
Lockheed Martin	Jacquelyn Hilliard	Jacquelyn.Hilliard@lmco.com	301-548-2239
Leidos	Kristina “Nina” Perrin	Kristina.Perrin@Leidos.com	571-526-6336

Joseph Rabuco, Manager, Relationship Management: Joseph Rabuco joined WageWorks in June 2007 with more than 11 years of industry experience. During his tenure at WageWorks, Joseph has helped manage some of the largest and most complex clients by leading a team of relationship managers responsible for assisting clients to maximize their benefit programs. Prior to joining WageWorks, Joseph was a branch supervisor and relationship manager for First Tennessee Bank and worked in client services with Merrill Lynch, Pierce, Fenner and Smith and as a business analyst for Global Employee Services.

Amy Coleman, Director, Relationship Management: Amy Coleman joined WageWorks in 2006 following five years as the reimbursement account services compliance manager at a Dallas-based third party administrator (TPA). She has extensive knowledge of healthcare FSAs, with experience in administering this product since 2001. Amy earned her CFC designation in 2007 and holds a B.B.A. in human resources. In 2010, she completed a M.B.A. in strategic leadership.

c. Member Services Manager

- **Robin Barnett, Director, Customer Services:** Robin Barnett joined WageWorks in 2016 with more than 19 years of industry experience. During her tenure at WageWorks, Robin has directed customer service activities for the largest Public Sector clients in the organization. Robin and her team ensure successful onboarding of large public sector clients and programs. She is responsible for ensuring all service level agreements are achieved to avoid service level penalties for customer service and claims processing units. She also collaborates with vendor outsourcing partners to ensure call quality standards and member satisfaction survey scores are exceeded. Robin’s prior experience includes Director of Audit Operations at The Rawlings Group, and several roles including Director of Operations, Government Services and Operations Manager at Humana. Robin holds a Bachelor of Science in Communications with a minor in English. She is also a Six Sigma Green Belt.

Please refer to the attached, **Key Personnel Resumes**.

Client References

Client Name	Contact Name	Email	Phone
Department of Veterans Affairs	Greg Eslinger	Gregory.Eslinger@Lewin.com	404-323-3528
Blue Cross Blue Shield Association (BCBSA)	Leigh Adler	Leigh.Adler@bcbsa.com	202-942-7571

SUBCONTRACTORS

1.17

If the bidder intends to subcontract any part of its performance hereunder, the bidder must provide:

- a. name, address and telephone number of the subcontractor(s);
- b. specific tasks for each subcontractor(s);
- c. advise if exclusive relationship for each subcontractor;
- d. Indicate effective date and expiration date of each Subcontract agreement; and
- e. Describe the management of suppliers/subcontractors to ensure delivery is effectively provided to the State of Nebraska and its employees.

Response: WageWorks manages the performance of our vendors and subcontractors with the same high standards that we use to manage our internal businesses. We monitor their performance against our agreed upon contractual service levels, as well as our customer and client expectations. Additionally, we conduct vendor reviews, as applicable to the support model, (quarterly, semiannual or annual) to ensure that our vendors deliver the results we expect on behalf of our customers. The vendor selection process entails a thorough review of the vendor's and subcontractor's financial and operational controls, employee management practices, data security controls, business continuity and disaster recovery, and ensuring there is a culture of continuous process improvement.

Our subcontractors include:

- a. **Conduent**, 100 Campus Dr., Suite 200, Florham Park, New Jersey 07932 (844) 663-2638
- b. Customer service, mail room and claims processing
- c. Non-exclusive
- d. Since 1995; Auto-renew
- e. See response above.

- a. **Bancorp Bank**, 409 Silverside Road Suite 105 Wilmington, Delaware 19809 (302) 385-5000
- b. Customer service, mail room and claims processing
- c. Non-exclusive
- d. Since 2003; Auto-renew
- e. See response above.

- a. **Alegeus Technologies, LLC.**, 601 Riverside Avenue Jacksonville, Florida 32204 (888) 852-6334
- b. Card production and transaction processing
- c. Non-exclusive
- d. Since 2001; Auto-renew
- e. See response above.

- a. **Fidelity National Information Services Inc.**, 9454 Phillips Highway, #4 Jacksonville, Florida 32256 (800) 215-6280
- b. Card fulfillment
- c. Non-exclusive

- d. Since 2001; Auto-renew
- e. See response above.

- a. **Fiserv**, 14090 Southwest Freeway Suite 500 Sugar Land, Texas 77478 (800) 872-7882
- b. Fulfillment vendor for Quick Start Guides, Explanation of Benefits, and check/direct deposit payments
- c. Non-exclusive
- d. Since 2006; Auto-renew
- e. See response above.

- a. **Rackspace**, 1 Fanatical Place, City of Windcrest, San Antonio, Texas 78218 (800) 961-4454
- b. Hosting and offsite recovery services
- c. Non-exclusive
- d. Since 2007; Auto-renew
- e. See response above.

- a. **Teleperformance**, 1901 Northwind Pkwy, Hobart, IN 46324 (219) 947-8700
- b. Overflow call center services
- c. Non-exclusive
- d. Since 2018; Auto-renew
- e. See response above.

- a. **Faneuil**, 701 E. Douglas Ave., Wichita, KS 67202 (757) 722-3235
- b. Overflow call center services
- c. Non-exclusive
- d. Since 2019; Auto-renew
- e. See response above.

While we provide core COBRA and Direct Bill administration services internally, we collaborate with expert vendors to enhance service offerings as appropriate. Examples of vendor relationships include:

- a. **Rackspace**, 1 Fanatical Place, City of Windcrest, San Antonio, Texas 78218 (800) 961-4454
- b. Hosting and offsite recovery services
- c. Non-exclusive
- d. Since 2007; Auto-renew
- e. See response above.

- a. **Conduent**, 100 Campus Dr., Suite 200, Florham Park, New Jersey 07932 (844) 663-2638
- b. Customer service, mail room and claims processing
- c. Non-exclusive
- d. Since 1995; Auto-renew
- e. See response above.

- a. **Teleperformance**, 1901 Northwind Pkwy, Hobart, IN 46324 (219) 947-8700
- b. Overflow call center services
- c. Non-exclusive
- d. Since 2018; Auto-renew
- e. See response above.

- a. **Faneuil**, 701 E. Douglas Ave., Wichita, KS 67202 (757) 722-3235
- b. Overflow call center services
- c. Non-exclusive
- d. Since 2019; Auto-renew
- e. See response above.

TECHNICAL APPROACH

1.18 Describe the administration of FSA benefits, including health care and dependent care reimbursement accounts, as well as whether these services are outsourced with another vendor.

Response: WageWorks provides an integrated FSA platform that automates core functions, such as customer service, transaction inquiry support, debit card operations, claims processing, and funding. By owning these components, WageWorks eliminates the breakpoints that other administrators experience due to their use of third party card vendors. This single-platform model ensures integration across all functional areas, and that employers, participants, and all WageWorks departments are accessing the same data in real-time. This synchronization reduces the risk of error, and provides a streamlined experience for employers and their participants.

The following administrative processes are subcontracted:

- Conduent – Overflow call center services, mail room and claims processing
- Bancorp Bank – Customer service, mail room and claims processing
- Alegeus Technologies – Card production and transaction processing
- Fidelity National Information Services Inc. – Card fulfillment
- Fiserv – Fulfillment vendor for Quick Start Guides, Explanation of Benefits, and check/direct deposit payments
- Rackspace – Hosting and offsite recovery services
- Teleperformance and Faneuil – Overflow call center services

Below is our FSA Features and Capabilities chart:

Feature	Capability	Client Benefit	Participant Benefit
File Enrollment	<ul style="list-style-type: none"> • Customizable file enrollment and account setup • Easy anytime, anywhere access 	<ul style="list-style-type: none"> • Convenience of paperless enrollment • Instant reporting and measurement • Promotes increased participation 	<ul style="list-style-type: none"> • Ease and convenience of electronic enrollment • Easy access to open enrollment tools and resources
Payment Options	<i>Healthcare Debit Card</i> <ul style="list-style-type: none"> • Works seamlessly with our platform • Multi-wallet capability 	<ul style="list-style-type: none"> • Increased card activation • Lower program noise • Customizable rules and appearance • 100% compliant with IRS regulations 	<ul style="list-style-type: none"> • Access to funds at point of sale • Swipe-and-go convenience • No fees • Additional debit cards for eligible family member
	<i>Pay My Provider</i> <ul style="list-style-type: none"> • Schedule one-time or recurring payments via our website 	<ul style="list-style-type: none"> • Increased participant satisfaction • Lower program noise 	<ul style="list-style-type: none"> • Convenience of online bill pay • Easy allocation of FSA funds
	<i>Pay Me Back</i> <ul style="list-style-type: none"> • Online and traditional claims submission 	<ul style="list-style-type: none"> • Increased participant satisfaction • Lower program 	<ul style="list-style-type: none"> • Quick turnaround time • Toll-free fax submission

	<ul style="list-style-type: none"> • Claims processing within two business days • All claims imaged and stored 	noise	<ul style="list-style-type: none"> • Reimbursement by check or direct deposit
	<p><i>Automatic Health Plan Claims</i></p> <ul style="list-style-type: none"> • Electronic claims submission via carrier claim files • Reimbursement directly to participant <p>-or-</p> <p><i>Pick and Process</i></p> <ul style="list-style-type: none"> • Allows participants to pick a claim based on carrier file feeds, and either reimburse themselves, send payment directly to the provider, or use a claim to substantiate a card receipt 	<ul style="list-style-type: none"> • Increased participant satisfaction • Lower program noise • Increased participant satisfaction • Lower program noise 	<ul style="list-style-type: none"> • Reimbursement by check or direct deposit • Convenience of payment options based on the participant's situation
Participant Website	<ul style="list-style-type: none"> • Secure, multi-use and multi-plan, self-service account portal and administrative site 	<ul style="list-style-type: none"> • Reduced administrative burden • Increased participant plan ownership and satisfaction 	<ul style="list-style-type: none"> • Convenience • Instant, secure access to account funds and information, as well as resources
Grace Period/ Carryover/Run-Out Period	<ul style="list-style-type: none"> • Multi-wallet capability • Standard 90-day run-out • Continuation of claims processing 	<ul style="list-style-type: none"> • No extra charge • Employer-controlled • Lower FSA forfeiture • One-, two-, or 2.5-month grace period options 	<ul style="list-style-type: none"> • More time to use funds/submit claims • Reduces forfeiture risk • Convenience
In-Plan Communications	<ul style="list-style-type: none"> • Comprehensive welcome guides • On-demand statement of activity • Claims and event-driven email and text notifications/alerts 	<ul style="list-style-type: none"> • Reduced administrative burden • Increased administrator and participant satisfaction 	<ul style="list-style-type: none"> • Increased account visibility and control • Convenience • Account confidence

Third-Party Debit Card Substantiation via Carrier File	<ul style="list-style-type: none"> Proprietary claim substantiation logic 	<ul style="list-style-type: none"> Reduced administrative burden Increased administrator and participant satisfaction 	<ul style="list-style-type: none"> Healthcare expense paid via card are auto-substantiated via carrier file No need to send in receipts
Customer Service	<ul style="list-style-type: none"> Available 24/7 (excluding holidays) 24-hour live chat support 24-hour IVR 	<ul style="list-style-type: none"> Reduced administrative burden Increased participant satisfaction 	<ul style="list-style-type: none"> Clear explanation of benefits Enrollment assistance Immediate issue resolution
Employer Website	<ul style="list-style-type: none"> Secure, multi-plan, online administrative portal Program reporting and reconciliation Secure file transfer 	<ul style="list-style-type: none"> 24/7/365 access to program information, comprehensive reporting, and a downloadable collateral and communications library 	<ul style="list-style-type: none"> Informed plan administrators
Relationship Management	<ul style="list-style-type: none"> Designated relationship manager Service reviews Client satisfaction surveys Employer communications 	<ul style="list-style-type: none"> Quantitative and qualitative insight into plan performance Comprehensive oversight 	<ul style="list-style-type: none"> Optimized plan service and administration
Plan Collateral	<ul style="list-style-type: none"> Comprehensive catalog of consumer-oriented print and electronic collateral Clear and concise 	<ul style="list-style-type: none"> Aligns easily with any communications strategy Customizable Multi-touch for maximum penetration 	<ul style="list-style-type: none"> Convenience and easy access to information More confident decision-making Decreased risk of forfeiture

1.19 Describe how COBRA continuation of coverage can be administered, or if this service is outsourced with another vendor.

Response: COBRA is a complex law that poses unique administrative challenges for employers, putting them at risk for severe penalties if they are unable to comply with COBRA rules and regulations. Trying to understand this complex law and ensuring continued compliance is costly and burdensome for employers.

By outsourcing the administration of your COBRA program, you reduce your workload, risk, and costs. WageWorks can reduce all three with an easy-to-use solution that allows you to fulfill your COBRA requirements and ensure fair, compassionate service for your participants – all while maintaining strict compliance with the law.

WageWorks does not outsource any component of COBRA of Direct Bill Administration with the exception of receipt of COBRA/Direct Bill payments to a financial institution lock box and server hosting and backup

recovery services.

Below is our COBRA Features and Capabilities chart which explains in more detail how we administer COBRA continuation coverage:

Feature	Capability	Client Benefit	Participant Benefit
Customer Service	<ul style="list-style-type: none"> • Available 8am-8pm, Monday through Friday (excluding holidays) • 24-hour secure, real-time web access 	<ul style="list-style-type: none"> • Reduced administrative burden • Increased participant satisfaction 	<ul style="list-style-type: none"> • Enrollment and website assistance • COBRA alternatives information and support
Relationship Management	<ul style="list-style-type: none"> • Toll-free access to a relationship manager • Ability to submit support requests through transparent case management system 	<ul style="list-style-type: none"> • Rapid response • Real-time access to plan information for issue resolution • Comprehensive oversight 	<ul style="list-style-type: none"> • Optimized plan service and administration
Technology	<ul style="list-style-type: none"> • Proprietary system developed and maintained by internal personnel • Integrated COBRA and Direct Bill platform • Mobile website 	<ul style="list-style-type: none"> • Reduced administrative burden • Real-time access to account information and management reporting • • 	<ul style="list-style-type: none"> • Increased participant satisfaction • Quick enrollment processing • Expedited online payment options
Participant Website	<ul style="list-style-type: none"> • 24/7 access to secure, self-service web portal to view real-time data • Ability to view COBRA notices • Ability to make online payments or establish recurring electronic payments 	<ul style="list-style-type: none"> • Reduced administrative burden • Increased participant satisfaction • Online opportunities to make timely payments • 	<ul style="list-style-type: none"> • 24/7 access to secure, self-service web portal to view personal account data • Convenience • Mobile website for on-the-go access to COBRA account information
Employer Website	<ul style="list-style-type: none"> • Secure online administrative portal • Real-time access to account information • On-demand reporting • Secure data entry 	<ul style="list-style-type: none"> • 24/7 access to administrative data with comprehensive reporting capabilities • On-demand reports with a variety of filter 	<ul style="list-style-type: none"> • Informed plan administrator

		<ul style="list-style-type: none"> options Ease of administration 	
Compliance	<ul style="list-style-type: none"> Full-time, dedicated compliance team Timely updates on legislative changes Newsletter 	<ul style="list-style-type: none"> Full compliance with applicable federal regulations Optional services for state continuation services in select states 	<ul style="list-style-type: none"> Services are compliant with applicable federal regulations and requirements

1.20 Describe how Retiree health premium billing can be administered, or if this service is outsourced with another vendor.

Response: Employers often struggle with the administrative burdens associated with premium billing for retirees and employees on leave or disability. We can provide employers an easy and cost-effective solution for billing and collecting premiums from these inactive employee populations through its Direct Bill service.

WageWorks does not outsource any component of COBRA or Direct Bill Administration with the exception of receipt of COBRA/Direct Bill payments to a financial institution lock box and server hosting and backup recovery services.

WageWorks will distribute Direct Bill invoices to participants based on the employer's business rules and established schedule. The Direct Bill invoice will include details on current premiums owed, previously paid premiums, and grace period end-date. Participants can remit payment directly to us by check, online payment, or direct debit from their designated bank account. We collect and reconcile all premiums and apply the payment amount to the participant's record. Late or partial payments are handled according to the employer's specific business rules as established during implementation.

Within the first seven business days of the month, we will remit a consolidated check to the employer for premiums collected during the previous month. As an option, we can also remit premiums collected to health plan vendors designated by the employer. The remittance includes a detailed report reflecting the coverages and premium for each Direct Bill participant.

Below is our Direct Bill Features and Capabilities chart which explains in more detail how we administer Retiree Health Premium Billing:

Feature	Capability	Client Benefit	Participant Benefit
Customer Service	<ul style="list-style-type: none"> Available 8am-8pm, Monday through Friday (excluding holidays) 24-hour secure, real-time web access 	<ul style="list-style-type: none"> Reduced administrative burden Increased participant satisfaction 	<ul style="list-style-type: none"> Enrollment and website assistance
Relationship Management	<ul style="list-style-type: none"> Toll-free access to client support Ability to submit support requests through transparent case 	<ul style="list-style-type: none"> Rapid response Real-time access to plan information for issue resolution Comprehensive 	<ul style="list-style-type: none"> Optimized plan service and administration

	management system	oversight	
Technology	<ul style="list-style-type: none"> Proprietary system developed and maintained by internal personnel Integrated COBRA and Direct Billing platform Mobile website 	<ul style="list-style-type: none"> Reduced administrative burden Real-time access to account information and management reporting 	<ul style="list-style-type: none"> Increased participant satisfaction Quick enrollment processing Expedited online payment options
Participant Website	<ul style="list-style-type: none"> 24/7 access to secure, self-service web portal to view real-time personal account data Ability to view Direct Bill notices Ability to make online payments or establish recurring electronic payments 	<ul style="list-style-type: none"> Reduced administrative burden Increased participant satisfaction Online opportunities for increased timely payments 	<ul style="list-style-type: none"> 24/7 access to secure, self-service web portal to view personal account data Convenience Mobile website for on-the-go access to Direct Bill account information
Employer Website	<ul style="list-style-type: none"> Secure online administrative portal Real-time access to account information On-demand reporting Secure data entry 	<ul style="list-style-type: none"> 24/7 access to administrative data with comprehensive reporting capabilities On-demand reports with a variety of filter options Ease of administration 	<ul style="list-style-type: none"> Informed plan administrator

GENERAL PLAN INFORMATION AND REQUIREMENTS

1.21 Describe any staff relocations, computer system changes/upgrades, program changes, or telephone system changes in process at this time or proposed within the next 12-24 months.

Response: Currently there are no changes planned that will negatively affect the administration of the services proposed in this RFP.

MEMBER SERVICES

1.22 The State requires the minimum hours for claims administration operation to be Monday through Friday, 8:00 a.m. to 6:00 p.m. Central Time. Describe if any additional hours are available beyond the core hours.

Response: FSA claims office hours of operation are from 8:00 a.m. to 8:00 p.m. Eastern, Monday through Friday. WageWorks customer service and CHAT hours of operation are 24/7 (except holidays).

1.23 Describe the process for handling calls "after hours" of operation? Is there a voicemail system or capability for caller to leave messages after normal business hours?

Response: WageWorks FSA customer service representatives are available via our toll free phone number 24/7, excluding holidays. Additionally, participants can access our expanded CHAT options and interactive voice response (IVR) system. This provides participants immediate support and convenient access to account information. WageWorks also offers a mobile application, participant web portal, and mobile-optimized website for FSA administration.

COBRA/Direct Bill (Retirees) can contact customer service representatives are available via our toll free phone number Monday through Friday (excluding holidays) from 8:00 a.m. to 8:00 p.m. Eastern Time. We also offer an interactive voice response (IVR) system, participant web portal, and mobile-optimized website.

1.24 Describe how members reach a live representative or an interactive voice response (IVR) unit when calling Member Services.

Response: Participants call a toll-free phone number based on the program. Once connected, the participant will authenticate through an IVR system. Upon authentication, the participant can choose to speak to a live representative or continue through the IVR for basic account information.

1.25 Describe the system by which the Customer Service unit tracks and documents calls. Describe the process to review the findings of the call tracking and documentation process with the State.

Response: Our CSRs have access to our Service Site, a proprietary web-based application, which provides real-time, client-specific program information and participant account data. All telephone discussions are systematically documented and tracked in each participant record, using the customer response management (CRM) system, Oracle Service Cloud. CSRs can review prior CRM history on subsequent calls. Note: call history is kept indefinitely.

Oracle Service Cloud is a workflow tool, which queues participant inquiries, including calls, faxes, documents, as well as customer and client inquiries. WageWorks reviews call trends via reporting from our contact management repository to find recurring customer service call issues. Calls are distributed to agents, according to product and agent availability. Calls are categorized by product type and reason. If issues are identified, then updates are sent to our CSRs, addressing the issue. Customer Service collaborates with Account Management to ensure that our communication strategy is linked with what is happening internally, and at the client level.

WageWorks monitors calls for quality control. Representatives have access to a daily scorecard that displays their performance month to date, including their quality and accuracy ratings.

Additionally, WageWorks records calls for internal quality assurance analysis and monitors calls on a frequent basis. Recorded calls are typically retained for 6 months. WageWorks utilizes behavioral analytics software to measure the quality of each call based on call type, word choices, caller personality, and call activities. We view quarterly performance reviews as an essential component of maintaining customer satisfaction. These reviews provide a unique opportunity to analyze trends within the programs and identify how we can proactively address specific tendencies. All performance guarantees, eligibility, enrollment, and administrative costs are reconciled during each review.

Should the State need to review the results of call tracking or recordings, a request would be placed with the State's assigned relationship manager. The Quality Assurance Department would pull the results and

perform a review. Results of the QA review and call transcripts will be provided to the State.

1.26 Describe how members can electronically access reimbursement information and the Member Services group. Describe the internet, i.e. web chat, or email services offered.

Response: WageWorks offers the award-winning EZ Receipts® mobile app (available for iPhone and Android devices) as well as the WageWorks Participant Site, which is accessible from any standard current mobile device browser (Safari, IE, Chrome, Opera, etc.). The EZ Receipts® mobile app supports the display of current and future benefits, profile and preferences, and claims and payment activity. It also enables participants to submit claims, card receipts and payment requests. The Participant Site, when accessed from any mobile device, provides the exact same functionality as when accessed from a desktop or laptop via responsive technology (same site and experience from any device). Additionally, WageWorks provides 24/7 live chat capabilities as a standard service offering, allowing participants to instantly communicate with customer service representatives via messaging from its website. Feedback has shown this to be the desired channel for participants with satisfaction scores in excess of 90%. For additional convenience, chat services will be expanded to include WageWorks' mobile application in 2020.

1.27 Describe the escalation process for Member Services satisfaction and complaints.

Response: Participant grievances are initially handled by supervisors. In the event that the participant remains dissatisfied with the result, the matter can be referred to our Executive Escalation team for timely and unbiased resolution. Contact is made with participants within one business day of receiving the grievance notice. The same team remains in constant contact with the participant until a resolution is reached.

1.28 Contractor will not render or administer services offshore, and all work performed will be in the contiguous United States. Describe where the Customer Service unit will be located.

Response: Confirmed. No services will be performed offshore. WageWorks' government service and operations site in Louisville, Kentucky will be the primary site for the State's administration. During seasonal peaks in work, any overflow will be rendered from WageWorks' redundant call centers or outsource partners located in the United States.

FSA PLAN ADMINISTRATION AND ADJUDICATION

1.29

Regarding the claim office that will service the State, provide the following:

- a. Annual claim volume;
- b. Percentage of claims that are auto-adjudicated;
- c. Percentage of claims that require substantiation; and
- d. Average time to reimburse the member from receipt of a "clean claim".

Response: Please see responses below.

- a. WageWorks' year-to-date claims for healthcare and dependent care FSA is 4,949,637.
- b. WageWorks' auto-adjudication rate is consistently greater than 80% across all product lines. In 2018, WageWorks' auto-adjudication rate across our entire book of business is 85.49%.
- c. Approximately 10-15% of card transactions require substantiation.
- d. 99% of claims are processed within two business days of receipt. For 2018, this number was 99.93%. Reimbursements are paid daily. It takes approximately 2-3 days from the processing completion for the claim to be reimbursed. The total timeline from claim receipt to claim paid is between 4-5 business days.

1.30

Describe the substantiation process that insures all medical expenses are valid IRS Section 213(d) expenses.

Response: For traditional claims, WageWorks' system distinguishes between what is considered an eligible expense and what is not. Our claims processors are highly trained in health and dependent care spending account adjudication and receive special training relevant to WageWorks' proprietary processing tools. Processors are provided a clearly defined escalation path for claims that fall outside of the normal guidelines.

Quality is a critical objective within our claims processing department. A dedicated team performs daily quality assurance and control of claims activity, as well as management of special escalation and appeal issues. All claims are reviewed by the quality assurance processor until a new claims processor demonstrates proficiency. Compensation for claims processors is tied to performance standards via monthly performance incentive plan. Each processor is evaluated on individual quality, production, and attendance.

As another option for reimbursement, WageWorks offers a convenient debit card that participants can use to pay for eligible healthcare expenses. The card provides direct access to the participant's spending account, eliminating the need to pay for out-of-pocket expenses and seek reimbursement. The card also mitigates paperwork by eliminating claim submission. Additionally, WageWorks' proprietary card utilizes IRS-approved adjudication tools, allowing more than 85% of debit card transactions to be automatically adjudicated at point of service.

1.31

Describe the claims payment process for reimbursement of claims that do not require substantiation.

Response: When a participant uses the card for an eligible item or service, the money is taken directly from the participant's account, so there is no need to submit paper receipts or be reimbursed. Additionally, Internal Revenue Bulletin Notice 2007-2 allows some drug stores and pharmacies to treat eligible expenses conditionally. That is, if a store can certify that 90% of their gross receipts during the prior taxable year were qualified medical expenses, then the card may be accepted pending additional receipts. Although most transactions can be verified at checkout, participants need to save receipts, only for IRS purposes and for their own records.

WageWorks' proprietary adjudication engine reviews all card transactions to ensure compliance with the latest IRS regulations, and implements a comprehensive checks and balances system to protect against fraud. WageWorks' adjudication engine uses the following methods allowed by the IRS to substantiate debit card transactions:

- **Auto-Adjudication at the Point of Sale Through IIAS (Inventory Information Approval System)** - Point of sale system confirms that the items purchased are eligible expenses
- **Copayment Logic** - Auto-approves copayment amounts provided by program sponsors

- **Recurring Transaction Logic** - Once a card transaction was substantiated with a receipt, any card transaction with the same dollar amount, and merchant location is automatically substantiated going forward
- **Carrier Files** - Medical, dental, pharmacy, and vision carrier files may be implemented for transaction adjudication

1.32 Describe the communication process and procedures for additional substantiation requirements for a claim to be reimbursed, including if a member is unresponsive to the first request for substantiation documentation.

Response: If a card transaction requires verification, then WageWorks sends an email notification informing the participant that a card use verification (CUV) form has been generated five days after the card transaction date. To help remind employees that they have an outstanding card transaction that needs verification, we would email/text/send a letter to notify of the unverified card transaction, and then when the card is suspended. To substantiate the unverified expense, the participant has four options to choose from, depending on the reason for the reimbursement issue:

- Submit the original receipt from the purchase
- Submit a substitute receipt via fax or mail for any eligible products and services in any amount that they did not, and will not, pay for using the card or any other payment feature available for the account
- Send a check to repay the account for the amount, if the detailed receipt is lost or if the card was accidentally used to pay for an ineligible expense (this method allows the amount to be available for eligible products and services, as planned)
- Do nothing and after 90 days the amount is deducted from the next payment for *Pay Me Back* claims (this is an automatic repayment option that is available, if the remaining balance covers the amount)

1.33 Describe the process and procedures in place to address a situation when a member does not submit the requested substantiation to have a claim reimbursed (e.g., claim is not reimbursed, account is locked/frozen, etc.?)

Response: In the event that a card transaction is not substantiated within 90 days of the original transaction by any of the methods listed above, then WageWorks may suspend card use until the appropriate documentation is received, or a claim is submitted to offset against the outstanding transaction. Please note that in the event of a card suspension, the participant may still access funds in their account via the *Pay Me Back* form.

We have described our default setting for members who do not substantiate the original transaction. During the implementation stage, various options and settings are available for use by the State as it relates to suspension of debit cards for non-compliance by the member. For example, the State may elect to set a threshold amount for determining when the debit card is disabled or may elect not to disable cards at all.

1.34 If an account is locked/frozen due to lack of response to requests for substantiation, what is the process to notify the member of the account status? What is the process for unlocking the account?

Response: Depending upon service features the participant has enrolled in, WageWorks provides email notifications, online messaging, and text messaging requesting debit card substantiation prior to suspension of a debit card. Card activity statements are available to participants from the WageWorks website. If WageWorks has the participant's email address, the notification will be emailed to the participant. Messaging is also provided on the participant website indicating that a card transaction requires substantiation. If an email address is not provided, then the participant may receive a written communication to provide additional information, to substantiate a card transaction on a monthly basis.

If sufficient transaction substantiation or repayment is not received within 90 days from the unverified transaction date, the card will be suspended. In such situations, an email is sent to the participant notifying them that their card is suspended until substantiation is provided and approved or repayment is made to the plan. WageWorks will deduct outstanding unverified card transactions from the participant's next *Pay Me Back* claim to offset the unsubstantiated transaction. Card privileges are automatically reinstated once receipts are received or repayments of unverifiable transactions are processed. An email is sent as soon as the card status has been changed. The process for reinstatement is completed within 24 to 48 hours of receipt of documentation or plan repayment. In the event of a card suspension, the participant can continue to access their account funds by submitting claims for reimbursement. Again, this describes our default for card user verification and suspension. The WageWorks' Implementation Manager will describe all options available to the State and the State may elect not to follow our default method.

1.35 Describe the process for handling exceptions.

Response: For any exceptions to the process, the State can contact the assigned relationship manager to determine next steps.

Please note that card suspension is an optional feature that is configurable by the client. WageWorks offers the following card suspension options:

1. No Suspension – card remains active regardless of Card transaction status
2. Card is suspended at the end of the plan year, keep Card suspended across plan years
3. Card is reactivated at beginning of new plan year

If the card is suspended, Card privileges will be suspended on the account holder and all dependent cards and on all plans associated with the card (including HSA).

1.36 Describe the claims adjudication process from submission of a health care FSA claim to reimbursement.

Response: WageWorks accepts *Pay Me Back* (traditional) claims via mail, fax, uploaded through the EZ Receipts® application or participant website. Once received, we will review documentation or request documentation that has the following IRS criteria:

- Date of service
- Provider name
- Type of service
- Amount
- Who the service was for/ patient name

All claims and supporting documents are then imaged and transmitted into the WageWorks claims processing center. The following describes our claims processing timeline:

- **Day 1:** Claim managers assign pending claims to analysts, to be processed
- **Day 2:** Claims are reviewed for dates of service within coverage period, claim form properly completed, valid receipts, additional proof as required, and eligibility of service per IRS rules. After the claim is processed, the participant can view the claim online via the participant site.
- **Day 3:** The report generated in the claims center authorizes or denies payments, based on participant account balances. The WageWorks participant site is updated, and the participant is able to view status of reimbursements.
- **Day 4:** Direct deposit and checks report (explanation of benefits) are generated daily. The check is mailed to participant, or the bank sends direct deposit reimbursement to participant's bank.

1.37 Describe the methods by which members are able to file claims (i.e. electronic, paper submission, etc.).

Response: Participants can submit claims and supporting documentation online, via the EZ Receipts® application, or paper (via fax and mail).

1.38 Describe the schedule for FSA reimbursements to the member.

Response: WageWorks processes claims and issues reimbursements on a daily basis. Claims are processed within two business days of receipt and reimbursements are issued within three to five days.

In the scenario where the participant incurs and pays for a service out-of-pocket, the participant will complete and submit a claim form. Participants can submit claims online, via the EZ Receipts® application, or paper (via fax and mail), and provide the required supporting documents for the service. Supporting documents, such as receipts, can be mailed, faxed, or uploaded through the EZ Receipts® application. With the EZ Receipts® application, participants

simply take a photo of the receipt with their mobile device, and upload it to WageWorks for processing. All claims and supporting documents are then imaged and transmitted into the WageWorks claims processing center. The following describes our claims processing timeline:

- **Day 1:** Claim managers assign pending claims to analysts, to be processed
- **Day 2:** Claims are reviewed for dates of service within coverage period, claim form properly completed, valid receipts, additional proof as required, and eligibility of service per IRS rules. After the claim is processed, the participant can view the claim online via the participant site.
- **Day 3:** The report generated in the claims center authorizes or denies payments, based on participant account balances. The WageWorks participant site is updated, and the participant is able to view status of reimbursements.
- **Day 4:** Direct deposit and checks report (explanation of benefits) are generated daily. The check is mailed to participant, or the bank sends direct deposit reimbursement to participant's bank.

1.39 Describe minimum claim amount requirement for reimbursement.

Response: WageWorks' minimum reimbursement amount is contingent on the participant's desired payment option:

- **WageWorks Card:** No minimum
- **Pay My Provider:** No minimum
- **Pay Me Back:** \$5 minimum
- **Automatic Health Plan Claims (AHPC) (rollover):** \$5 minimum

For *Pay Me Back* reimbursements that are below the minimum threshold, reimbursement of funds are held until the minimum is met. These minimum amounts are waived if the payment uses up the remaining balance in the account or it is the end of the plan year. *Pay Me Back* reimbursements are made via direct deposit and check.

1.40 Describe the methods of reimbursement of FSA claims that are available to the member (i.e. electronic deposit, paper check).

Response: *Pay Me Back* claims are reimbursed via either check or direct deposit at no additional cost.

1.41 Describe the process for reimbursement of health care FSA contributions from terminated employees on COBRA?

Response: Upon notification of a terminated employee, the employee's healthcare card will be disabled on the day that the coverage ends. The participant can access their account after this time by submitting a paper claim form for reimbursement of expenses.

The preferred method for receiving COBRA eligibility and reimbursement account elections is electronically, with weekly file transfers. A single file feed is designed to capture data for reimbursement accounts, as well as for COBRA accounts. The only difference is that the employee will have a termination date and a future end date for coverage. As the volume of participants who elect to continue an FSA under COBRA is very small, and the paid through date must be taken into consideration to continue coverage, many clients work directly with their assigned relationship manager, or manually update the participant's election via our employer website to extend coverage appropriately for those who have elected and paid for continuation of their FSA plan under COBRA.

Describe performance standards with respect to:

- 1.42**
- a. Adherence to implementation/annual enrollment timeline
 - b. Readiness of claims adjudication and reimbursement and customer service systems
 - c. Readiness of eligibility system
 - d. Completion of plan documents

Response: While WageWorks does not normally agree to the performance standards shown above, we will agree to negotiate directly with the State to establish specific measurements/targets for each item with a stated one-time flat dollar amount at risk for each item. The total amount of risk for all items shown above combined will not exceed \$10,000.

Please refer to question 1.43 below for performance guarantees offered. WageWorks is willing to provide **20%** of total fees at risk for ongoing FSA administration and **12%** of total fees at risk for ongoing COBRA administration. WageWorks will tie a portion of the Monthly Administrative Service Fees paid by Client during the applicable quarter to the Service Delivery Standards, as set forth below. Service Delivery Standards are measured quarterly. To ensure uniformity of reporting, measurements are based on WageWorks' overall book of business. Failure to meet any metric shall exclude items caused by any *force majeure* event. Any amount due to Client shall be credited on the next monthly invoice following the close of the quarter.

Provide actual (achieved) performance measurements for an account size comparable to the State of Nebraska for 2017 and 2018 as well as the 2017 and 2018 performance standards targets for the claims office that will handle the State account.

Performance Measure	2017 Performance Targets	2017 Performance Actuals	2018 Performance Targets	2018 Performance Actuals	PG Measurement Utilized
Member Satisfaction Survey (% satisfied)	This is not a standard metric; WageWorks will agree to 80% Satisfaction Score using standard survey tool for book of business	This is not a standard metric; WageWorks will agree to 80% Satisfaction Score using standard survey tool for book of business	This is not a standard metric; WageWorks will agree to 80% Satisfaction Score using standard survey tool for book of business	This is not a standard metric; WageWorks will agree to 80% Satisfaction Score using standard survey tool for book of business	This is not a standard metric; WageWorks will agree to 80% Satisfaction Score using standard survey tool for book of business
1.43 Reimbursement turnaround time (xx.xx% within xx business days) for a claim filed electronically	90% of approved claims paid out within 5 business days from processing (alternate measurement available 99% processed within 2 business days)	99.71%	90% of approved claims paid out within 5 business days from processing (alternate measurement available 99% processed within 2 business days)	99.68%	90% of approved claims paid out within 5 business days from processing (alternate measurement available 99% processed within 2 business days)
Reimbursement turnaround time (xx.xx% within xx business days) for a paper claim	90% of approved claims paid out within 5 business days from processing (alternate measurement available 99% processed within 2	99.71%	90% of approved claims paid out within 5 business days from processing (alternate measurement available 99% processed within 2	99.68%	90% of approved claims paid out within 5 business days from processing (alternate measurement available 99% processed within 2 business days)

	business days)		business days)		
Financial Accuracy ((percentage of all claims paid)	99% for payment (financial) accuracy	99.62%	99% for payment (financial) accuracy	99.34%	99% for payment (financial) accuracy
Payment Accuracy (percentage of all claims paid)	This is not a standard metric	This is not a standard metric	This is not a standard metric	This is not a standard metric	This is not a standard metric
Customer Service					
Telephone call response time (seconds)	80% answered within 30 seconds	88%	80% answered within 30 seconds	85.92%	80% answered within 30 seconds
First call resolution rate (percentage)	≥ 80%	92%	≥ 80%	91.60%	≥ 80%
Closure time for open inquiries (number of days)	This is not a standard metric	This is not a standard metric	This is not a standard metric	This is not a standard metric	This is not a standard metric

Response: Please refer to the chart above for metrics similar to those queried. Additional performance guarantees, not included in the table above, are provided below.

Performance Measure	2017 Performance Targets	2017 Performance Actuals	2018 Performance Targets	2018 Performance Actuals	PG Measurement Utilized
Claims Processing	99% of claims processed within 2 business days for visibility on web-site	99.98%	99% of claims processed within 2 business days for visibility on web-site	99.93%	99% of claims processed within 2 business days for visibility on web-site
Card Fulfillment	95% of cards mailed within 5 business days upon transmission of clean enrollment file to card production vendor	Met	95% of cards mailed within 5 business days upon transmission of clean enrollment file to card production vendor	Met	95% of cards mailed within 5 business days upon transmission of clean enrollment file to card production vendor
System Uptime	≥ 99%	Met	≥ 99%	Met	≥ 99%
File Processing	99% of files loaded within 48 business hours and balances updated within 72 business hours	Met	99% of files loaded within 48 business hours and balances updated within 72 business hours	Met	99% of files loaded within 48 business hours and balances updated within 72 business hours

Performance guarantees specific to COBRA administration are provided below:

Service Delivery Standard	Guarantee	% Quarterly Fees
Client Premium Statement and Fee Invoice	98% distributed ≤ 7 business days after the 1 st of the month	2%
Payment Posting Timeliness	98% posted by WageWorks ≤ 3 business days after date received by WageWorks	2%
Inbound File Processing Timeliness	98% ≤ 2 business days after date received by WageWorks	2%
Customer Service Call Response Times	80% answered within 30 seconds	2%
Call Abandonment Rate - Participant Calls	≤ 5% of calls	2%
Resolution of Participant Inquiries	90% ≤ 1 business day after date case was opened by WageWorks	1%
Resolution of Participant Inquiries	98% ≤ 5 business days after date case was opened by WageWorks	1%
MAXIMUM AGGREGATE % OF QUARTERLY FEES AT RISK		12%

ELIGIBILITY AND DATA INTEGRATION

1.44 Describe the process for data integration with the State's eligibility systems.

Response: For FSA administration, eligibility, enrollment and contribution information is maintained through the standard program sponsor file (PSF) layout. Our file format allows for the transmission of employee census information, multiple account elections, enrollment, varied contribution types and other attributes that enable clients take full advantage of our programs. After the initial file, WageWorks can accept a full file or changes-only file depending on your company's requirements. We process enrollment and eligibility files within 48 hours of receipt. Election changes due to a status change or changes in eligibility are transmitted through an updated enrollment file by updating the election amount or "coverage end date", "coverage effective date", or "termination date".

File Transmission Methods

WageWorks accepts updated data files via the following methods:

- Batch - Tab-delimited ASCII file sent to secure FTP site with PGP encryption
- Small files - Under 4 MB or 10,000 records uploaded directly onto our employer website
- Interactive online - Manual updates to individual participant records directly on our employer website and/or individual online enrollment via the WageWorks site

For COBRA and Direct Bill (Retiree) administration, WageWorks' file transfer specifications are recommended to ensure integrity of the EDI process. Specifications are relatively easy to program and developed specifically for maintaining seamless data transfers from a variety of sources and systems. Using our file transfer specifications allows clients to accommodate growth, add new plans, or meet new regulatory requirements, using the same uninterrupted data feeds. If non-standard specifications are desired, we can perform a gap analysis to determine if mapping software can handle the non-standard layout. Our mapping software can accommodate almost any client format, given the required fields are present for the intended transactions to be performed. Should programming be required, additional programming fees may apply.

1.45 Describe the process for integration with the State's eligibility system.

Response: For FSA administration, eligibility, enrollment and contribution information is maintained through the standard program sponsor file (PSF) layout. Our file format allows for the transmission of employee census information, multiple account elections, enrollment, varied contribution types and other attributes that enable clients take full advantage of our programs. After the initial file, WageWorks can accept a full file or changes-only file

depending on your company's requirements. We process enrollment and eligibility files within 48 hours of receipt. Election changes due to a status change or changes in eligibility are transmitted through an updated enrollment file updating the election amount or "coverage end date", "coverage effective date", or "termination date".

File Transmission Methods

WageWorks accepts updated data files via the following methods:

- Batch - Tab-delimited ASCII file sent to secure FTP site with PGP encryption
- Small files - Under 4 MB or 10,000 records uploaded directly onto our employer website
- Interactive online - Manual updates to individual participant records directly on our employer website and/or individual online enrollment via the WageWorks site

For COBRA and Direct Bill (Retiree) administration, WageWorks' file transfer specifications are recommended to ensure integrity of the EDI process. Specifications are relatively easy to program and developed specifically for maintaining seamless data transfers from a variety of sources and systems. Using our file transfer specifications allows clients to accommodate growth, add new plans, or meet new regulatory requirements, using the same uninterrupted data feeds. If non-standard specifications are desired, we can perform a gap analysis to determine if mapping software can handle the non-standard layout. Our mapping software can accommodate almost any client format, given the required fields are present for the intended transactions to be performed. Should programming be required, additional programming fees may apply.

1.46	Describe the process for accepting electronic transfer of eligibility data in a format indicated by the State and acknowledgement receipt of the file.
-------------	--

Response: WageWorks' file transfer specifications are recommended to ensure integrity of the EDI process. Specifications are relatively easy to program and developed specifically for maintaining seamless data transfers from a variety of sources and systems. Eligibility, enrollment and contribution information is maintained through our standard program sponsor file (PSF) layout for FSA and a separate COBRA/Direct Bill file spec for COBRA/DB administration. Using our file transfer specifications allows clients to accommodate growth, add new plans, or meet new regulatory requirements, using the same uninterrupted data feeds. If non-standard specifications are desired, we can perform a gap analysis to determine if mapping software can handle the non-standard layout. Our mapping software can accommodate almost any client format, given the required fields are present for the intended transactions to be performed.

1.47	Describe the process for eligibility updates to be made within 24 hours of receipt.
-------------	---

Response: WageWorks processes all inbound files within 48 hours of receipt.

Real-time, online update capabilities are available via our employer website for FSA, COBRA, and Direct Bill (Retiree) administration. Updates and changes may be made through WageWorks' system directly and are effective immediately based on the updated information.

1.48	Describe procedures in place to maintain eligibility records for all participants.
-------------	--

Response: For FSA administration, eligibility is maintained within the WageWorks system and is only updated based on files or information received via the employer website. We provide an on-demand report detailing the participants enrolled in each program. The State can use this report to cross-reference the WageWorks records with internal data to ensure all appropriate participants are correctly identified in the system. Any changes will be communicated from the State to WageWorks, via the employer website or through ongoing eligibility file exchange.

For COBRA and Direct Bill (Retiree) administration, once a qualifying event or newly enrolled Retiree is sent to WageWorks, we will systematically track the participant's eligibility based on federal regulations for COBRA and client-specific plan set up for Direct Bill (Retiree) administration. We provide on-demand reporting via our employer website for the client to view and export.

1.49	Describe procedures in place to maintain eligibility reconciliations between Contractor files and the State's eligibility files.
-------------	--

Response: For FSA administration, WageWorks provides an on-demand report detailing the participants enrolled in each program. The State can use this report to cross-reference the WageWorks records with internal data to ensure appropriate participants are correctly identified in the system. Any changes will be communicated from the State to WageWorks, via the employer website or through ongoing eligibility file exchange.

For COBRA and Direct Bill (Retiree) administration, we maintain a dedicated eligibility unit that ensures data accuracy, integrity, and synchronization with carriers. This provides high levels of service for COBRA participants. The eligibility unit handles COBRA eligibility and carrier-related concerns including:

- Working with carrier contacts to ensure accurate data
- Establishing new eligibility reporting
- Monitoring ongoing eligibility reporting
- Assisting with urgent eligibility updates
- Maintaining carrier contact updates
- Addressing carrier concerns

Additionally, we provide on-demand reporting via our employer website for the client to view and export.

1.50

Members currently enroll in the flex plan of choice during an online Open Enrollment period prior to the beginning of each plan year. Describe procedures in place to electronically accept and process the file sent by the State annually, including but not limited to any conflict or error report to be sent back to the State for resolution.

Response: At the beginning of each new plan year, the State will send WageWorks a program sponsor file (PSF) with updated profile and enrollment records for each participant, as well as a newly completed FSA plan survey. It is recommended all updated documents be sent to WageWorks no less than one month before the beginning of each new plan year. This ensures timely program set up of the new plan and that participants have access to their accounts by the first day of the new plan year. No special files are required to close out the plan year. We provide error reporting each time a file is processed, via the employer website.

1.51

Describe the procedures in place to electronically accept and process the weekly file sent by the State containing new hires, terms & life event changes, including but not limited to any conflict or error report to be sent back to the State for resolution.

Response: For FSA administration, eligibility, enrollment and contribution information is maintained through the standard program sponsor file (PSF) layout. Our file format allows for the transmission of employee census information, multiple account elections, enrollment, varied contribution types and other attributes that enable clients to take full advantage of our programs. After the initial file, WageWorks can accept a full file or changes-only file depending on the State's requirements. We provide error reporting each time a file is processed, via the employer website.

For COBRA and Direct Bill (Retiree) administration, files are accepted as often as determined by the employer. WageWorks can send a 997-acknowledgment receipt. Once the file is processed, an automated email is sent to the employer's designated contacts including a link to the employer web portal, notifying them that a file has been processed and they should review the results on the portal. This report contains summary and detail information for different levels of errors. This data is also available on request in electronic format to accommodate additional manipulation and analysis.

1.52

Describe the data feeds (ex. eligibility file) to the State's vendor partners as requested.

Response: For FSA administration, WageWorks currently accepts and processes data from more than 130 healthcare providers and vendors including most major carriers. This data comes directly from the carrier, and is used either to substantiate debit card transactions or to reimburse the participant for the out-of-pocket amount. The state will simply give authorization to the insurance carrier to include employee data in a file already sent to WageWorks. If no existing relationship exists, we will initiate a process with the insurance carrier directly. This provides a seamless automatic claims rollover process for each major health related expenditure. A rollover claim acts like any other claim in our system. If funds are available, then the rollover claim will process normally, and the participant will be reimbursed directly via check or direct deposit.

For COBRA and Direct Bill (Retiree) administration, we maintain a dedicated eligibility unit that focuses on carrier communication and can communicate eligibility to carriers on behalf of the client. Eligibility data can be transmitted as an electronic data file to the client's carrier if the client has a minimum of 100 participants. If the number of participants is under the minimum, we offer standard formatted reports, which can be sent to the carrier via FTP, E-mail or fax based upon the carrier's preference.

REPORTING

1.53 Provide a sample of standard utilization and reimbursement reports for the FSA program.

Response: Please see the attached, **FSA Report Samples**.

1.54 Describe the minimum standard reporting provided to the State on a monthly basis, to include but not limited to:

- Account Balance Detail Report: Each participant's election, claims paid, deposits, and available balance;
- Enrollment Report: Participants' annual elections; and
- Customer Service Report: Operational statistics for Member Services call center and the types of topics members call in to address.

Response: WageWorks' employer website provides detailed reporting, on-demand. This encompasses the requested reports in (a) Account Balance Detail Report: Each participant's election, claims paid, deposits, and available balance; and (b) Enrollment Report: Participants' annual elections. Please refer to the report listing below. Please note that online reports can be downloaded in Excel format. The frequency of the reports includes on-demand, weekly, monthly and scheduled.

Our reporting suite includes the following reports:

- **Enrollment Report:** List of participants and pertinent account settings; on-demand for any date range entered.
- **Invoice Report:** Count and list of participants per plan type for each billing month; on-demand for monthly intervals.
- **Funding Report:** Complete accounting of payments issued versus program funding deposits; on-demand for weekly intervals.
- **Account Activity Report:** Two versions, both include plan year-to-date totals for all payments, posted account funding, and participant account balances; on-demand for any date range entered.
- **Contribution and Payments Report:** Complete accounting of payments issued versus participant funding deposits; on-demand for weekly intervals.
- **Healthcare Card Activity:** This report summarizes card information, including card status and the amount of unverified card transactions for each participant; on-demand.
- **Unclaimed Checks Report:** List of all uncashed participant check payments that have been returned to the program sponsor for escheatment; on-demand for quarterly intervals.
- **Late Payments Report:** Summarizes all late repayments processed during the specified date range; on-demand.
- **Carryover Report:** List of amounts carried over from previous plan year Healthcare FSA to current plan year Healthcare FSA; on demand.
- **Custom Contributions Report (if applicable):** List of all contribution records with the employer-defined contribution labels; on demand.
- **Detailed Contributions Report:** Employers with active HSA, HCFSA, DCFSA, or HRA plans are able to view contributions activity per participant, posted during a specific date range across all plans

Additionally, we deliver quarterly and year-end operational reviews that show contributions and withdrawals for each account.

With regards to (c) Customer Service Report: Operational statistics for Member Services call center and the types of topics members call in to address, this type of information and reporting can be provided by your relationship manager, upon request.

1.55	Describe Ad Hoc Reporting Capability both online and paper formats.
<p>Response: For FSA administration, WageWorks offers broad flexibility in reporting formats, offering dynamic features that provide clients on-demand access to hundreds of online reporting options. Additionally, data can be sorted and disseminated based upon client request. We have found that these standard reporting functions meet and exceed most client needs. Should custom reports be required, we will be pleased to discuss your needs. Additional programming fees may apply.</p> <p>For COBRA and Direct Bill reporting, reports online include ad-hoc reporting.</p>	
1.56	<p>Describe the reimbursement reports and documentation that will be emailed to the State on a daily basis, including but not limited:</p> <ol style="list-style-type: none"> The date the payments are processed and the plan year in which payments are processed; A separate dollar amount for the Health Care FSA and the Dependent Care FSA reimbursement account; An invoice number; and A remittance address.
<p>Response: WageWorks sends a courtesy email to the designated contact(s) for each funding. The email includes an invoice with invoice number, due date, amount, and reference to funding reports available online to assist with the client's internal reconciliation and/or funding process.</p> <p>We offer the following online reports to assist with funding reconciliation:</p> <ul style="list-style-type: none"> Funding Report: Complete accounting of payments issued versus program funding deposits Account Activity Report: Two versions, both include plan year-to-date totals for all payments, posted account funding, and participant account balances Contribution and Payments Report: Complete accounting of payments issued versus participant funding deposits <p>The Funding Report provides the information requested in (a) the date the payments are processed and the plan year in which payments are processed; and (b) a separate dollar amount for the Health Care FSA and the Dependent Care FSA reimbursement account.</p> <p>Under WageWorks' funding model, the funding options are ACH Debit, ACH Credit/Wire thus a remittance address is not required or provided.</p>	
1.57	<p>Describe the backup reports and documentation to support the daily reimbursement requests, including but not limited to:</p> <ol style="list-style-type: none"> Employee name; SS#; Date of the reimbursement; Dollar amount of the reimbursement; and Whether the reimbursement was for the Health Care FSA or the Dependent Care FSA reimbursement account.
<p>Response: WageWorks offers the following online reports to support the daily reimbursement requests.</p> <ul style="list-style-type: none"> Account Activity Report: Two versions, both include plan year-to-date totals for all payments, posted account funding, and participant account balances Contribution and Payments Report: Complete accounting of payments issued versus participant funding deposits <p>Between both the Account Activity Report and the Contributions and Payments Report, the State will be provided with the employee name (a); date of the reimbursement (c); dollar amount of the reimbursement (d); and whether the reimbursement was for the Health Care FSA or the Dependent Care FSA reimbursement account (e). Please note that in lieu of the employee's SS# (b), WageWorks provides an alternate EE ID# in both reports.</p>	

1.58 Describe the process for posting the FSA Fee Invoice and backup reports to an online portal for access by the State.

Response: WageWorks bills Spending Account administrative fees on one single invoice. The amount due includes participant administrative fee (all products being administered), any implementation fees, recurring monthly service fees and fees for customized projects. These fees are invoiced on the 23rd of every month. A participant service count is taken on the 20th of each month.

Payments are due based on what is stipulated in the Order Form (i.e. Net 30). Payment can be made via ACH debit, credit, or wire. The **Invoice Report** on the WageWorks Employer Site provides all of the participant detail and reference information needed to support the invoice.

For COBRA and Direct Bill, WageWorks remits administrative fee invoices to clients via email. Fees are billed monthly on the first of each month for the prior benefit month. Additionally, WageWorks offers our **Monthly Statements Report** that details the employer account statements showing breakdown of activity and payments.

IMPLEMENTATION AND COMMUNICATIONS

1.59

Provide an implementation plan detailing the implementation timeline with a July 1, 2020 effective date. At a minimum, the Implementation Project Plan must provide specific details on the following:

- a. Identification and timing of significant responsibilities and tasks
- b. Names, titles, and implementation experience of key implementation staff and time dedicated to the State during implementation
- c. Identification and timing of the State's responsibilities
- d. Transition requirements with the incumbent Contractors
- e. Staff assigned to attend and present (if required) at Open Enrollment
- f. Data and timing requirements from current Contractors to ensure transition of care and prior-authorization data is appropriately transferred

Response: The State will have a dedicated implementation manager assigned to the project. For large enterprise-sized clients like the State, we generally recommend a 1-2 day onsite planning session to review the project plan in detail and to assign tasks and timelines.

During implementation, the implementation manager serves as the primary point of contact to WageWorks' internal subject matter experts. Subject matter experts include our card operations and fulfillment, file support, technology, marketing, and product areas. The implementation manager will work with the State and our compliance team to prepare and or review plan documents and summary plan descriptions. The implementation team will engage the assigned relationship manager at a pre-determined time to begin the internal transition.

During the implementation process, your account executive/relationship manager will serve as a consulting participant. Once the account is ready to formerly transition, the implementation manager and the account manager host an external meeting with appropriate employer contacts to formally changeover the account to client services and the relationship manager. Additionally, to achieve a successful file coding and data transmission, the WageWorks technical team works with the State during the implementation process. WageWorks' information technology will augment these people and service operations staff on an as-needed basis.

For enterprise-sized clients like the State, we would expect the assigned implementation managers to dedicate 50% - 100% of their time to the State's implementation.

The designated implementation manager is responsible for providing clients with a seamless transition to our services. The implementation manager will coordinate with the client's benefits staff to provide necessary implementation requirements, schedule and participate in a kick-off meeting, plan attendance and presentations at open enrollment, if required, complete and maintain a project plan and action log, establish timelines, identify action items and requirements, coordinate with internal resources, and provide updated communications.

Flexible Spending Accounts Administration

Shani Grell-Smith, Implementation Manager: WageWorks will assign Shani Grell-Smith as the FSA Implementation Manager. Shani joined WageWorks in 2016 with more than 17 years of industry experience. She oversees the implementation process for new FSA, HRA, Commuter, and HSA clients. Prior to joining WageWorks, Shani served as a senior implementation manager and training director for a benefits administrator for 17 years. Her background includes strong knowledge and administration of FSA, HSA, HRA, and Commuter benefits, including midyear takeover accounts. Shani has a Bachelor's degree in Psychology.

Please refer to the attached, **Key Personnel Resumes**.

Ben Michaelson, Manager, Implementation Solutions: Ben Michaelson joined WageWorks in 2012. He leads the Enterprise Implementation Team responsible for implementing WageWorks Consumer Directed Benefits. Ben has over 13 years of experience working with pre-tax reimbursement benefits and has a strong background in FSA, HSA, HRA, Wellness and Commuter Benefits, including 10 years in project management. He is a graduate of Utah Valley University and holds a B.S. in business management.

Robin Thrasher, Sr. Director, Implementation Solutions: Robin Thrasher joined WageWorks in 2008 and leads a team of implementation managers responsible for implementation of healthcare, wellness and commuter benefit programs to new and existing clients and partners. In addition to providing oversight and management support to her team's projects, Robin serves a key role in client and partner relationship management and development of tools and process improvement initiatives. Robin has over 10 years of benefits outsourcing administration experience with focus on business development, operations team leadership, management of new client and service, and extensive project management. Prior to joining WageWorks, Robin held management roles in customer support and human resources.

COBRA/Direct Bill Administration

The COBRA/Direct Bill implementation manager will coordinate with the FSA implementation manager, who will serve as the primary point of contact, during the implementation process.

Charoletta Smith, Implementation Manager: WageWorks will assign Charoletta Smith as the COBRA/Direct Bill Implementation Manager. Charoletta Smith joined WageWorks in 2015 as an experienced Implementation Manager with healthcare industry experience. She is a strong program and project management professional with skills in nonprofit organizations, team building, public speaking, management, and managed care. Client satisfaction is high on her list of priorities, as well as insuring a positive experience with WageWorks. Charoletta has received her COBRA (CAS) certification and is working to achieve her flexible compensation (CFC) accreditation. She holds a Master of Business Administration (MBA) focused in healthcare administration and management from Satish & Yasmin Gupta College of Business and Bachelors of Arts in Biology from the University of Texas at Arlington.

Please refer to the attached, **Key Personnel Resumes**.

Meghan Adams, Manager, Implementation Solutions: Meghan Adams joined WageWorks in 2008 with expertise in direct customer service, client service, and platform implementation. As Manager, she leads the Mid-Market and Support teams. During her time at WageWorks, Meghan has held progressively responsible roles leading to her current position where she focuses on client implementation and service roll out. Her experience in troubleshooting customer service has proven critical in her understanding and ability to manage projects as they relate to client implementations. Prior to WageWorks, Meghan worked in project management roles for Einstein Bros., TouchNet Information Systems, and ExamOne a division of Quest Diagnostics. She holds a B.S. from the University of Central Missouri, Honors College, with a focus on business.

Robin Thrasher, Sr. Director, Implementation Solutions: Robin Thrasher joined WageWorks in 2008 and leads a team of implementation managers responsible for implementation of healthcare, wellness and commuter benefit programs to new and existing clients and partners. In addition to providing oversight and management support to her team's projects, Robin serves a key role in client and partner relationship management and development of tools and process improvement initiatives. Robin has over 10 years of benefits outsourcing administration experience with focus on business development, operations team leadership, management of new client and service, and extensive

project management. Prior to joining WageWorks, Robin held management roles in customer support and human resources.

The following describes the implementation process WageWorks follows in implementing an FSA plan:

- Project management
 - Kick-off meeting /Intro of team members
 - Schedule of weekly project status calls
 - Meeting notes, action items and next steps Implementation plan
 - Establish roles and responsibilities for client and WageWorks
 - Define timeframes for key milestones and activities
 - Distribute agenda for weekly calls prior to the meeting
- Define communication plan
 - Create strategy given client structure, location, culture, etc.
 - Review collateral for communication plan
 - Identify any custom requirements
- Configure system
 - Gather requirements for plan design and report features
 - Set up WageWorks system and website
 - Set up co-brand participant website
 - Customize messaging given the client requirements
- Promotion schedule
 - Schedule enrollment fairs, webinars, etc. as necessary
- Employer education
 - Conduct 'train the trainer' sessions as necessary
 - Employer site walk-through
- File testing
 - Dedicated testing in a 'non-live' environment
 - Coordinate with product support team as necessary
 - Distribute results and make changes as necessary

Specific to COBRA and Direct Bill (Retiree) administration, the implementation process will include the following phases:

- Build client demographics
- Build custom carrier configurations, including any EDI relationships
- Build custom client configurations
- Build plans
- Load enrollments/employees, including any EDI relationships
- Client training
- Audit

Throughout the process, we measure performance against the established project timeline by reviewing progress during the weekly meetings. Thorough auditing takes place to ensure appropriate setup and client training are completed successfully, prior to the transition to account services. Upon approval by all parties that the implementation is complete and accurate, the client is transitioned to ongoing account management services.

Please refer to the attached, **Implementation Project Plan and Timeline Sample** for additional details regarding timing and responsibilities for WageWorks, the State, and the incumbent administrators.

1.60

Provide detailed information on communication to the members and how the contractor will collaborate with the State to design these materials. Provide sample communication and educational materials such as employee brochures, letters, posters, videos, etc.

Response: WageWorks recognizes that a strategic and impactful employee education campaign is critical to the success of consumer-driven benefit plans. Directed by a full-time staff of communications professionals, WageWorks has developed materials to increase employee understanding of their benefits and accelerate enrollment. Working in collaboration with each client, WageWorks executes a tailored employee education campaign that leverages a variety of communication materials, including but not limited to, content on the State's internal benefits site, web-

based materials, email, worksite posters, new hire information, payroll stuffers, and on-site materials. The State's implementation project manager will work with you to develop an impactful outreach strategy and communications plan.

Standard communication services include:

- Development of a communications plan
- Online pre-enrollment information
- Benefit calculator
- Eligible expenses listings
- Enrollment guidelines/FAQ
- Welcome guides
- Email content for program announcement
- Intranet/newsletter content

Clients are provided an online media gallery to view and access available communications at any time. The media gallery offers easy access to communication materials such as flyers, videos, and presentations. From this website employers can download, print, or order pre- and post-enrollment, multimedia, claim forms, and communication kits. The gallery provides tools that describe healthcare, commuter, and dependent care plans, detail eligible expenses, promote use of WageWorks' mobile app, and describe payment options.

1.61	Provide detailed information on how long it will take to print and distribute benefits literature.
------	--

Response: Printing and distribution takes place within a few days of finalization of the material however, it is important to take into consideration the amount of time it takes to develop and finalize the customized materials. During the implementation process, the assigned FSA implementation manager will review all communication materials with the State and a timeline will be created based on the number of communications needed and the level of customization required.

1.62	Describe the level of support that will be provided in assisting members in understanding how FSAs work to increase utilization of the benefit.
------	---

Response: WageWorks' clients have enjoyed great success in increasing program understanding and utilization of their FSA plans. By offering easy-to-use programs, coupled with initial and ongoing employee education campaigns, WageWorks experiences FSA participation rates that exceed industry expectations. We use a mix of marketing channels to educate members about FSA programs. These include intranet, electronic materials, emails, printed brochures or flyers, posters, postcards, videos and short tutorials, as well as onsite benefit fairs and group meetings.

WageWorks' FSA program is easy to understand, easy to use, and easy to access. The convenience of our website provides eligible and participating employees with up-to-date information regarding their available account balance and the status of all claims and payments processed. The site makes it easy for participants to access claim forms and view copies of current and past account statements. Additionally, potential and current participants will have full access to a wide variety of educational tools to help them make decisions, including election calculators and eligible expenses lists. WageWorks has found that when a program is easy-to-use, participation is maximized.

WageWorks has also found that clear and pervasive employee communications can help drive understanding of the FSA program and increase participation. WageWorks works closely with each client's human resources contacts to develop a comprehensive and personalized communications strategy within the first days of our partnership. The strategy includes collateral, targeted to diverse populations, which explains the benefits of spending programs. Additionally, WageWorks will deploy a number of promotional communications, including multiple email bursts, intranet copy, and flyers. Electronic versions of all materials are included at no additional cost. WageWorks' staff can be available to attend annual open enrollment meetings and benefits fairs. During implementation, WageWorks will work with the State's administration staff to coordinate the best outreach plan.

COBRA AND RETIREE BILLING ADMINISTRATION

1.63

Describe in detail what kinds of reports are available regarding COBRA and Retiree Billing administration, including the ability to customize reports.

Response: Our robust COBRA reporting capabilities include both scheduled and real-time reporting. Scheduled reporting is provided to the client on a pre-determined basis. These reports are sent in a standard format via fax or email on a regularly scheduled basis (daily, weekly, bi-weekly, or monthly). Reports sent in CSV or TSV formats can be imported into Excel for further analysis, and manipulation by the client. Examples of COBRA reports include:

- **COBRA Continuation Pending Report:** Employees who have had a qualifying event, have not elected to continue COBRA, and are in the 60-day election period.
- **Status of COBRA Participants:** Participants currently on COBRA. Details include date of qualifying event, reason, eligibility end date, etc.
- **Cancelled Eligible Employees and Participants:** Participants for whom COBRA coverage has expired, that have never elected, have requested cancellation, or have cancelled for non-payment of premium. Participant records remain on this report for 120 days.
- **Future Qualifying Events:** Qualifying events that have been processed with a qualifying event date that will occur in the future.
- **Covered Participants by Plan:** Lists each plan, and the number and names of participants covered by plan.
- **COBRA Participants as of December 31 by Plan/COBRA Participants as of December 31 by Participant:** Participants by each COBRA-eligible benefit plan as of the end of the most recent calendar year. The report can be sorted alphabetically, by social security number, etc. as of the end of the most recent calendar year.
- **Participants in COBRA Election Period with Effective Dates Prior to December 31 By Participant:** Participants in their election period (by participant) with effective dates prior to 12/31 of the most recent calendar year.
- **Scheduled Eligibility Reports and Standard Eligibility Communication:** A list of reports, which will be sent. New scheduled reporting items may be added, and the history of scheduled reports sent may be viewed. Common reports configured under this tab include eligibility reports, reinstatement notifications, and cancellation notifications.
- **Standard Eligibility Communication with Qualifying Events:** In addition to standard COBRA eligibility information, this report details employees that have lost coverage due to COBRA-qualifying events. Although these will be included on the report, it is recommended that the employer continue to notify carriers immediately of dropped coverage situations when employees have a coverage loss.
- **Qualifying Events Report:** Individuals who have had qualifying events processed, but have not, as of the run date of the report, elected and paid.
- **Returned Mail Report:** A list of mail returned as undeliverable. The notices will automatically be resent upon the client's request.
- **Ineligible Dependents of Employees Report/Ineligible Dependents of COBRA Participants Report:** Details when a dependent ceases to be eligible for active or COBRA benefits due to the limiting age. A qualifying event may be processed directly from this report. We will not automatically terminate an ineligible dependent due to limiting age.
- **Active Employee Compliance Status for General Rights Notifications:** A snapshot of any active employee that has not received the general rights notice.
- **Client Activity Screen:** Used to retrieve statistical COBRA participant information, data can be retrieved by a submission date range or time period. The user has the option of sorting the data by date, employee's name, activity type, or Social Security number.
- **Employees:** Enables clients to build and generate a report based on eligibility data that is on file within the system. Clients are able to queue the system to include employees only or employee and your COBRA participants. Additionally, employers may include employee addresses and dependents and sort the data in any order.
- **Monthly Statements:** Details client account statements showing breakdown of activity and payments.
- **Carrier Remittance:** Employers may view (at the carrier level) the COBRA participant's premium collected and applied for remittance.

Direct Bill (Retiree) reporting capabilities include real-time and scheduled reporting. Real-time reports available on

the website are numerous, and designed to provide quick access to exception lists, activity reports, employee and participant listings, plan statistics, carrier and plan information, plan coverage statistics, eligibility reporting setup, and eligibility reporting history. Many of these reports allow parameters, such as division or activity type to provide you with the most relevant data.

Client service teams work with the employer during implementation to auto-schedule eligibility and other necessary reports. These reports are sent electronically, utilizing WinZip or PGP encryption to protect the electronic information. The employer may choose a distribution schedule for these auto-schedule reports (available daily, weekly, bi-weekly, or monthly).

Examples of reporting options available online include:

- **Direct Bill (Retiree) Status:** Provides status for Direct Bill participants, including eligibility end date, paid through date, coverage types, and start and end dates
- **Direct Bill (Retiree) Employee List:** Details demographic and status information for all Direct Bill participants
- **Past Due Report:** Details participant, premium due date, amount owed, and coverage period. The employer is provided cancellation options from this query.
- **Carrier Remittance:** This report allows the employer to view, at the carrier level, the premium collected from a Direct Bill participant, and applied to the remittance statement

Employers may view amounts paid, billed, outstanding, etc. for current billing and historical information on both the employer and participant levels.

For COBRA and Direct Bill reporting, reports online include ad-hoc reporting.

1.64

Describe the process for members to pay monthly bills online and/or via credit card.

Response: Participants have a variety of payment options including electronic payment by electronic check payments made online or by IVR, recurring ACH payments, or by mailed check.

For compliance reasons, we do not accept credit card payments for COBRA premium payment. We do not regard COBRA premium payment made by credit card as a best business practice due to lack of formal guidance regarding applicable surcharges associated with credit card payment.

1.65

Describe the process applied to members for non-payment.

Response: Coverage is terminated within our system on the seventh business day of the month after non-payment. Other timeframes may be available upon client request.

1.66

Describe the process for sending members delinquent letters, including the timing for said letters.

Response: We provide monthly invoicing that details past due and grace period information. Additionally, this information is reflected in real time on our website and IVR system.

1.67

Describe the process if a member makes a payment for the current month and the two months following, how the payment will be reflected on the report as each month paid goes by.

Response: If a participant submits more than the premium required by the plan, the excess payment is credited to the participant's account. The credited amount will be reflected on the next month's invoice. Any overpayment received beyond the COBRA-eligible period will generate a refund due back to the continuant.

A detailed list of premiums paid is reflected on the client premium statement available on the website on a monthly basis.

Cost Proposal is provided under
separate cover.

Form A
Contractor Proposal Point of Contact
Request for Proposal Number 6171 Z1

Form A should be completed and submitted with each response to this solicitation. This is intended to provide the State with information on the contractor's name and address, and the specific person(s) who are responsible for preparation of the contractor's response.

Preparation of Response Contact Information	
Contractor Name:	WageWorks, Inc.
Contractor Address:	c/o HealthEquity, Inc. 15 W. Scenic Pointe Drive, Ste. 100 Draper, UT 84020
Contact Person & Title:	Barbara L. Gonzales CEBS CFC HSAe Vice President, Public Sector Sales
E-mail Address:	Barbara.Gonzales@WageWorks.com
Telephone Number (Office):	850-491-0693
Telephone Number (Cellular):	850-491-0693
Fax Number:	N/A

Each contractor should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the contractor's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Contractor Name:	WageWorks, Inc.
Contractor Address:	c/o HealthEquity, Inc. 15 W. Scenic Pointe Drive, Ste. 100 Draper, UT 84020
Contact Person & Title:	Barbara L. Gonzales CEBS CFC HSAe Vice President, Public Sector Sales
E-mail Address:	Barbara.Gonzales@WageWorks.com
Telephone Number (Office):	850-491-0693
Telephone Number (Cellular):	850-491-0693
Fax Number:	N/A



REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

CONTRACTOR MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the contractor guarantees compliance with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that contractor maintains a drug free work place.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

_____ NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation.

_____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	WageWorks, Inc.
COMPLETE ADDRESS:	c/o HealthEquity, Inc. 15 W. Scenic Pointe Drive, Ste. 100 Draper, UT 84020
TELEPHONE NUMBER:	801-727-1016
FAX NUMBER:	N/A
DATE:	11-13-19
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	Darcy Mott Executive Vice President and Chief Financial Officer

COBRA Reporting Capabilities

Our robust COBRA reporting capabilities include both scheduled and real-time reporting. Real-time reports available on the website are numerous and designed to provide quick access to exception lists, activity reports, employee and participant listings, plan statistics, carrier and plan information, plan coverage statistics, eligibility reporting setup, and eligibility reporting history. Many of these reports allow parameters such as division or activity type that allow the most relevant data to be returned. Clients can view amounts paid, billed, outstanding, etc. for current billing and historical information on both the client and participant level.

Our Advantage: The industry's first Web-enabled system to provide online access to notices sent and continuous eligibility updating for the employer and continuants. This capability provides clients the immediate ability to address virtually any form of audit request from a federal agency. Additionally, clients can access reports to support various corporate initiatives.

Examples of COBRA reports include:

COBRA Continuation Pending	Employees who have had a qualifying event, have not elected to continue COBRA, and are in the 60-day election period.
Status of COBRA Continuants	Participants currently on COBRA. Details include date of qualifying event, reason, eligibility end date, etc.
Cancelled Eligible Employees and Continuants	Participants for whom COBRA coverage has expired, that have never elected, that have requested cancellation, or that have cancelled for non-payment of premium. Participant records remain on this report for 120 days.
Future Qualifying Events	Qualifying events processed with a qualifying event date that occurs in the future.
COBRA Continuants as of 12/31 by Plan/ COBRA Continuants as of 12/31 by Participant	Continuants by each COBRA-eligible benefit plan as of the end of the most recent calendar year. The report can be sorted alphabetically, by social security number, etc. as of the end of the most recent calendar year.

Examples of COBRA reports, continued:

Participants in COBRA Election Period with Effective Dates prior to 12/31 by Participant	Participants in their election period (by participant) with effective dates prior to 12/31 of the most recent calendar year.
Standard Eligibility Communication	This report includes information on all elected and paid COBRA participants. Participants will not appear on this report until they have made first payment and need to be enrolled by carriers.
Standard Eligibility Communication with Qualifying Events	In addition to standard COBRA eligibility information, WageWorks includes employees who have lost coverage due to COBRA qualifying events on the report in a section titled "Qualifying Events". Even though WageWorks will include these on the report, it is safest to continue notifying carriers immediately of dropped coverage situations when employees have a coverage loss.
Qualifying Events	This report only includes those individuals that have had qualifying events processed, and who have not, as of the run date of the report, elected and paid, or expired to expiration of COBRA election + First Payment Period.
Returned Mail	A list of mail returned as undeliverable. The notices will automatically be resent upon the client's request.
Ineligible Dependents of Employees Report/ Ineligible Dependents of COBRA Participants	Details when a dependent ceases to be eligible for active or COBRA benefits due to the limiting age. A qualifying event may be processed directly from this report. We will not automatically terminate an ineligible dependent due to limiting age.
Active Employee Compliance Status for General Rights Notifications	If contracted for initial rights notices, this report actually provides a list of those notices that have been mailed by WageWorks, reported as mailed by the employer, and those where the status is unknown.
Activity Report	This report provides a way for employers to monitor the activity on their account. Searches can be done by user, division, or activity type for a specified date.

Examples of COBRA reports, continued:

Employees	Enables clients to build and generate a report based on eligibility data that is on file within our system. Clients are able queue the system to include eligible employees and/or COBRA continuants. Employers can also include employee addresses and dependents and sort the data in the order needed.
Monthly Statements	Details client account statements showing breakdown of activity and payments.
Carrier Remittance	Employers can view, at the carrier level, the premium collected from a COBRA participant and applied for remittance.

Reports Home

Eligibility
Scheduled
Exception
Activity
Employees
Mo

Reports

Welcome to our reporting menu. Here you will find our standard reports that are available through our web site.

Eligibility: A series of reports that allows you to view Participants in their waiting period, Continuants, and Cancelled participants.

Scheduled Reports: A list of reports that have been scheduled to be sent by WageWorks. New scheduled reporting items can be added, and history of scheduled reports sent can be viewed. Common reports configured under this tab include eligibility reports, reinstatement notifications, and cancellation notifications.

Exception: This section includes reports that are important for monitoring error and exception conditions. You should visit this section often to stay apprised of important conditions such as returned mail, ineligible dependents, or dependent coverage exceptions.

Activity: This section provides a way for employers to monitor the activity on their account. Searches can be done by user, division, or activity type for a specified date.

Employees: This report allows you to select the employees to include in the report, optionally include addresses and dependents, and to sort by various criteria.

Monthly: Access to monthly reports including Statements and Carrier Remittance.

Cases: Tools for viewing client and participant case history.

Export: Request a file export containing participant data.

Copyright © 2017 WageWorks
All Rights Reserved

Eligibility Reports

Eligibility Reports

- [COBRA Continuation Pending Report](#)
- [Status of COBRA Continuant](#)
- [Status of Direct Bill Participants](#)
- [Status of Direct Bill Participants - with History](#)
(includes participants with an expired Coverage End date)
- [Cancelled Eligible Employees and Continuant](#)
- [Future Qualifying Events](#)
- [Covered Participants By Plan](#)
- [All Covered Employees By Plan](#)
- [COBRA Continuant as of 12/31/20XX by Plan](#)
- [COBRA Continuant as of 12/31/20XX by Participant](#)
- [Participants in COBRA election phase with effective dates prior to 12/31/20XX by Participant](#)

Eligibility Reports provide information on pending elections, status of COBRA continuants, cancelled eligible employees and continuants, future qualifying events, and covered continuants by participant and plan.

Continuation Pending

Electing Participants

USER: Marketing Customer Experience

COBRA Continuation Pending as of 4/24/20XX

Continuant Name	SSN	Election Deadline	Eligible Coverage	Coverage Type
Sample, Leontyne	XXX-XX-XXXX	3/31/20XX	Opticare Vision Only Plus UHP Dental only PPO UHP POS 20 Medical	Family Family Family
Sample, Cheyenne	XXX-XX-XXXX	3/31/20XX	Opticare Vision Only Plus UHP Dental only PPO UHP PPO Select Medical	Family Family Family
Sample, Pearl	XXX-XX-XXXX		UHP POS 20 Medical	Employee Only
Sample, Katie	XXX-XX-XXXX	3/30/20XX	UHP Dental only PPO UHP PPO Select Medical	Family Family
Sample, Dayton	XXX-XX-XXXX	3/31/20XX	UHP Dental only PPO UHP PPO Select Medical	Family Family

5 matches found.

Note: This screen is for research purposes only. Only reports generated under Scheduled Reports - Eligibility should be sent to carriers.

The COBRA Continuation Pending eligibility report shows election deadlines and details on coverage available to the qualified beneficiaries that have not elected COBRA continuation yet.

Cancelled Participants

Eligibility | Scheduled | Exception | Activity | Employees | Monthly

Cancelled Participants USER: Marketing Customer Experience

COBRA Participants Cancelled in the last 120 days as of 4/24/20XX

Continuant Name	SSN	Paid Thru	Date Cancelled	Selected Coverage	Coverage Type	Coverage Start	Coverage End
SAMPLE, ODELL	XXX-XX-XXXX	10/30/20XX	4/12/20XX	Never Elected			
Sample, Porsche	XXX-XX-XXXX	10/30/20XX	4/12/20XX	Never Elected			
Sample, Rebekka	XXX-XX-XXXX	10/30/20XX	4/12/20XX	Never Elected			

3 matches found.

The Cancelled Participants eligibility report shows date of COBRA coverage termination, type of coverage, and paid-thru date.

Covered Participants by Plan

Eligibility | Scheduled | Exception | Activity | Employees | Monthly

Covered Participants By Plan

Covered Participants By Plan as of 4/24/20XX

Carrier	Plan	Active Covered	Options
DB UHP	DB UHP POS 20	2	View Covered View Cancelled
DB UHP	DB UHP PPO Select	50	View Covered View Cancelled
OptiCare	Opticare Vision Only Plus	1	View Covered View Cancelled
UHP	UHP Dental only PPO	2	View Covered View Cancelled
UHP	UHP POS 20 Medical	1	View Covered View Cancelled
UHP	UHP PPO Select Medical	1	View Covered View Cancelled
UHP	UHP PPO Select w/Dental and Vision	1	View Covered View Cancelled

The Covered Participants by Plan eligibility report summarizes the number of continuants under each carrier and plan. It provides a detailed list of participants under each plan, as well as cancelled participants.

Continuants Paid Through 12/31/20XX

Eligibility | Scheduled | Exception | Activity | Employees | Monthly

COBRA 20XX

COBRA Continuants Paid Thru 12/31/20XX by Participant

Printed 4/24/20XX 2:32:38 PM

Participant Name	SSN	Eligibility End Date	Paid Thru	Selected Coverage	Coverage Type	Coverage Start	Coverage End
Sample, Kyle	XXX-XX-XXXX	3/31/20XX	8/31/20XX	Opticare Vision Only Plus UHP Dental only PPO UHP POS 20 Medical	Employee + Spouse Family Employee + Spouse	5/1/20XX 5/1/20XX 5/1/20XX	
Sample, Coral	XXX-XX-XXXX	3/31/20XX	12/31/20XX	UHP POS 20 Medical	Employee Only	10/1/20XX	

2 matches found.

Note: This screen is for research purposes only. Only reports generated under Scheduled Reports - Eligibility should be sent to carriers.

Eligibility report showing COBRA continuants paid through 12/31/20XX by plan.

Scheduled Reports

Report:	Returned Mail Report	Reference Number:	45
Frequency:	Weekly (Mondays) ▾	Status:	Active ▾
Content:	Full Report ▾	End Date: (Optional)	<input type="text"/>
Start Date:	5/1/20XX		
Recipient(s):	Scott Sample (FTP Upload) - Update		
History:	Details		

Scheduled Reports allow the client to create various custom reports at the desired frequency.

Exception Reports

- [Returned Mail Report](#)
- [Ineligible Dependents of Employees Report](#)
- [Ineligible Dependents of COBRA Participants Report](#)
- [Ineligible Dependents of Direct Bill Participants Report](#)
- [COBRA Participants With Impending Medicare Eligibility Report](#)
- [Dependent Coverage Exception Report](#)
- [Active Employee Compliance Status for Initial Rights Notifications](#)

Exception Reports alert you to important conditions that require action such as returned mail and ineligible dependents.

Returned Mail

Eligibility Scheduled **Exception** Activity Employees Monthly

Returned Mail Report

No returned mail items to report.

The Returned Mail Report shows notice returned, date mailed, date returned, and current address. From this report, clients can access the record (view option), update the address, and re-queue the notice.

Ineligible Dependents

Eligibility Scheduled **Exception** Activity Employees Monthly

Ineligible Dependents Report

Ineligible Dependents of Employees as of 9/28/20XX

Primary Participant Name	Dependent Name	Student	Relationship	Dependent Age	Options
Hana Sample	Phillip Sample	N	Child	31	View Update QE

1 match found.

This report uses the earliest non student and student age limits based on the configuration of each of your carriers. If you have different age limits for your various carriers, some of the dependents on this report may not be ineligible.

The Ineligible Dependents Report allows access by pressing the VIEW button or edits using the UPDATE button. This report is based on the earliest non-student and student age limits across all carriers.

Dependent Coverage Exception

Eligibility Scheduled **Exception** Activity Employees Monthly

Dependent Coverage Exception Report

Dependent Coverage Exceptions as of 4/24/20XX

Name	Plan Name	Coverage	Error	Options
Sample, Maryellen	DB UHP PPO Select	Individually Rated	No Children Found.	Update Mark Acceptable
Sample, Micah	DB UHP PPO Select	Individually Rated	No Children Found.	Update Mark Acceptable
Sample, Micah	DB UHP PPO Select	Individually Rated	No Children Found.	Update Mark Acceptable

Dependent Coverage Exception Report highlights any dependents whose information is incomplete or inaccurate, or whose coverage option does not match the family configuration.

Compliance Status

Eligibility | Scheduled | Exception | **Activity** | Employees | Monthly

Active Employee Compliance Status for Initial Rights Notifications

Initial Rights Notification Services Purchased:

COBRA IRN Services for Employees Hired Before 3/1/20XX :	Not Purchased
COBRA IRN Services for Employees Hired On or After 3/1/20XX :	Purchased
HIPAA IRN Services for Employees Hired Before 3/1/20XX :	Not Purchased
HIPAA IRN Services for Employees Hired On or After 3/1/20XX :	Not Purchased

Compliance Status for Employees Hired Before 3/1/20XX:

COBRA Initial Rights Notifications Mailed by WageWorks:	0
COBRA Initial Rights Notifications Reported Mailed by Employer:	0
COBRA Initial Rights Notifications Status Unknown:	0
Participants Not Covered Under COBRA:	0
HIPAA Initial Rights Notifications Mailed by WageWorks:	0
HIPAA Initial Rights Notifications Reported Mailed by Employer:	0
HIPAA Initial Rights Notifications Status Unknown:	0

Compliance Status for Employees Hired On or After 3/1/20XX:

COBRA Initial Rights Notifications Mailed by WageWorks:	0
COBRA Initial Rights Notifications Reported Mailed by Employer:	0

The Active Employee Compliance Status report shows Initial Rights Notices sent to current employees (available when this service is requested).

Activity Reports

Eligibility | Scheduled | Exception | **Activity** | Employees | Monthly

Activity Reports

Show Submissions: Today This Week
 This Month Date Range to

Sort By: Date Submitted Employee Name
 Activity Type

Filter For: Selected User: Aaron Sample Selected Division: Central Region Activity Type: Address Updated

Note: These reports sometimes take several minutes to generate.

DISPLAY RESULTS

Activity Reports provides a way for employers to monitor the activity on their account. Searches can be done by user, division, or activity type for a specified date.

Case Management

Eligibility | Scheduled | Exception | Activity | Employees | Monthly

Cases

This Month's Cases

Case Number	Status	Created By	Forwarded To	Date Opened	Category
4927	Open	Robyn Sample	Scott Wimberly	4/6/20XX 1:29:58 PM	COB - Address Change, Name Change
Problem Description:		This is a test.			
Corrective Action:		None Entered			

Our Case Management System is integrated with the SQL database – allowing clients to view all client and participant cases including dates open, problem category, and case status.

Employee Filter

Eligibility | Scheduled | Exception | Activity | Employees | Monthly

Employee Report

Include Employees:	Options:	Sort Order:
<input type="checkbox"/> Eligible Employees <input type="checkbox"/> COBRA Continuant <input type="checkbox"/> Direct Bill Participants <input type="checkbox"/> Filter Results For Division Irving	<input type="checkbox"/> Include Address & Phone <input type="checkbox"/> Include Dependents	<input checked="" type="radio"/> Last Name, First Name <input type="radio"/> Hire Date <input type="radio"/> Division / Location

GENERATE REPORT

Ad-hoc Employee Report sorting options include eligible employees, COBRA continuants, or divisions. The report can include address, phone number, and dependents.

Monthly Reports

Eligibility Scheduled Exception Activity Employees Monthly

Monthly Reports

IMPORTANT: If you want to access your fee invoices prior to September 2006, please click on the premium statement link.

- [Premium Statements](#)
- [Fee Invoices](#)
- [Client Remittance Reports](#)
- [Carrier Premium Remittance Reports](#)
- [Supplemental Fee Invoice](#)
- [Select Monthly Reports by Time Frame](#)
- [Severance Statements](#)
- [941 Subsidy Reports](#)
- [Subsidy Admin Fee Detail Report](#)

Monthly Reports include statements, carrier remittance reports, etc. Reports are in Adobe Acrobat format and the application is available for download from the website.

Health Plans

Carriers Health Plans Rates Enrollments Eligibility

Health Plans

Welcome to our Health Plan configuration pages.

In this section, you can view and configure your Carrier, Health Plan and Rate configuration.

Carriers: Carriers are defined as Health Providers, and the carriers for your health plans should be setup under the Carriers tab. Examples of carriers typically configured in our system are "United Healthcare", "Prudential", and "Aetna".

Plans: Once you have configured your carriers, you should enter your health plans. Health Plans are the options that employees select when choosing their options. Typical Health plan names configured in the system are "Humana PPO 90%" or "Humana HMO". Select your names carefully, these names will appear on the COBRA election forms mailed to continuants from which they select their health plans.

Rates: The rates tab gives you a list of all carriers, plans and rates that are configured in our system. We encourage you to print and validate the rates appearing here since these are the amounts that will be billed to COBRA Continuants and remitted to the plan sponsor.

Enrollment Periods: Establish or View Enrollment Periods defined for Rate Changes and/or Open Enrollment Periods. Click [here](#) to view the Rate Change / Open Enrollment Checklist.

Eligibility: This tab will give you the ability to verify and sign off on existing eligibility notations by

Health Plan configuration pages allow clients to configure carriers, health plans, and rates. The eligibility screen allows clients to view eligibility codes used for their plans.

Sample Participant And Eligible Covered Dependents
4690 Regents Boulevard
Irving, TX 75063

Re: Important General Notice of COBRA Continuation Coverage Rights
Sample Company, Inc. - 7988

To: Sample Participant, and Eligible Covered Dependents (if applicable) - 0125009678

Introduction

This is for informational purposes only. You are receiving this notice because you recently gained coverage under one or more group health components sponsored by Sample Company, Inc. (the "Plan(s)"). Sample Company, Inc., which is the Plan Administrator, has retained WageWorks to assist with its COBRA administration. The following information about your rights and obligations under a federal law known as the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA) is very important. While no action or response is required unless you or your eligible dependent(s) experience a loss of coverage under the Plan(s), both you and your covered spouse (if applicable) should read this summary of rights very carefully, retain it with other Plan(s) documents, and refer to it in the event that any action is required on your part.

COBRA requires that most employers providing group health plans offer participants and/or their covered family members the opportunity for a temporary extension of group health plan coverage ("COBRA coverage") at group rates under certain circumstances when coverage under the Plan(s) would otherwise end. COBRA (and the description of COBRA coverage contained in this notice) generally applies only to the group health plan benefits offered under the Plan(s) – such as any major medical, dental, vision, health flexible spending account ("Health FSA"), or any other employer-sponsored Plan(s) component which provides medical care - and not to any other benefits offered under the Plan(s) or by Sample Company, Inc. (e.g., life insurance).

This notice generally explains COBRA coverage, when it may become available to you and/or your family, and what you need to do to protect your right to receive it. This notice does not fully describe COBRA coverage or other rights under the Plan(s). You will find a more detailed summary of your rights and obligations under COBRA in the applicable group health plan Summary Plan Description(s) (SPD). For additional information about your rights and obligations under the Plan(s) and under federal law, you should review the Plan(s) SPD, contact the Plan Administrator identified in that SPD, or you can contact WageWorks.

You may have other options available to you when you lose group health plan coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace ("Marketplace"). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. You can learn more about many of these options at www.HealthCare.gov. In addition, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

What is COBRA Coverage?

COBRA coverage is continuation of group health coverage under the Plan(s) by qualified beneficiaries who lose coverage as a result of certain qualifying events (described below). After a qualifying event occurs and any required notice of that event is properly provided to the Plan Administrator, COBRA coverage must be offered to individuals who lose coverage under the Plan(s) and are qualified beneficiaries.

A qualified beneficiary is any of the following who are covered under the Plan(s) on the day before a qualifying event: (1) the employee, (2) the employee's spouse (including a retired employee), and/or (3) a dependent child (as defined by the Plan(s)). Also, a child who is born to, adopted by, or placed for adoption with a covered employee during a COBRA coverage period is considered a qualified beneficiary if enrolled in accordance with the terms of the Plan(s). A child of the covered employee

00867150058301



receiving benefits pursuant to a qualified medical child support order (QMCSO), if enrolled in accordance with the terms of the Plan(s), is entitled to the same rights to elect COBRA coverage as any other covered dependent child.

You do not have to show that you are insurable to elect COBRA coverage. Under the Plan(s), however, qualified beneficiaries who elect COBRA coverage must pay for COBRA coverage. Generally, a qualified beneficiary will have to pay the "applicable premium" (as defined in COBRA) plus a 2 percent administrative fee for your COBRA coverage (and possibly a 50 percent administrative fee during the 11-month disability extension [see "Disability Extension of an 18-Month COBRA Coverage Period," below]). The "applicable premium" is the **total cost** of coverage without regard to any employer contributions, as determined in accordance with COBRA. The first COBRA premium is due 45 days after the date you make your COBRA coverage election. All subsequent premiums are typically due the first day of each month with a 30-day grace period by which a complete premium must be made.

The law also requires that, at the end of the 18-, 29-, or 36-month COBRA coverage period, you must be allowed to enroll in an individual conversion health plan provided under the current group health plan, if the plan provides a conversion privilege.

What is a Qualifying Event?

If you are a covered employee, you may elect COBRA coverage if you lose coverage under the Plan(s) because of either one of the following qualifying events: (1) your hours of employment are reduced; or (2) your employment ends for any reason (other than gross misconduct on your part).

If you are the covered spouse of a covered employee (including a retired employee), you may elect COBRA coverage if you lose coverage under the Plan(s) because of any of the following qualifying events: (1) the covered employee dies; (2) the covered employee's hours of employment are reduced; (3) the covered employee's employment ends (for reasons other than gross misconduct); (4) the covered employee becomes entitled to Medicare under Part A, Part B, or both (typically, this will not be a qualifying event for spouses of active employees due to the Medicare Secondary Payer rules); or (5) you and the covered employee divorce or legally separate. Also, if the covered spouse's coverage is reduced or dropped by the covered employee in anticipation of a divorce or legal separation, and a divorce or legal separation later occurs, then the divorce or legal separation may be considered a qualifying event for the spouse even though the coverage was canceled or reduced before the divorce or legal separation. If the ex-spouse notifies the Plan Administrator within 60 days after the divorce or legal separation and the Plan Administrator determines, at its sole discretion based on the applicable facts and circumstances, that the coverage was dropped in anticipation of the divorce or legal separation, then COBRA coverage may be available beginning with the date of the divorce or legal separation (if properly elected).

For a covered dependent child of the covered employee, you may elect COBRA coverage if you lose coverage under the Plan(s) because of any of the following qualifying events: (1) the covered employee dies; (2) the covered employee's hours of employment are reduced; (3) the covered employee's employment ends (for reasons other than gross misconduct); (4) the covered employee becomes entitled to Medicare under Part A, Part B, or both (typically, this will not be a qualifying event for dependent children of active employees due to the Medicare Secondary Payer rules); (5) the covered employee and his/her spouse divorce or legally separate; or (6) you cease to be eligible for coverage under the Plan(s) as a "dependent child."

Covered retired employees, covered spouses of retired employees, surviving spouses of retired employees, and covered dependent children of retired employees also have a right to elect COBRA coverage if retiree coverage is lost within one year before or after the commencement of proceedings under Title 11 (bankruptcy), United States Code.

How is COBRA Coverage Provided?

Sample Company, Inc. is obligated to notify the Plan Administrator of the occurrence of these qualifying events: (1) the reduction in hours of an employee's employment; (2) the termination of the employee's employment (for reasons other than his or her gross misconduct); (3) the death of the employee; (4) the commencement proceedings under Title 11 (bankruptcy), United States Code with respect to the employer (in the case of retiree coverage only); or (5) the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

You must give notice of some qualifying events. For the other qualifying events (i.e., divorce or legal separation of the employee and a covered dependent child losing eligibility for coverage under the Plan(s) as a "dependent child"), a COBRA election will be available to you **only** if you notify the Plan Administrator in accordance with the notice procedures of the Plan(s) no later than 60 days after the date of the qualifying event or the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan(s) as a result of the qualifying event, whichever is later. If you fail to provide a timely qualifying event notice in accordance with the notice procedures of the Plan(s), the qualified beneficiaries will lose their right to a COBRA election. If any health claims are mistakenly paid for expenses incurred after the qualifying event, then you and your eligible dependent(s) will be required to reimburse the Plan(s) for any claims so paid.

How do Qualified Beneficiaries Elect COBRA Coverage?

When the Plan Administrator is notified that one of these events has happened, notice of your right to elect COBRA will be provided.

Each qualified beneficiary has an independent right to make a COBRA election. Covered employees and covered spouses (if the spouse is a qualified beneficiary) may elect COBRA coverage on behalf of all the qualified beneficiaries, and parents or legal guardians (whether qualified beneficiaries or not) may elect COBRA coverage on behalf of their covered minor children who are qualified beneficiaries. However, a qualified beneficiary employee may not decline COBRA coverage on behalf of a covered spouse or an adult covered dependent child (if the spouse or adult covered dependent child is a qualified beneficiary).

Under the law, you will have 60 days from the later of the date you would lose coverage under the Plan(s) or the date the COBRA Election Notice is provided to you. Any qualified beneficiary for whom COBRA coverage is not elected within the election period specified in the COBRA election notice **will lose COBRA coverage election rights.**

How Long Does COBRA Coverage Last?

Unless specifically stated otherwise in the applicable SPD, COBRA coverage is measured from the date of the qualifying event, even if coverage is not immediately lost.

In the case of a loss of coverage due to the covered employee's termination of employment or reduction in hours of the covered employee's employment, COBRA coverage may generally last for up to 18 months.

In the case of all other qualifying events, COBRA coverage may last for up to 36 months.

If the covered employee becomes entitled to Medicare benefits (under Part A, Part B, or both) less than 18 months **before** a termination or reduction in hours of employment, COBRA coverage for qualified beneficiaries (other than the employee) who lose coverage as a result of the qualifying event can last up to 36 months **from the date of Medicare entitlement.** For example, if a covered employee becomes entitled to Medicare 8 months before the date on which her employment ends, COBRA coverage for her spouse and children who lost coverage as a result of the qualifying event can last up to 36 months from the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months).

COBRA coverage under a Health FSA may only last through the end of the plan year in which the qualifying event occurs (unless stated otherwise in the group health plan SPD). In addition, you may not be able to elect COBRA coverage if the reimbursement available at the time of the qualifying event is less than the COBRA premium required to continue coverage through the end of the plan year.

The COBRA periods described above are maximum coverage periods. The law provides that COBRA coverage may be terminated prior to the end of the maximum coverage periods described in this notice for several reasons (please consult the Plan(s) applicable SPD for more information).

There are two ways in which the 18-month COBRA period of coverage resulting from a covered employee's termination of employment or reduction in hours of employment may be extended. (NOTE: The period of COBRA coverage under a Health FSA generally cannot be extended beyond the end of the plan year.)

Disability Extension of an 18-Month COBRA Coverage Period

If a qualified beneficiary is determined by the Social Security Administration ("SSA") to have been disabled under Title II or XVI of the Social Security Act, all of the covered qualified beneficiaries may be entitled to receive an additional 11 months of COBRA coverage, for a maximum of 29 months. This extension is only available for qualified beneficiaries who are receiving COBRA coverage because of a qualifying event that was the covered employee's termination of employment or reduction of hours. This disability must have started prior to or within the first 60 days of the COBRA period and must last at least until the end of the period of COBRA coverage that would otherwise be available without the disability extension (generally 18 months, as described above). The disability extension is only available if you notify the Plan Administrator in a timely fashion. All qualified beneficiaries who are receiving COBRA coverage because of a qualifying event that was the covered employee's termination of employment or reduction in hours may be eligible to receive up to an additional 11 months of COBRA coverage (for a total of 29 months). This disability must have started at some time prior to or within the first 60 days of the COBRA coverage period and must last at least until the end of the period of COBRA coverage that would be available without the disability extension (generally 18 months, as described above).

The disability extension is available only if you notify the Plan Administrator of the SSA's determination of disability within 60 days after the latest of (1) the date of the determination of disability by the SSA; (2) the date of the covered employee's termination or reduction in hours of the covered employee's employment; (3) the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the plan as a result of the covered employee's termination or reduction in hours of the covered employee's employment; or (4) the date that you receive this notice or the SPD. Notwithstanding the 60-day period, you must provide notice of the SSA's determination of disability prior to the end of the 18-month continuation period (irrespective of when the 60-day period would otherwise end).

00867150058302



The Plan(s) can charge up to 150 percent of the applicable premium during the 11-month extension in most circumstances. The disabled individual must notify the employer within 30 days of any final determination that he or she is no longer disabled. If COBRA coverage is extended to a total of 29 months, extended COBRA coverage will cease on the first day of the month that begins more than 30 days after the SSA's notice that the qualified beneficiary is no longer disabled.

Second Qualifying Event Extension of COBRA Coverage

If a qualified beneficiary who is a covered spouse or covered dependent child experiences another qualifying event during the first 18 months of COBRA coverage (because of the covered employee's termination of employment or reduction in hours) or during an 11-month disability extension period (see "Disability Extension of an 18-Month COBRA Coverage Period," above), this qualified beneficiary receiving COBRA coverage may receive up to 18 additional months of COBRA coverage (for a total of 36 months from the original qualifying event), if notice of the second qualifying event is provided in accordance with applicable notice procedures.

This extension may be available to the covered spouse and any covered dependent children receiving COBRA coverage if the employee/former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the covered dependent child stops being eligible under the Plan(s) as a "dependent child," but only if the event would have caused the spouse or dependent child to lose coverage under the Plan(s) had the first qualifying event not occurred.

Notices must generally be sent to WageWorks in writing (by mail or electronic transmittal [e.g., [facsimile]]) to WageWorks P.O. Box 226101, Dallas, 75222-6101; or Fax#: 877-775-9399.

If a different address and/or procedures for providing notices to the Plan(s) appear in the most recent SPD, you must follow those notice procedures or deliver your notice to that address.

Oral notice (including notice by telephone) is not acceptable.

Any notice you provide must contain the name of the Plan(s) (Sample Company, Inc.); the name, WageWorks Account Number or Social Security number, and address of the employee/former employee who is or was covered under the Plan(s); the name(s) and address(es) of all qualified beneficiaries who lost coverage as a result of the qualifying event; and the certification, signature, name, address, and telephone number of the person providing the notice.

The employee/former employee who is or was covered under the Plan(s), a qualified beneficiary who lost coverage due to the qualifying event described in the notice, or a representative acting on behalf of either may provide the notices described herein. A notice provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all qualified beneficiaries who lost coverage due to the qualifying event described in the notice.

Special Rules for Leaves of Absence Due to Services in the Uniformed Services

If a covered employee takes a leave of absence to perform services in the Uniformed Services (as addressed in the Uniformed Services Employment and Reemployment Act [USERRA]) that is expected to last 31 days or more, the covered employee may be able to continue health coverage for the employee and any covered dependents until the earlier of 24 months from the date the leave began or the date the employee fails to return to or apply for work as required under USERRA. The cost to continue this coverage for periods lasting 31 days or more is 102 percent of the applicable premium. The USERRA continuation period will run concurrent with the COBRA period described herein. Notwithstanding anything to the contrary in this notice, the rights described in this notice apply only to the COBRA continuation period. Continuation of coverage following a military leave of absence covered under USERRA will be administered in accordance with the requirements of USERRA.

Are There Other Coverage Options Besides COBRA Coverage?

Yes. Instead of enrolling in COBRA Coverage, there may be other coverage options for you and your family through the Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA Coverage. You can learn about many of these options at www.HealthCare.gov.

Keep the Plan(s) Informed of Address Changes

To protect your family's rights, it is important that you keep the Plan Administrator informed of any changes in your or your family members' addresses. In such an event, please notify Sample Company, Inc., 5804551-11 Telecom Blvd., Richardbird, TX 75082. You should also keep a copy, for your records, of any notices you send to the Plan Administrator and/or WageWorks.

If You Have Questions

Questions concerning the Plan(s) should be addressed to Sample Company, Inc., 5804551-11 Telecom Blvd., Richardbird, TX 75082. For additional information about your COBRA rights and obligations under federal law, please review the Plan(s) SPD, contact the Plan Administrator identified in the most recent SPD, or you can contact WageWorks between 7 a.m. - 7 p.m. CT, Monday - Friday, at 1-877-722-2667 or you can go to mybenefits.wageworks.com.

In addition, you may obtain more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), the Patient Protection and Affordable Care Act, and other laws affecting group health plans, by contacting the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. Addresses and phone numbers of Regional and District EBSA offices are available through the EBSA website. For more information about the Marketplace, visit www.HealthCare.gov.

Sample

00867150058303





WageWorks, Inc.
 P.O. Box 650407
 Dallas, TX 75265-0407

Date: 12/18/2017
 Form: CLC02-CXDEN
 Doc ID: 73346972
 Account #: 0121763974



To Sample Participant and Covered Dependents
 4609 Regents Boulevard
 Irving, TX 75063

Doc: 73346972 Sequence: 807 Form: 2 Server: 1

COBRA COVERAGE ELECTION NOTICE

Participant Name: Sample Participant
 Employer: Sample Systems, Inc.
 Election Deadline: 2/19/2018
 Qualifying Event: Termination

Date of Notice: 12/18/2017
 †Date of Coverage Loss: 7/31/2017
 ‡COBRA Coverage Start Date if Elected: 8/1/2017

To Sample Participant and Eligible Covered Dependents (If applicable) - 21763974:

This notice has important information about your rights to continue your health coverage in the Sample Systems, Inc. group health plan ("Plan") under the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA), as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace ("Marketplace") at www.HealthCare.gov or call 1-800-318-2596. You may be able to get coverage through the Marketplace that costs less than COBRA continuation coverage. More information regarding the Marketplace is provided at the end of this notice.

Please read the information in this notice very carefully before you make your decision and keep it for your records. This notice applies equally to each qualified beneficiary identified in this notice. If you choose to elect COBRA continuation coverage, you should use the COBRA Coverage Election Form provided later in this notice.

WageWorks has been retained by Sample Systems, Inc. to notify you, your covered spouse, and/or your covered dependent children ("Qualified Beneficiaries") of your rights to a temporary extension of group health plan coverage ("COBRA coverage") at group rates after certain events ("qualifying events") that would otherwise cause you to lose coverage under the Plan. NOTE: Notices are sent to the last known address on file with your plan sponsor. It is your obligation to notify Sample Systems, Inc. in writing if there are any Qualified Beneficiaries who reside at a different address. Otherwise they may not receive notice of their rights and obligations under COBRA.

You are receiving this notice because your coverage under the Plan will end 07/31/2017 due to the qualifying event designated above.

Instead of enrolling in COBRA coverage, there may be other more affordable coverage options for you and your family through the Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA coverage.

You should compare your other coverage options with COBRA coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under COBRA because the new coverage may impose a new deductible.

When you lose job-based health coverage, it's important that you choose carefully between COBRA coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option. Also, if you elect coverage through the Marketplace, you may experience a gap in coverage between the date you lose coverage under the group health plan and the date coverage through the Marketplace begins (whereas you will not experience a gap if you elect and pay for COBRA continuation coverage).

If you choose to elect COBRA coverage, you do not have to send any premium payment(s) with the COBRA Coverage Election Form. Additional information about payment will be provided to you after you make your election.

Premium payments are considered paid on the date you mail them (as evidenced by your postmark date). If your premium payment is made by check, and your check is returned because of insufficient funds, your premium is treated as unpaid. You must make full payment within the required time period, including a grace period, to prevent cancellation. **If you submit any premium payment after the required postmark date, or if you submit any premium payment and you are otherwise ineligible for coverage, these payments will be refunded to you. Acceptance of premium payments by WageWorks is not an indication that coverage is in force. If your coverage is canceled for non-payment of premium, you cannot reinstate it.**

00800100080701



Important additional information about COBRA coverage and other health coverage alternatives (such as coverage through the Marketplace, which may cost less than Cobra coverage) is included in the pages following the COBRA Coverage Election Form (see "IMPORTANT INFORMATION: COBRA Coverage Rights and Other Health Coverage Alternatives" [below]).

Questions concerning your Plan should be addressed to Sample Systems, Inc.

If you have any questions about this notice or need further information about your rights to elect COBRA coverage, please contact WageWorks at 1-877-722-2667.

If you would like to speak to a licensed benefits advisor to help you understand all of your coverage options, please call Simply Covered at 877-470-3996 or visit www.SimplyCovered.com.

Sample

†See below for individual plan termination dates

‡See below for individual plan continuation start dates

COBRA COVERAGE ELECTION FORM INSTRUCTIONS

Please read the important information about your rights included in the pages following the COBRA Coverage Election Form (see "IMPORTANT INFORMATION: COBRA Coverage Rights and Other Health Coverage Alternatives") for more information on your rights and obligations under COBRA.

If you choose to elect COBRA coverage, please complete the attached COBRA Coverage Election Form and mail the completed COBRA Coverage Election Form by United States Postal Service ("USPS") to WageWorks at PO Box 226101 Dallas, TX 75222-6101. You may also fax the completed COBRA Coverage Election Form to Fax #: 866-599-3141.

IF YOU WANT TO ELECT ONLINE: If you wish to elect online, you can complete your enrollment on our website at **mybenefits.wageworks.com**. You will need to provide your name, date of birth, valid e-mail address, and Social Security number or your designated WageWorks account number to register for a WageWorks "user name." The information you provide in connection with your online enrollment is kept confidential in accordance with WageWorks' privacy policy, which you can find at **mybenefits.wageworks.com**.

Oral elections will not be accepted. Elections must be made in accordance with these COBRA Coverage Election Form Instructions.

Your election must be made on or before the Election Deadline identified on the first page of the notice, which is 2/19/2018. If you mail your election to WageWorks, your completed COBRA Coverage Election Form must be postmarked by the USPS on or before 2/19/2018. If WageWorks does not receive the COBRA Coverage Election Form, you will be responsible for proving that you mailed the election form by the Election Deadline. You may follow up with WageWorks several days after you have mailed the form to ensure that WageWorks received it. If you elect COBRA coverage online, you must make your election at the website specified above and successfully submitted in accordance with the online instructions on or before 2/19/2018.

If you do not mail or electronically submit a completed COBRA Coverage Election Form by the Election Deadline shown above, you will lose your right to elect COBRA coverage. If you reject your right to COBRA coverage before the Election Deadline, you may change your mind by submitting a completed COBRA Coverage Election Form in accordance with the instructions above before the original Election Deadline, which is 2/19/2018. However, if you reject your COBRA rights and then later revoke that waiver, the Plan is not required to provide COBRA coverage for the period ending with the date on which your revocation is made (which means you could have a gap in coverage). Consult the Plan's most recent Summary Plan Description for more information concerning the Plan's procedures for revoking a waiver of the right to COBRA continuation coverage.

Sample

00800100080702



COBRA COVERAGE ELECTION FORM

Participant Name: Sample Participant
Employer: Sample Systems, Inc.
Form Number: CLC02

Election Deadline: 2/19/2018
Account Number: 0121763974
Document ID: 73346972

Please make initial and ongoing premiums payable to WageWorks, Inc., PO Box 660212, Dallas, TX 75266-0212
(Note: The payment address only accepts regular USPS mail; overnight packages are not accepted.)

Section A1.1. Group Health Plan Component(s)

Check the box next to the monthly cost of the group health plan components(s) you are selecting. Please note that you may not obtain coverage above what you had on the day you lost coverage.

Table with 3 columns: Component Name, Date of Group Health Coverage Component Loss, COBRA Coverage Start Date if Electing*. Rows include Dental - Delta Dental, Medical - BCBSSC HDPPPO, and Vision - VSP Vision Plan with associated costs and checkboxes.

*Unless you affirmatively waive coverage and then later revoke that coverage.

Section B. Participant Information

Please verify our records are accurate and make changes as necessary. You MUST select the plan type for each individual identified below that you intend to cover. You may not decline coverage for a qualified beneficiary spouse or an adult dependent child but you may elect coverage for any other qualified beneficiary. If you need additional COBRA Coverage Election Forms, please contact WageWorks at 1-877-722-2667 or through the Message Center tab at mybenefits.wageworks.com.

Table with 4 columns: Participant Name, Relationship, Birth Date, Gender. Includes checkboxes for plan types: Dental, Medical, Vision.

Section C. Medicare Entitlement

Is the covered employee enrolled in Medicare Part A, Part B, or both? Yes [] No []

If yes, please provide the enrollment date, as shown on the Medicare card: _____

Applicant's Authorization and Agreement

By my signature below:

- I elect the COBRA continuation coverage checked above in Section A1 under the Sample Systems, Inc. group health plan;
I understand that any COBRA election I make above is deemed to include an election for all other qualified beneficiaries identified above except as specified otherwise above; and
I verify that I have read and understood the information provided to me in this COBRA Coverage Election Notice, COBRA Coverage Election Form, and "IMPORTANT INFORMATION: COBRA Coverage Rights and Other Health Coverage Alternatives" enclosure.

Applicant's Signature: _____ Date: _____

This page was intentionally left blank

Sample

00800100080703



IMPORTANT INFORMATION: COBRA COVERAGE RIGHTS AND OTHER HEALTH COVERAGE ALTERNATIVES

COBRA COVERAGE

COBRA coverage is a continuation of Plan coverage when coverage would otherwise end because of a *qualifying event* (described below). After a qualifying event occurs and any required notice of that event is properly provided to the Plan Administrator, COBRA coverage must be offered to individuals who lose Plan coverage and are *qualified beneficiaries*.

A qualified beneficiary is any of the following who is covered under the Plan on the day before a qualifying event: (1) the employee or former employee ("covered employee"), (2) the employee's spouse ("covered spouse"), and/or (3) a "child" of the employee, as defined by the Plan ("covered dependent child"). In addition, a child born to, adopted by, or placed for adoption *with a covered employee* during a period of the covered employee's COBRA coverage is considered a qualified beneficiary to the extent that such child is enrolled in accordance with the terms of the Plan. A child of the covered employee receiving benefits pursuant to a qualified medical child support order (QMCSO), to the extent that such child is enrolled in accordance with the terms of the Plan, is entitled to the same rights to elect COBRA coverage as any other covered dependent child.

COBRA coverage is generally the same coverage provided under the Plan to similarly situated active individuals who are not on COBRA. Each qualified beneficiary who elects COBRA coverage will have the same rights under the Plan as other similarly situated non-COBRA participants covered under the group health plan component(s) of the Plan elected by the qualified beneficiary, including annual enrollment and special enrollment rights.

COBRA (and the description of COBRA coverage contained in this notice) generally applies only to the group health plan benefits offered under the Plan and not to any other benefits (e.g., life insurance, disability insurance).

QUALIFYING EVENTS

For covered employees, you may elect COBRA coverage if you lose coverage under the Plan because of either one of the following qualifying events: (1) your hours of employment are reduced; or (2) your employment ends for any reason (other than gross misconduct on your part).

For the covered spouse, you may elect COBRA coverage if you lose coverage under the Plan because of any of the following qualifying events: (1) the covered employee's hours of employment are reduced; (2) the covered employee's employment ends for any reason (other than his or her gross misconduct); (3) the covered employee dies; (4) the covered employee becomes entitled to Medicare benefits under Part A, Part B, or both; or (5) you and the covered employee divorce or legally separate. Also, if the covered spouse's coverage is reduced or dropped by the covered employee *in anticipation of* a divorce or legal separation, and a divorce or legal separation later occurs, then the divorce or legal separation may be considered a qualifying event for the spouse even though the coverage was canceled or reduced before the divorce or legal separation. If the ex-spouse notifies the Plan Administrator within 60 days after the divorce and the Plan Administrator determines, at its sole discretion based on the applicable facts and circumstances, that the coverage was dropped in anticipation of the divorce, then COBRA coverage may be available beginning with the date of the divorce (if properly elected).

For a covered dependent child, you may elect COBRA coverage if you lose coverage under the Plan because of any of the following qualifying events: (1) the covered employee's hours of employment are reduced; (2) the covered employee's employment ends for any reason (other than his or her gross misconduct); (3) the covered employee dies; (4) the covered employee becomes entitled to Medicare benefits under Part A, Part B, or both; (5) the covered employee and his or her spouse divorce or legally separate; or (6) you cease to be eligible for coverage under the Plan as a dependent.

You also have a right to elect COBRA coverage if you are covered under the Plan as a retired employee, a covered spouse of a retired employee, the surviving spouse of a retired employee, or a covered dependent child of a retired employee, and lose retiree coverage within one year before or after the commencement of proceedings under Title 11 (bankruptcy), United States Code.

ELECTING COBRA COVERAGE

To elect COBRA coverage, you must complete the COBRA Coverage Election Form and submit it to WageWorks according to the instructions included with the COBRA Coverage Election Form by the date specified on the COBRA Coverage Election Form. **Failure to do so will result in a loss of the right to elect COBRA coverage under the Plan.** It is recommended that you retain a copy of your COBRA coverage election and any documentation substantiating your submission for your records. Each qualified beneficiary has an independent right to make a COBRA election. That means that a covered employee and a covered spouse (if the spouse is a qualified beneficiary) may elect COBRA coverage on behalf of all the qualified beneficiaries, and parents may elect COBRA coverage on behalf of their children. However, a covered employee may not decline COBRA coverage for a covered spouse or an adult covered dependent child (if the spouse or adult covered dependent child is a qualified beneficiary). If the covered employee does not elect coverage for the qualified beneficiary spouse, the qualified beneficiary spouse may elect COBRA coverage separately on behalf of the covered spouse and all other qualified beneficiaries. In addition, the parent or legal guardian of a minor covered dependent child who is a qualified beneficiary may elect coverage on behalf of the minor child.

Additional information about the group health plan component(s) of the Plan is available in the Plan's summary plan description (SPD). If you do not have a copy of the SPD, you may obtain one from the Plan Administrator of your group health plan.

Qualified beneficiaries who are entitled to elect COBRA coverage may do so even if they have other group health plan coverage or are entitled to Medicare benefits (under Part A, Part B, or both) on or before the date on which COBRA coverage is elected. However, a qualified beneficiary's

COBRA coverage may terminate if, after electing COBRA coverage, he or she becomes entitled to Medicare benefits (under Part A, Part B, or both) or covered under other group health plan coverage (see "Duration of COBRA Coverage" below for more information on when COBRA coverage ends).

When considering whether to elect COBRA coverage, you should consider that you may have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage under the Plan ends because of the qualifying event listed above. You will also have the same special enrollment right after you exhaust the maximum COBRA coverage period available to you.

DURATION OF COBRA COVERAGE

The maximum COBRA period is generally measured from the date of the qualifying event, even if coverage is not immediately lost (unless stated otherwise in your SPD). COBRA coverage begins on the day following the date that coverage under the Plan is lost because of the qualifying event.

In the case of a loss of coverage due to the covered employee's termination of employment or reduction in hours of the covered employee's employment, coverage may generally last for up to 18 months.

When the qualifying event is the covered employee's termination of employment or reduction in hours of the covered employee's employment, and the employee became entitled to Medicare benefits (under Part A, Part B, or both) less than 18 months before the qualifying event, COBRA coverage for qualified beneficiaries (other than the employee) who lose coverage as a result of the termination of employment or reduction in hours of the qualifying event can last up to 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which her employment terminates, COBRA coverage for her spouse and children who lost coverage as a result of her termination of employment can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). If you were already entitled to Medicare before electing COBRA, please notify WageWorks of the date of your Medicare entitlement according to WageWorks notice procedures (see "Notice Procedures for Qualified Beneficiaries" [below]).

In the case of a loss of coverage due to the death of the employee, the covered employee's divorce or legal separation, the covered employee's becoming enrolled in Medicare benefits (under Part A, Part B, or both), or a covered child losing eligibility as a child under the terms of the Plan, COBRA coverage may last for up to 36 months (provided that timely notice of the qualifying event was provided in accordance with the Plan's notice procedures).

COBRA coverage under a Health FSA may only last through the end of the plan year in which the qualifying event occurs (unless stated otherwise in the group health plan SPD). This coverage may not be extended beyond the end of the plan year (see "Special Health FSA Rule" [below]), except for a grace period applicable to the plan year.

The COBRA periods described above are maximum coverage periods. The law provides that COBRA coverage may be terminated prior to the end of the maximum coverage periods described in this notice for any of the following reasons: (1) the employer/former employer no longer provides any group health coverage to any of its employees; (2) the premium for COBRA coverage is not paid in a timely manner; (3) you first become, after electing COBRA coverage, covered under any other group health plan (as a covered employee or otherwise); (4) you first become, after electing COBRA coverage, entitled to Medicare benefits (under Part A, Part B, or both); or (5) during a disability extension period (see "Disability Extension of COBRA Coverage" [below]), the disabled qualified beneficiary is determined by the Social Security Administration to be no longer disabled (COBRA coverage for all qualified beneficiaries, not just the disabled qualified beneficiary, will terminate). COBRA coverage may also be terminated for any reason the Plan would terminate coverage of a participant or beneficiary not receiving COBRA coverage (such as fraud).

You must notify WageWorks in writing as soon as possible within 30 days if, after electing COBRA coverage, a qualified beneficiary becomes covered under other group health plan coverage or becomes enrolled in Medicare benefits (under Part A, Part B, or both) according to WageWorks notice procedures (see "Notice Procedures for Qualified Beneficiaries" [below]).

SPECIAL HEALTH FSA RULE

If you have coverage under a Health FSA that is an excepted benefit (as defined by HIPAA's portability rules), you may only continue coverage through the end of the plan year in which the qualifying event occurs (unless stated otherwise in the group health plan SPD), except for a grace period applicable to the plan year.

Moreover, only those who have "underspent" their account as of the date of the qualifying event may elect Health FSA coverage. A qualified beneficiary has an "underspent" account if the account balance at the time of the qualifying event is equal to or more than the amount of the premiums for Health FSA COBRA coverage that will be charged for the remainder of the plan year. COBRA coverage will consist of the Health FSA coverage in force at the time of the qualifying event (that is, the elected annual limit reduced by reimbursable claims submitted up to the time of the qualifying event). The "use-it-or-lose-it" rule will continue to apply, so any unused amounts will be forfeited at the end of the plan year, and COBRA coverage will terminate at the end of the plan year (unless stated otherwise in the group health plan SPD), subject to any applicable grace period attributable to the plan year.

SPECIAL RULES FOR LEAVES OF ABSENCE DUE TO SERVICES IN THE UNIFORMED SERVICES

If a covered employee takes a leave of absence to perform services in the Uniformed Services (as addressed in the Uniformed Services Employment and Reemployment Act [USERRA]) that is expected to last 31 days or more, the covered employee may be able to continue health coverage for the employee and any covered dependents until the earlier of 24 months from the date the leave began or the date that the employee fails to return to or apply for work as required under USERRA. The cost to continue this coverage during periods of 31 days or more is 102 percent of the applicable premium. The USERRA continuation period will run concurrent with the COBRA period described herein, unless specified otherwise in the SPD. The rights described in this notice apply only to the COBRA continuation period. Notwithstanding anything to the contrary in this notice,

00800100080704



continuation of coverage under a military leave of absence covered under USERRA will be administered in accordance with the requirements of USERRA.

EXTENDING THE DURATION OF COBRA COVERAGE

If you elect COBRA coverage resulting from a covered employee's termination of employment or reduction in hours of the covered employee's employment, an extension of the maximum period of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify WageWorks of a disability or a second qualifying event in order to extend the period of COBRA coverage. Failure to provide notice of a disability or second qualifying event may eliminate the right to extend the period of COBRA coverage. The determination is at the sole discretion of the Plan Administrator. (The period of COBRA coverage under a Health FSA cannot be extended [unless stated otherwise in the group health plan SPD].)

DISABILITY EXTENSION OF COBRA COVERAGE

If you or any qualified beneficiary in your family is determined by the Social Security Administration to be disabled under Title II or XVI of the Social Security Act, the maximum COBRA coverage period that results from a covered employee's termination of employment or reduction in hours of the covered employee's employment (generally 18 months, as described above) may be extended for an additional 11 months of COBRA coverage (for a total of 29 months). This disability must have started at some time prior to or within the first 60 days of the COBRA continuation period arising from a qualifying event that is a termination of employment or reduction in hours of employment and must last at least until the end of the period of COBRA coverage that would otherwise be available without the disability extension (generally 18 months, as described above).

While the Social Security Administration offices in each state vary and do not always provide the same "Social Security Administration Retirement, Survivors and Disability Insurance Notice of Award" letter, many such award letters list this disability start date under the heading "The Date You Became Disabled." For example, if you receive a Social Security Administration award letter that reads, "We found that you became disabled under our rules on January 15, 2002," the disability start date for this purpose would be January 15, 2002.

Each qualified beneficiary in your family who has elected COBRA coverage due to the same qualifying event as the disabled qualified beneficiary will be entitled to the disability extension if one of them qualifies.

The disability extension is available only if you notify WageWorks according to WageWorks' notice procedures (see "Notice Procedures for Qualified Beneficiaries" [below]) of the Social Security Administration's determination of disability within 60 days after the latest of: (1) the date of the determination of disability by the Social Security Administration; (2) the date of the qualifying event that is the covered employee's termination of employment or reduction in hours of the covered employee's employment; or (3) the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the plan as a result of the covered employee's termination of employment or reduction in hours of the covered employee's employment. In addition, you must also provide notice of the Social Security Administration's determination of disability prior to the end of the 18-month continuation period (regardless of when the 60-day period would otherwise end).

If these procedures are not followed or if the notice is not provided during the applicable notice period, then you may be determined to be ineligible to receive the disability extension of COBRA coverage. This determination is at the sole discretion of the Plan Administrator.

If the qualified beneficiary is determined by the Social Security Administration to no longer be disabled, you must notify WageWorks of that fact as soon as possible but no later than 30 days after the Social Security Administration's final determination according to WageWorks' notice procedures (see "Notice Procedures for Qualified Beneficiaries" [below]). If COBRA coverage is extended due solely to the disability, extended COBRA coverage will cease on the first day of the month that begins more than 30 days after the Social Security Administration's notice that the qualified beneficiary is no longer disabled or the end of the maximum COBRA period, whichever is earlier.

SECOND QUALIFYING EVENT EXTENSION OF COBRA COVERAGE

If a qualified beneficiary who is a covered spouse or covered dependent child experiences another qualifying event during the first 18 months of COBRA coverage (because of the covered employee's termination of employment or reduction in hours of the covered employee's employment) or during an 11-month disability extension period (see "Disability Extension of COBRA Coverage" [above]), this qualified beneficiary receiving COBRA coverage may receive up to 18 additional months of COBRA coverage (for a total of 36 months), if notice of the second qualifying event is provided in accordance with WageWorks' notice procedures (see "Notice Procedures for Qualified Beneficiaries" [below]).

This extension may be available to the covered spouse and any covered dependent children receiving COBRA coverage if the employee/former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the covered dependent child stops being eligible under the Plan as a "dependent child," but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. (A second event will be a "second qualifying event" for COBRA purposes only to the extent that it would have caused the qualified beneficiary to lose coverage under the Plan had it been the initial qualifying event.)

This second qualifying event extension is available only if you notify WageWorks according to WageWorks' notice procedures (see "Notice Procedures for Qualified Beneficiaries" below) of the second qualifying event within 60 days after the date of the second qualifying event occurs.

If you do not follow WageWorks' notice procedures, then you will not be eligible for the extension of coverage.

COST OF COBRA COVERAGE

Generally, each qualified beneficiary is required to pay the entire cost of COBRA coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent (or, in the case of an extension of COBRA coverage due to a disability, 150 percent) of the cost to the group health

plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving COBRA coverage. The current required monthly payment for each group health plan component of the Plan under which you are entitled to elect COBRA coverage is shown on the COBRA Coverage Election Form. Note that these amounts are subject to change in the future in accordance with the Plan's provisions and will most likely be higher than they are now.

TRADE ADJUSTMENT ASSISTANCE

The Trade Act of 2002 created the Health Coverage Tax Credit (HCTC) for certain individuals who become eligible for trade adjustment assistance and for certain retired individuals who are receiving pension payments from the Pension Benefit Guaranty Corporation (PBGC) ("Eligible Individuals"). The HCTC expired on January 1, 2014, but was retroactively reinstated and modified by the Trade Adjustment Assistance Reauthorization Act of 2015 for coverage periods beginning before January 1, 2020. Under these tax provisions, Eligible Individuals can either take a tax credit or get advance payment of 72.5 percent of premiums paid for qualified health insurance, including COBRA continuation coverage. For more information, visit www.irs.gov/HCTC.

PAYING FOR COBRA COVERAGE

INITIAL PREMIUM PAYMENT

You must make your initial payment for COBRA coverage no later than 45 days after the date of your election. The "date of your election" is the date on which your completed COBRA Coverage Election Form is postmarked by the USPS, if mailed, or the date on which your COBRA election is successfully submitted electronically if made at the website specified above. If you do not make your first payment for COBRA coverage in full no later than 45 days after the date of your election, you will lose all COBRA rights under the Plan.

Your initial premium payment must cover the cost of COBRA coverage from the time your coverage under the Plan would have otherwise terminated up through the end of the month preceding the month in which your payment is made. For example, a June 1 election, based on an April 30 qualifying event and loss of coverage under the Plan, would require an initial premium payment equaling the premiums for May and June and is due on or before July 15, the 45th day after the COBRA coverage election. You are responsible for ensuring that the amount of your initial payment is enough to cover this entire period. You may contact WageWorks to confirm the correct amount of your initial premium payment.

Claims for benefits may not be processed and paid until after you have elected COBRA coverage and paid required premiums.

MONTHLY PREMIUM PAYMENTS

After you make your initial premium payment for COBRA coverage, you will be required to make monthly payments for each COBRA coverage period that follows. The amount due for each coverage period for each qualified beneficiary is shown on the COBRA Coverage Election Form. The periodic payments can be made on a monthly basis. Under the Plan, each of these periodic payments for COBRA coverage is due on the first day of the month for that coverage period. You may receive a courtesy monthly invoice within two weeks of your COBRA coverage election. You may also receive courtesy monthly invoices for each subsequent period thereafter, assuming your COBRA coverage has not been canceled. **However, you are responsible for paying the full premium on time even if you do not receive an invoice.**

GRACE PERIODS FOR MONTHLY PREMIUM PAYMENTS

Although monthly payments are due on the first day of each month of COBRA coverage, you will be given a grace period of 30 days after the first day of the month to make each monthly payment. You will receive COBRA coverage for each coverage period as long as payment for that coverage period is made before the end of the grace period.

IMPORTANT: If you pay a monthly payment later than the first day of the month to which it applies, but before the end of the grace period for the month, your coverage under the Plan may be suspended as of the first day of the month and then retroactively reinstated (going back to the first day of the month) when the monthly payment is received. This means that any claims for benefits you submit for benefits while coverage is suspended may not be processed and paid until after you have timely paid the full premium. WageWorks will not request an update of eligibility for any qualified beneficiary until the monthly premium due is received and applied. Depending upon the timing of receipt of a premium payment, it may take several days to process and update eligibility with the insurance carrier.

If you fail to make a monthly payment before the end of the grace period for that month, you will lose all rights to COBRA coverage under the Plan and your coverage will end as of the last day of the last month for which you made a full and timely premium payment.

Your courtesy monthly invoices will provide a remittance address and indicate the amount owed and due date. This invoice should be signed, detached, and enclosed with each month's premium payment. If mailed, your payment is considered to have been made on the date that it is USPS postmarked provided that it is ultimately received by WageWorks. WageWorks is a third-party administrator and is not engaged in the provision of health care benefits. Any deposit of a payment by WageWorks prior to return of such money will not constitute an acceptance of the premium payment. Depending on the timing of receipt of payment and scheduled communication updates, it may take several days to update eligibility with your group health insurance carrier(s). Waiting until the end of the grace period to make your payment could also put you at risk of not having sufficient time to correct errors. You will not be considered to have made any payment if your payment is returned due to insufficient funds or if there is otherwise a discrepancy with your payment (e.g., funds are not immediately available or verifiable, invalid banking account number, unsigned checks, incorrect payment amounts, payments sent to the wrong address, late or missed pickups by the USPS) and your account for that period will be marked as unpaid. WageWorks cannot guarantee that you will be notified of the discrepancy in time to correct your payment prior to the end of any applicable grace period. In such event, you will lose all rights to COBRA coverage under the Plan. In the event that the employer or plan sponsor terminates the Plan (through voluntary termination or bankruptcy) your group health coverage may be terminated retroactively. In the

00800100080705



event that the Plan is terminated, WageWorks cannot guarantee a refund of your payment if WageWorks has already forwarded that payment to the employer or plan sponsor for payment on your behalf.

NOTICE PROCEDURES FOR QUALIFIED BENEFICIARIES

IMPORTANT: If your notice is late or if you do not follow these notice procedures, you and all related qualified beneficiaries may lose the right to any extension of COBRA coverage.

Any required notice the qualified beneficiary is required to furnish (as described above) must follow these notices procedures. Notices must be sent to WageWorks in writing (by mail or electronic transmittal [e.g., facsimile, e-mail]) to:

WageWorks, Inc.
P.O. Box 650407
Dallas, TX 75265-0407
Fax #: 866-599-3141

If a different address and/or procedures for providing notices to the Plan appear in the Plan's most recent SPD, you must follow those notice procedures or deliver your notice to that address.

Oral notice (including notice by telephone) is not acceptable.

Any notice you provide must contain the name of the Plan (Sample Systems, Inc. group health plan); the name, WageWorks Account Number or Social Security number, and address of the employee/former employee who is or was covered under the Plan; the name(s) and address(es) of all qualified beneficiary(ies) who lost coverage as a result of the qualifying event; and the certification, signature, name, address, and telephone number of the person providing the notice.

The employee/former employee who is or was covered under the Plan, a qualified beneficiary who lost coverage due to the qualifying event described in the notice, or a representative acting on behalf of either may provide the notices described herein. A notice provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all qualified beneficiaries who lost coverage due to the qualifying event described in the notice.

ADDITIONAL NOTICE PROCEDURES FOR A NOTICE OF DISABILITY

A Notice of Disability must also contain the name(s) and address(es) of all qualified beneficiary(ies) who lost coverage due to the initial qualifying event and who are currently receiving COBRA coverage at the time the Notice of Disability is provided; the name and address of the disabled qualified beneficiary as determined by the Social Security Administration; the date that the qualified beneficiary became disabled as determined by the Social Security Administration; the date that the Social Security Administration made its determination of disability (generally, this is the date on which the "Social Security Administration Retirement, Survivors and Disability Insurance Notice of Award" letter was issued); and a statement as to whether or not the Social Security Administration has subsequently determined that the qualified beneficiary is no longer disabled. A copy of the "Social Security Administration Retirement, Survivors and Disability Insurance Notice of Award" letter should be included (or any other substantiating documentation provided to you by the Social Security Administration that discloses the date on which you became disabled and the date on which the Social Security Administration made such determination).

If you provide a written notice to WageWorks that does not contain all of the information and documentation specified by these Notice Procedures and Additional Notice Procedures for a Notice of Disability, such a notice will be considered sufficient if it is mailed or transmitted electronically to WageWorks at the address, facsimile number, or e-mail address specified above or provided directly to the Plan Administrator according to the notice procedures appearing in the Plan's most recent SPD; the notice is provided by the deadline specified above; and the notice is substantiated with any additional information and documentation as the Plan and/or WageWorks deems necessary to meet these requirements (as described in these Notice Procedures for a Notice of Disability) within 10 business days after a written request from WageWorks or the Plan for more information (or, if later, by the deadline for the Notice of Disability described above).

If these procedures are not followed or if the notice is not provided during the applicable 60-day notice period and within 18 months after the covered employee's termination of employment or reduction in hours of the covered employee's employment, then you may be determined to be ineligible to receive the disability extension of COBRA coverage. This determination is at the sole discretion of the Plan Administrator.

ADDITIONAL NOTICE PROCEDURES FOR A NOTICE OF A SECOND QUALIFYING EVENT

A Notice of a Second Qualifying Event must also contain the name(s) and address(es) of all qualified beneficiary(ies) who lost coverage due to the initial qualifying event and are currently receiving COBRA coverage at the time the Notice of a Second Qualifying Event is provided; the second qualifying event (i.e., the employee/former employee dies, becomes entitled to Medicare benefits [under Part A, Part B, or both], or gets divorced or legally separated, or if the covered child stops being eligible under the Plan as a child; and the date that the second qualifying event occurred.

If the Notice of a Second Qualifying Event relates to the death of the employee/former employee, you must, if requested, provide additional satisfactory documentation of the date of death (e.g., a death certificate).

If the Notice of a Second Qualifying Event relates to the entitlement to Medicare benefits (under Part A, Part B, or both) of the employee/former employee, your notice must include the date that Medicare entitlement occurred and a copy of the Medicare card showing the date of Medicare entitlement. (Typically, a covered employee's entitlement to Medicare benefits [under Part A, Part B, or both] will not be a qualifying event for spouses or covered children of active employees due to the Medicare Secondary Payer rules; in such a case, this extension is not available under the Plan when an employee/former employee becomes entitled to Medicare benefits after his or her termination of employment or reduction in hours of

employment.)

If the Notice of a Second Qualifying Event relates to a divorce or legal separation, your notice must include a copy of the decree of divorce or legal separation. If the Notice of a Second Qualifying Event relates to a covered child's loss of eligibility under the Plan as a child, you must, if requested, provide additional satisfactory documentation of the date on which this loss of eligibility occurred (e.g., a birth certificate establishing the child's age).

If you provide a written notice to WageWorks that does not contain all the information and documentation specified in these Notice Procedures and Additional Notice Procedures for a Notice of a Second Qualifying Event, such a notice will be considered sufficient if it is mailed or transmitted electronically to WageWorks at the address, facsimile number, or e-mail address specified above or provided directly to the Plan Administrator according to the notice procedures appearing in the Plan's most recent SPD; the notice is provided by the deadline specified above; and the notice is substantiated with any additional information and documentation as the Plan and/or WageWorks deems necessary to meet these requirements (as described in these Notice Procedures for a Notice of a Second Qualifying Event) within 10 business days after a written request from WageWorks or the Plan for more information (or, if later, by the deadline for the Notice of a Second Qualifying Event described above).

If these procedures are not followed or if the notice is not provided during the applicable 60-day notice period, then you may be determined to be ineligible to receive the second qualifying event extension of COBRA coverage. This determination is at the sole discretion of the Plan Administrator.

ADDITIONAL NOTICE PROCEDURES FOR A NOTICE OF OTHER GROUP HEALTH PLAN COVERAGE OR MEDICARE ENTITLEMENT

A Notice of Other Group Health Plan Coverage or Medicare Entitlement must contain the name of the Plan (Sample Systems, Inc. group health plan); the name, WageWorks Account Number or Social Security number, and address of the employee or former employee who is or was covered under the Plan; the name(s) and address(es) of all qualified beneficiary(ies) who lost coverage due to the initial qualifying event and who are currently receiving COBRA coverage at the time the Notice of Other Group Health Plan Coverage or Medicare Entitlement is provided; the name and address of the qualified beneficiary(ies) who obtained other coverage or became entitled to Medicare benefits (under Part A, Part B, or both); the date the other coverage became effective; and evidence of the effective date of other group health plan coverage (e.g., a copy of the insurance card) or the date Medicare entitlement occurred (i.e., a copy of the Medicare card showing the date of Medicare entitlement).

If a qualified beneficiary becomes, after electing COBRA coverage, covered under other group health plan coverage or entitled to Medicare benefits (under Part A, Part B, or both), that qualified beneficiary's COBRA coverage will terminate (retroactively if applicable) regardless of whether or when Notice of Other Group Health Plan Coverage or Medicare Entitlement is provided. Sample Systems, Inc. may require repayment to the Plan of all benefits paid after the COBRA coverage termination date.

ADDITIONAL NOTICE PROCEDURES FOR REQUESTS FOR CANCELLATION OF COBRA COVERAGE

If you are currently receiving COBRA coverage for which a premium has yet to be paid and wish to cancel your further COBRA coverage, you may refrain from paying the COBRA premium for the coverage period that begins when you no longer want COBRA coverage. For example, if a qualified beneficiary is receiving COBRA coverage, has paid premiums through December 31, and wishes to cancel further COBRA coverage effective January 1, the qualified beneficiary would simply not pay the premium for the January coverage period. If the January premium is not paid by the expiration of the applicable grace period (i.e., January 31), the qualified beneficiary's COBRA coverage would cancel automatically on December 31.

ADDITIONAL NOTICE PROCEDURES FOR A NOTICE OF CHANGE OF ADDRESS

To protect your and your family's rights, it is important that you keep WageWorks informed of the current addresses of all qualified beneficiaries under the Plan. You should also keep a copy, for your records, of any notices you send to the Plan Administrator and/or WageWorks.

If your address or the address of a family member changes during a period of COBRA coverage, you must immediately notify WageWorks in writing following the notice procedures described above.

HEALTH INSURANCE MARKETPLACE AND OTHER COVERAGE OPTIONS

HEALTH INSURANCE MARKETPLACE

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace, you'll also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP). You can access the Marketplace for your state at www.HealthCare.gov.

Coverage through the Marketplace may cost less than COBRA coverage. Being offered COBRA coverage won't limit your eligibility for coverage or for a tax-credit through the Marketplace (unless you are a current employee and the COBRA coverage is affordable and provides minimum value).

ENROLLING IN MARKETPLACE COVERAGE

00800100080706



You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based coverage is a “special enrollment” event. **After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away.** In addition, during what is called an “open enrollment” period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.HealthCare.gov.

SWITCHING FROM COBRA COVERAGE TO MARKETPLACE COVERAGE

If you sign up for COBRA coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a “special enrollment period.” NOTE: If you terminate your COBRA coverage early without another qualifying event, you will have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you’ve exhausted your COBRA coverage and the coverage expires, you will be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

SWITCHING FROM MARKETPLACE COVERAGE TO COBRA

If you sign up for Marketplace coverage instead of COBRA coverage, you cannot switch to COBRA coverage after your election period ends under any circumstances.

ENROLLING IN ANOTHER GROUP HEALTH PLAN

You may be eligible to enroll in coverage under another group health plan (like a spouse’s plan), if you request enrollment within no less than 30 days of the loss of coverage.

If you or your dependent chooses to elect COBRA coverage instead of enrolling in another group health plan for which you are eligible, you will have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA coverage.

CHOOSING COVERAGE OPTIONS

When considering your options for health coverage, you may want to think about the following:

PREMIUMS

Your previous plan can charge up to 102 percent of total plan premiums for COBRA coverage. Other options, like coverage on a spouse’s plan or through the Marketplace, may be less expensive.

PROVIDER NETWORKS

If you are currently receiving care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.

DRUG FORMULARIES

If you are currently taking medication, a change in your health coverage may affect your costs for medication — and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.

SEVERANCE PAYMENTS

If you lost your job and received a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA premium payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 to discuss your options.

SERVICE AREAS

Some plans limit their benefits to specific service or coverage areas — so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.

OTHER COST-SHARING

In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

FOR MORE INFORMATION

This notice does not fully describe COBRA coverage or other rights under the Plan. More information about COBRA coverage and your rights under the Plan is available to you in your SPD or from the Plan Administrator.

If you have questions about claims for reimbursement, please contact your sponsoring employer, group health insurance carrier or the claims office indicated on your claim forms or insurance card.

For additional information about your COBRA rights and obligations under federal law, please review the Plan's SPD or contact WageWorks at 1-877-722-2667 or the above address.

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through the Marketplace, and to locate an assister in your area to whom you can speak about the different options, visit www.HealthCare.gov.

Sample

00800100080707



Sample Participant And Eligible Covered Dependents
4609 Regents Boulevard
Irving, TX 75063

Re: Continuation Coverage Monthly Premium Invoice
Sample Systems, Inc. - 42652

To: Sample Participant and Eligible Covered Dependents (if applicable) - 0123734166

Enclosed you will find your monthly premium payment invoice with remittance coupon. The invoice shows your premium payment that is due and must be paid by the end of the grace period to continue your eligibility for continuation coverage. It is very important that your payment is on time and is postmarked no later than the end of the grace period shown on the invoice. Claims will become payable only after the premium(s) for that period of coverage have been paid in full. Claims may be delayed and prescription cards not reactivated for a period of 30 to 60 days after election because of the time required to reactivate your coverage under continuation coverage.

If you become covered under another group health plan or become entitled to Medicare you may no longer be eligible for continuation coverage. If this happens, you must notify WageWorks, Inc. in writing of the effective date of your new coverage. In the event that you are determined to be disabled by the Social Security Administration either at the time of or within the first 60 days of continuation coverage, you may be able to continue continuation coverage for up to an additional 11 months (a total of 29 months continuation coverage) if you provide WageWorks, Inc. with a written determination from the Social Security Administration within 60 days of the date of determination on that notice.

If full premium is not mailed by the required postmark date, your coverage will terminate retroactively to the first of the month for which full payment was not made timely. If you submit any premium payment after the required postmark date, or if you submit any premium payment and you are otherwise ineligible for coverage, these payments will be refunded to you. Acceptance of premium payments by WageWorks, Inc. is not an indication that coverage is in force.

PAYMENT OPTIONS

- **Automatic Payment Option:** You may choose to make recurring payments through Electronic Funds Transfer directly from your bank account. Visit our website at mybenefits.wageworks.com and follow the login instructions to take advantage of this easy payment option. After you sign up, payments are automatically transferred from your bank account on or about the 1st of the month. Plus, you no longer receive mailed invoices from us. Before your automatic payments can begin, we are required to send a pre-authorization to your bank to verify your account information. You must continue to make payments using a different payment method until your banking information is verified.
- **Online Option:** You may choose to make payments online at mybenefits.wageworks.com.
- **Phone/IVR Option:** You may choose to make payment via phone/IVR by calling 1-877-722-2667.
(Note: If paying online or through the IVR phone system, your payment must be made no later than midnight Central Time (CT) of the last day of your grace period.)
- **By Mail Option:** You may choose to send your full premium payment to WageWorks, Inc. Please write your account number 0123734166 on the memo portion of your check or money order.

Make checks payable to WageWorks, Inc. and mail to PO Box 660212 Dallas, TX 75266-0212.

Payment Reminders

- The payment address only accepts USPS regular first-class mail; overnight packages are not accepted.
- Partial payments will not be processed and may cause delay in processing or coverage cancellation.
- **Allow 5 - 7 business days after mailing for your payment to be received and processed on your account.**

General Reminders

- Please send all correspondence (coverage changes due to life event, requests for cancellation or reduction of your coverage, or address changes) other than your premium payment to WageWorks, Inc., P.O. Box 226101, Dallas, TX 75222-6101.
- Any correspondence, or account changes sent with your payment(s) will not be processed.
- Questions regarding insurance plan provisions or claims should be sent to your insurance provider directly.

Website Access

WageWorks, Inc. offers a secure website at mybenefits.wageworks.com where you can access important account information, including billing and payment details. To send WageWorks, Inc. a support request through your online account, click the Message Center tab on the top menu.

If you have any questions please contact WageWorks, Inc. between the hours of 7 a.m. to 7 p.m. (CT) Monday through Friday at 1-877-722-2667.

Sample

Continuation Coverage Monthly Premium Invoice

Participant: Sample Participant
Account #: 0123734166

Coverage Details

<u>Plan Name</u>	<u>Coverage Level</u>	<u>Premium</u>
VSP Vision	Family	\$24.50
Guardian Dental PPO Plan	Family	\$153.10
Aetna Choice Medical POS HSA w/HRA	Family	\$1,488.84

<u>Coverage Period</u>	<u>Amount Due</u>	<u>Previously Paid</u>	<u>Total Due</u>	<u>Due Date</u>	<u>Grace Period End Date</u>
01/01/2018 - 01/31/2018	\$1,666.45	\$750.00	\$916.45	01/01/2018	01/31/2018

Sample

⌘ Please remove the remittance coupon below and return it with your payment in the enclosed envelope. ⌘

Please make checks/money orders payable to WageWorks, Inc. and be sure to include participant's name and account number(s) on your check or money order.

Please do NOT staple checks to remittance coupon

Sample Participant
4609 Regents Boulevard
Irving, TX 75063

Client Name: Sample Systems, Inc.
Account #: 0123734166
Amount Due: \$916.45
Coverage Period: 01/01/2018 - 01/31/2018
Due Date: 01/01/2018

WageWorks, Inc.
PO Box 660212
Dallas, TX 75266-0212



WageWorks, Inc.
 PO Box 226101
 Dallas, TX 75222-6101

Date: 12/26/2017
 Form: CLC11-CXDEN
 Doc ID: 73416746
 Account #: 0123425869



To Sample Participant and Covered Dependents
 4609 Regents Boulevard
 Irving, TX 75063

Doc: 73416746 Sequence: 215 Form: 20 Server: 1

Rate/Plan Change Notification for Electing Participants

Account Number: 0123425869
 Electing Participant: Sample Participant
 Employer / Plan Sponsor: Sample Systems, Inc.

To Sample Participant and Eligible Covered Dependents (if applicable) - 0123425869:

The plan(s) and /or premium(s) for your continuation coverage have changed. Please note the new rate(s) and /or plan(s). You will not be receiving another COBRA Coverage Election Notice. The election notice previously mailed to you is still acceptable (if not past the deadline date identified on the first page of your COBRA Coverage Election Notice). If you elect to continue your coverage(s), please complete the election notice according to the COBRA Coverage Election Form Instructions.

The "date of your election" is the date on which your completed COBRA Coverage Election Form is postmarked by the United States Postal Service, if mailed, or the date on which your COBRA election is successfully submitted electronically. You must make your initial payment for COBRA coverage no later than 45 days after the date of your election. The "date of your election" is the date on which your completed COBRA Coverage Election Form is postmarked by the USPS, if mailed, or the date on which your COBRA election is successfully submitted electronically. If you do not make your first payment for COBRA coverage in full no later than 45 days after the date of your election, you will lose all COBRA rights under the Plan.

Your initial premium payment must cover the cost of COBRA coverage from the time your coverage under the Plan would have otherwise terminated up through the end of the month preceding the month in which your payment is made. For example, a June 1 election, based on an April 30 qualifying event and loss of coverage under the Plan, would require an initial premium payment equaling the premiums for May and June and is due on or before July 15, the 45th day after the COBRA coverage election. You are responsible for ensuring that the amount of your initial payment is enough to cover this entire period. You may contact WageWorks to confirm the correct amount of your initial premium payment.

You may receive a courtesy monthly invoice within 2 weeks of your COBRA coverage election. You may also receive courtesy monthly invoices for each subsequent period thereafter, assuming your COBRA coverage has not been canceled. However, you are responsible for paying the full premium on time even if you do not receive an invoice.

Premium payments are considered paid on the date you mail them (as evidenced by your postmark date). If your premium payment is made by check, and your check is returned because of insufficient funds, your premium is treated as unpaid. You must make full payment within the required time period, including a grace period, to prevent cancellation. ***If you submit any premium payment after the required postmark date, or if you submit any premium payment and you are otherwise ineligible for coverage, these payments will be refunded to you. Acceptance of premium payments by WageWorks is not an indication that coverage is in force. If your coverage is canceled for non-payment of premium, you cannot reinstate it.***

Claims incurred may not be processed and paid until you have elected continuation coverage and paid required premiums.

If you have questions regarding the details of your benefits or need benefit information please call the plan policy holder or your insurance company. If you have other questions please call WageWorks at 1-877-722-2667.

00810100021501



	Employee Only
Cigna Premium Plan Effective Jan 1 2018	\$525.51
Delta Dental Plan Effective Jan 1 2018	\$52.38
VSP Vision Plan Effective Jan 1 2018	\$8.83

Sample

00810100021502





WageWorks, Inc.
P.O. Box 650407
Dallas, TX 75265-0407

Date: 12/18/2017
Form: CLC17-CXDEN
Doc ID: 73347138
Account #: 0121763974



To Sample Participant and Covered Dependents
4609 Regents Boulevard
Irving, TX 75063

Doc: 73347138 Sequence: 3 Form: 55 Server: 1

Client Name: 3-Sample Company, Inc.
Name: Sample Participant

Client ID: 37865
Account Number: 0121763974

To Sample Participant and Eligible Covered Dependents (if applicable) - 0121763974:

3-Sample Company, Inc. is currently offering open enrollment for plan changes. You may make changes such as choosing different health plan options or adding/deleting coverage for family members for the new plan year, which begins on 01/01/2018.

Enrollments are subject to verification of eligibility on elected health plans and may include rate or plan changes by your plan sponsor. Please use the enclosed form to make any changes to your current coverage and return it to WageWorks.

It is very important that the premium payments for your current coverage are paid through the end of the plan year or you will not be eligible for continuation coverage in the upcoming plan year. **Premium payments must be made even if you do not receive an invoice.** Following your initial premium payment, which is due 45 days after the date of your election, monthly premiums are due on the first day of each month and will be returned if postmarked 30 days after the payment is due. Claims and prescriptions cannot be paid until your payment is received.

Premium payments are considered paid on the date you mail them (*as evidenced by your postmark date*). If your premium payment is made by check, and your check is returned because of insufficient funds, your premium is treated as unpaid. You must make full payment within the required time period, including a grace period, to prevent cancellation. ***If you submit any premium payment after the required postmark date, or if you submit any premium payment and you are otherwise ineligible for coverage, these payments will be refunded to you. Acceptance of premium payments by WageWorks is not an indication that coverage is in force. If your coverage is canceled for non-payment of premium, you cannot reinstate it.***

If you have any questions, please contact WageWorks at 1-877-722-2667.

DEADLINE for CHANGES: If you wish to make changes to your coverage during open enrollment, they must be made within 10 days from the date the notice was mailed. If you do not wish to make any changes**, no action is necessary.

****Please review Section A: Description of Changes to Current Plans to determine whether changes are mandatory.**

ONLINE OPEN ENROLLMENT: You may submit any enrollment changes via the web at mybenefits.wageworks.com which will allow you to then view your new monthly premium. Should you elect online you will not be required to mail in your changes. If you do not wish to make any changes or are not required to, no action is necessary.

RATES: Please note the rates provided on this Open Enrollment form reflect the standard COBRA rates for all participants. If there are any special circumstances that apply to your COBRA continuation coverage such as extended benefits due to disability or severance, your monthly premiums will be reflected on the first invoice for the start of the new rate period. That invoice will reflect the premium that applies to you. You may submit any enrollment changes via the web at mybenefits.wageworks.com which will allow you to then view your new monthly premium.

00801900000301



Please fill out and return the form on the following pages.
For faster service, fax to 877-775-9399 or enroll online at mybenefits.wageworks.com.

Section A. Description of Changes to Current Plans

<u>Plan Name</u>	<u>Coverage</u>	<u>Description of Changes</u>
BCBSSC HDPPPO	Employee Only	The premium for your continuation coverage will be changing as of the new plan year.
Delta Dental	Employee Only	Your current plan is not changing and there is no need to respond unless you wish to change your current coverage.
VSP Vision Plan	Employee Only	The premium for your continuation coverage will be changing as of the new plan year.

Section B.1. Group Health Plan Component(s)

Check the box next to the monthly cost of the group health plan component(s) you are selecting. NOTE: If you are making any changes to your current coverage you **must** select each plan you intend to carry in the new plan year. Please complete Sections C and D to indicate which individual(s) you wish to cover on the plans selected below.

Dental - Delta Dental

Child Only <input type="checkbox"/> \$39.38	Employee Only <input type="checkbox"/> \$39.38	Spouse Only <input type="checkbox"/> \$39.38	Employee + Spouse <input type="checkbox"/> \$80.77	Children Only <input type="checkbox"/> \$84.32	Employee + Child <input type="checkbox"/> \$84.32
Employee + Children <input type="checkbox"/> \$84.32	Spouse + Child <input type="checkbox"/> \$84.32	Spouse + Children <input type="checkbox"/> \$84.32	Family <input type="checkbox"/> \$139.35		

Check here to Waive Dental Coverage

Medical - BCBSSC HDPPPO

Child Only <input type="checkbox"/> \$417.81	Employee Only <input type="checkbox"/> \$417.81	Spouse Only <input type="checkbox"/> \$417.81	Children Only <input type="checkbox"/> \$751.61	Employee + Child <input type="checkbox"/> \$751.61	Employee + Children <input type="checkbox"/> \$751.61
Spouse + Child <input type="checkbox"/> \$751.61	Spouse + Children <input type="checkbox"/> \$751.61	Employee + Spouse <input type="checkbox"/> \$877.07	Family <input type="checkbox"/> \$1,253.44		

Medical - BCBSSC LDPPPO

Child Only <input type="checkbox"/> \$566.44	Employee Only <input type="checkbox"/> \$566.44	Spouse Only <input type="checkbox"/> \$566.44	Children Only <input type="checkbox"/> \$1,019.51	Employee + Child <input type="checkbox"/> \$1,019.51	Employee + Children <input type="checkbox"/> \$1,019.51
Spouse + Child <input type="checkbox"/> \$1,019.51	Spouse + Children <input type="checkbox"/> \$1,019.51	Employee + Spouse <input type="checkbox"/> \$1,189.16	Family <input type="checkbox"/> \$1,699.15		

Check here to Waive Medical Coverage

Vision - VSP Vision Plan

Child Only <input type="checkbox"/> \$8.24	Employee Only <input type="checkbox"/> \$8.24	Spouse Only <input type="checkbox"/> \$8.24	Employee + Spouse <input type="checkbox"/> \$13.19	Children Only <input type="checkbox"/> \$13.46	Employee + Child <input type="checkbox"/> \$13.46
Employee + Children <input type="checkbox"/> \$13.46	Spouse + Child <input type="checkbox"/> \$13.46	Spouse + Children <input type="checkbox"/> \$13.46	Family <input type="checkbox"/> \$21.71		

Check here to Waive Vision Coverage

Section C. Current Participant Information

Please verify our records are accurate and make changes as necessary. You **MUST** select the plan type for each individual you intend to cover.

<u>Participant Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Gender</u>
-------------------------	---------------------	-------------------	---------------

Participant, Sample	Self	11/18/1992	M
---------------------	------	------------	---

Dental Medical Vision

Check Here to Delete Coverage

Section D. Add Dependents

Check the box next to the dependent you are enrolling on your account. Also select the type of coverage. Each dependent added is subject to eligibility verification prior to receiving coverage. Please note that any dependent(s) added to your coverage may increase your total monthly premium.

Dependent Name	Relationship	Birth Date	SSN	Gender	Tobacco User*
<input type="checkbox"/>	_____	_____	_____	_____	Y / N
Dental <input type="checkbox"/>	Medical <input type="checkbox"/>	Vision <input type="checkbox"/>			

Dependent Name	Relationship	Birth Date	SSN	Gender	Tobacco User*
<input type="checkbox"/>	_____	_____	_____	_____	Y / N
Dental <input type="checkbox"/>	Medical <input type="checkbox"/>	Vision <input type="checkbox"/>			

Dependent Name	Relationship	Birth Date	SSN	Gender	Tobacco User*
<input type="checkbox"/>	_____	_____	_____	_____	Y / N
Dental <input type="checkbox"/>	Medical <input type="checkbox"/>	Vision <input type="checkbox"/>			

Dependent Name	Relationship	Birth Date	SSN	Gender	Tobacco User*
<input type="checkbox"/>	_____	_____	_____	_____	Y / N
Dental <input type="checkbox"/>	Medical <input type="checkbox"/>	Vision <input type="checkbox"/>			

Dependent Name	Relationship	Birth Date	SSN	Gender	Tobacco User*
<input type="checkbox"/>	_____	_____	_____	_____	Y / N
Dental <input type="checkbox"/>	Medical <input type="checkbox"/>	Vision <input type="checkbox"/>			

*See Section B above for any premium information related to any dependents' tobacco use. For more information about tobacco use, please consult your plan sponsor's group health plan materials.

Applicant's Authorization and Agreement

By my signature below:

- I elect the coverage checked above in Section B under the 3-Sample Company, Inc. group health plan;
- I verify that all information provided is correct; and
- I understand that if I do not make the appropriate election(s) on this form, I cannot make changes for the upcoming plan year.

Applicant's Signature: _____

Date: _____

Print Name: _____

00801900000302



If you wish to change your coverage, your response is required.

For faster service, fax to 877-775-9399 or enroll online at mybenefits.wageworks.com.
Or mail completed form to: WageWorks, Inc. at P.O. Box 650407 Dallas, TX 75265-0407.



WageWorks, Inc.
PO Box 226101
Dallas, TX 75222-6101

Date: 1/8/2018
Form: CLC04-CXDEN
Doc ID: 73617332
Account #: 0116830951



To Sample Participant and Covered Dependents
4609 Regents Boulevard
Irving, TX 75063

Doc: 73617332 Sequence: 505 Form: 4 Server: 1

Cancellation Notice

Participant Name: Sample Participant
Account Number: 0116830951
Employer / Plan Sponsor: Sample Systems, Inc.

Dear Sample Participant,

Please accept this notice that your continuation coverage under Sample Systems, Inc.'s group health plan has terminated for the following reason:

No Premium Payment Made.

COBRA payments must be sent (e.g., postmarked by the USPS) on or before the last day of the applicable grace period and actually received by the COBRA administrator. Your premium was never received.

Your continuation coverage ended on 11/30/2017.

If you submit any further premium payments, these payments will be refunded to you. WageWorks is not liable for coverage during the period after it receives a further premium payment from you and before it issues a refund check.

An individual conversion health insurance policy may be available to the individual(s) named above. Contact your insurance carrier as soon as possible for more information, as there may be a limited time period for enrolling in a policy.

If you have any questions, please contact us at 1-877-722-2667.

Sincerely,
WageWorks, Inc.

00830750050501



DIRECT BILL Reporting Capabilities

Direct Bill reporting capabilities include real-time and scheduled reporting. Real-time reports available on the website are numerous and designed to provide quick access to exception lists, activity reports, employee and participant listings, plan statistics, carrier and plan information, plan coverage statistics, eligibility reporting setup, and eligibility reporting history. Many of these reports allow parameters such as division or activity type that allow the most relevant data to be returned. Clients can view amounts paid, billed, outstanding, etc. for current billing and historical information on both the client and participant level.

Reports Home

Reports

Welcome to our reporting menu. Here you will find our standard reports that are available through our web site.

Eligibility: A series of reports that allows you to view Participants in their waiting period, Continuants, and Cancelled participants.

Scheduled Reports: A list of reports that have been scheduled to be sent by WageWorks. New scheduled reporting items can be added, and history of scheduled reports sent can be viewed. Common reports configured under this tab include eligibility reports, reinstatement notifications, and cancellation notifications.

Exception: This section includes reports that are important for monitoring error and exception conditions. You should visit this section often to stay apprised of important conditions such as returned mail, ineligible dependents, or dependent coverage exceptions.

Activity: This section provides a way for employers to monitor the activity on their account. Searches can be done by user, division, or activity type for a specified date.

Employees: This report allows you to select the employees to include in the report, optionally include addresses and dependents, and to sort by various criteria.

Monthly: Access to monthly reports including Statements and Carrier Remittance.

Cases: Tools for viewing client and participant case history.

Export: Request a file export containing participant data.

Eligibility Reports

The screenshot shows a navigation bar with tabs for Eligibility, Scheduled, Exception, Activity, Employees, and Monthly. The 'Eligibility' tab is selected. Below the navigation bar, the title 'Eligibility Reports' is displayed. A list of report links is shown, including:

- [COBRA Continuation Pending Report](#)
- [Status of COBRA Continuants](#)
- [Status of Direct Bill Participants](#)
- [Status of Direct Bill Participants - with History](#)
(includes participants with an expired Coverage End date)
- [Cancelled Eligible Employees and Continuants](#)
- [Future Qualifying Events](#)
- [Covered Participants By Plan](#)
- [All Covered Employees By Plan](#)
- [COBRA Continuants as of 12/31/20XX by Plan](#)
- [COBRA Continuants as of 12/31/20XX by Participant](#)
- [Participants in COBRA election phase with effective dates prior to 12/31/20XX by Participant](#)

Eligibility Reports provide information on the status of Direct Bill participants with detailed history.

Exception Reports

The screenshot shows a navigation bar with tabs for Eligibility, Scheduled, Exception, Activity, Employees, and Monthly. The 'Exception' tab is selected. Below the navigation bar, the title 'Exception Reports' is displayed. A list of report links is shown, including:

- [Returned Mail Report](#)
- [Ineligible Dependents of Employees Report](#)
- [Ineligible Dependents of COBRA Participants Report](#)
- [Ineligible Dependents of Direct Bill Participants Report](#)
- [COBRA Participants With Impending Medicare Eligibility Report](#)
- [Dependent Coverage Exception Report](#)
- [Active Employee Compliance Status for Initial Rights Notifications](#)

Exception Reports alert you to important conditions that require action such as returned mail and ineligible dependents.

Activity Reports

Activity Reports

Today This Week
 This Month Date Range to

Sort By: Date Submitted Employee Name
 Activity Type

Filter For: Selected User: Aaron Sample
 Selected Division: Central Region
 Activity Type: Address Updated

Note: These reports sometimes take several minutes to generate.

DISPLAY RESULTS

Activity Reports provides a way for employers to monitor the activity on their account. Searches can be done by user, division, or activity type for a specified date.

Employee Filter

Employee Report

Include Employees: Eligible Employees
 COBRA Continuants
 Direct Bill Participants
 Filter Results For Division: Irving

Options: Include Address & Phone
 Include Dependents

Sort Order: Last Name, First Name
 Hire Date
 Division / Location

GENERATE REPORT

Ad-hoc Employee Report sorting options include eligible employees, Direct Bill participants, or divisions. The report can include address, phone number, and dependents.

Direct Bill Participants

Search Results

Searching for direct bill participants:

Participant ID	Participant Name	Division	Hire Date	Status	Options
XXXXXXXX	Sample, Tom	Southern Region	1/1/20XX	Direct Bill Participant	View Update
XXXXXXXX	Sample, Jane	Central Region	9/1/19XX	Direct Bill Participant	View Update
XXXXXXXX	Sample, John	Central Region	2/1/19XX	Direct Bill Participant	View Update
XXXXXXXX	Sample, Cyndi	Central Region	9/1/19XX	Direct Bill Participant	View Update
XXXXXXXX	Sample, Paul	Central Region	6/8/19XX	Direct Bill Participant	View Update
XXXXXXXX	Sample, Vicky	Central Region	8/1/19XX	Direct Bill Participant	View Update
XXXXXXXX	Sample, Brad	Central Region	9/1/19XX	Direct Bill Participant	View Update

View all Direct Bill participants using our participant view feature on our website. This feature allows you to pull back results based on participant type.

Direct Bill Reports Home Page

Direct Bill

Use this section to manage your direct bill continuant population including employees on leave of absence and retirees.

Add: Notify WageWorks to perform direct billing services for a new participant.

Reports: Direct Bill specific reporting.

Direct Bill reports include participants who have past-due payments or impending Medicare eligibility.

Past Due Report

Past Due Report									
Name	SSN	Division	Direct Bill Type	Coverage Period	Premium	Due Date	Owed	Status	Options
Sample, Fred	XXX-XX-0057	Central Region	Retiree Direct Bill	1/1/20XX to 1/31/20XX	\$273.65	1/1/20XX	\$273.65	Past Deadline, Cancellation Pending	View Cancel Cancel with Notification
				2/1/20XX to 2/28/20XX	\$273.65	2/1/20XX	\$273.65	Past Deadline, Cancellation Pending	
				3/1/20XX to 3/31/20XX	\$273.65	3/1/20XX	\$273.65	Past Due	
				4/1/20XX to 4/30/20XX	\$273.65	4/1/20XX	\$273.65	Not Paid	
Sample, Kimberly	XXX-XX-0000	Central Region	Retiree Direct Bill	12/1/20XX to 12/31/20XX	\$373.65	12/1/20XX	\$373.65	Past Due	View

The Past Due Report shows all Direct Bill participants whose payments are past due.

Participants with Impending Medicare

Impending Medicare Report						
Impending Medicare Direct Bill Participants as of 5/3/2017						
Participant Name	Age	QE Date	Eligibility Start Date	Eligibility End Date	Options	
Charity Sample	66	12/01/20XX	12/01/20XX		View	Update
Zina Sample	68	01/01/20XX	01/01/20XX		View	Update
Don Sample	69	01/01/20XX	05/01/20XX		View	Update
Payton Sample	71	01/01/20XX	05/01/20XX		View	Update
Jerry Sample	71	01/01/20XX	05/01/20XX		View	Update
Diane Sample	71	01/01/20XX	05/01/20XX		View	Update

The Impending Medicare Report shows any Direct Bill participants with impending eligibility for Medicare.

Case Management

Case Number	Status	Created By	Forwarded To	Date Opened	Category
4678	Closed	Temporary	N/A	9/13/20XX 10:23:39 AM	COBRA Question
Problem Description: Please verify that Jane Sample's election notice has been sent. Corrective Action: None Entered					
4845	Closed	Temporary	N/A	5/17/20XX 12:19:44 PM	Eligibility - Plan Availability
Problem Description: Is participant active? Corrective Action: None Entered					
4676	Closed	Temporary	Scott Sample	9/13/20XX 10:19:10 AM	COBRA Question
Problem Description: Has this associates election notice been sent? Corrective Action: 9/19/2011 8:47:13 AM ** Scott Sample ** Yes - the participant in question has been sent an election notice. SW					
4677	Closed	Temporary	Scott Sample	9/13/20XX 10:20:30 AM	Dependents
Problem Description: Add John Doe dob 1-1-2005 to the HMO coverage. Update notice and resend. Corrective Action: 9/19/2011 8:47:57 AM ** Scott Sample ** This has been completed. SW					
4847	Closed	Temporary	Scott Sample	7/7/20XX 2:36:35 PM	COBRA/DB Billing Discrepancy
Problem Description: This is a test. Corrective Action: 7/8/2015 11:09:44 AM ** Scott Sample ** test					
4849	Closed	Temporary	Scott Sample	7/8/20XX 10:00:32 AM	COBRA/DB Billing Discrepancy

Our Case Management System is integrated with the SQL database – allowing clients to view all client and participant cases including dates open, problem category, and case status.

Johnny Football And Eligible Covered Dependents
4609 Regents Boulevard
IRVING, TX 75063

Re: Monthly Premium Invoice
CCS Alpha - 32986

To: Johnny Football and Eligible Covered Dependents (if applicable) - 0116121773

Enclosed you will find your monthly premium payment invoice with remittance coupon. The invoice shows your premium payment that is due and must be paid in full by the end of the grace period. It is very important that your full payment is on time and is postmarked no later than the end of the grace period shown on the invoice. Failure to remit full payment prior to the grace period end date may result in loss of coverage without possibility of reinstatement.

PAYMENT OPTIONS

- Automatic Payment Option: You may choose to make recurring payments through Electronic Funds Transfer directly from your bank account. Visit our website at mybenefits.wageworks.com and follow the login instructions to take advantage of this easy payment option. After you sign up, payments are automatically transferred from your bank account on or about the 1st of the month. Plus, you no longer receive mailed invoices from us. Before your automatic payments can begin, we are required to send a pre-authorization to your bank to verify your account information. You must continue to make payments using a different payment method until your banking information is verified.
- Online Option: You may choose to make payments online at mybenefits.wageworks.com.
- Phone/IVR Option: You may choose to make payment via phone/IVR by calling 1-877-722-2667.
(Note: If paying online or through the IVR phone system, your payment must be made no later than midnight Central Time (CT) of the last day of your grace period.)
- By Mail Option: You may choose to send your full premium payment to WageWorks Please write your account number 0116121773 on the memo portion of your check or money order.

Make checks payable to WageWorks and mail to PO Box 660212 Dallas, TX 75266-0212.

Payment Reminders

- The payment address only accepts USPS regular first-class mail; overnight packages are not accepted.
- Partial payments will not be processed and may cause delay in processing or coverage cancellation.
- Allow 5-7 business days after mailing for your payment to be received and processed on your account.
- If you submit any premium payment after the required postmark date, or if you submit any premium payment and you are otherwise ineligible for coverage, these payments will be refunded to you.
- Acceptance of premium payments by WageWorks is not an indication that coverage is in force.

General Reminders

- Please send all correspondence (coverage changes due to life event, requests for cancellation or reduction of your coverage, or address changes) other than your premium payment to WageWorks P.O. Box 226101, Dallas, TX 75222-6101.
- Any correspondence, or account changes sent with your payment(s) will not be processed.

Website Access

WageWorks offers a secure website at mybenefits.wageworks.com where you can access important account information, including billing and payment details. To send WageWorks a support request through your online account, click the Message Center tab on the top menu.

If you have any questions please contact WageWorks between the hours of 7 a.m. to 7 p.m. (CT) Monday through Friday at 1-877-722-2667.

Monthly Premium Invoice

Participant: Johnny Football
Account #: 0116121773

Coverage Details

<u>Plan Name</u>	<u>Coverage Level</u>	<u>Premium</u>
Medical PPO with Rx	Individual Only	\$115.00

⌘ Please remove the remittance coupon below and return it with your payment in the enclosed envelope. ⌘

Please make checks/money orders payable to WageWorks and be sure to include participant's name and account number(s) on your check or money order.

Please do NOT staple checks to remittance coupon

Johnny Football
4609 Regent Boulevard
Irving, TX 75063

Client Name: CCS Alpha
Account #: 0116121773
Amount Due: \$115.00
Coverage Period: 01/01/2016 - 03/31/2018
Due Date: 01/01/2016

WageWorks
PO Box 660212
Dallas, TX 75266-0212

010101000016121773013116000030900007



WageWorks, Inc.
 P.O. Box 650407
 Dallas, TX 75265-0407

Date: 11/7/2017
 Form: CLR17-CXDEN
 Doc ID: 72663941
 Account #: 0121280012



To Sample Participant and Covered Dependents
 4609 Regents Boulevard
 Irving, TX 75063

Doc: 72663941 Sequence: 1 Form: 543 Server: 1

Direct Bill Open Enrollment Notification

To Sample Participant and Eligible Covered Dependents (if applicable) - 0121280012

Sample Company is currently offering open enrollment for plan changes. You may make changes such as choosing different health plan options or adding/deleting coverage for family members. Enrollments are subject to verification of eligibility on elected health plans and may include rate or plan changes by your plan sponsor. Please use the enclosed form to make any changes to your current coverage and return it to WageWorks.

If you have any questions, please contact our Customer Service Center at 1-877-722-2667.

Deadline: This form must be returned to WageWorks within two weeks of the date which it was mailed to you.

Important Note: You cannot change your medical or dental plan, or add dependents, but you may discontinue coverage at any time during the year by contacting the Sample Company Employee Services Call Center at the scescc@sc.com or the 333-555-9999.

You will be required to send a letter or an e-mail confirming your request to discontinue coverage. If you discontinue coverage, you will not be allowed to reinstate coverage at a later date.

Pursuant to the terms of the Retiree Health Plans, Sample Company, through action by its Board of Directors or a duly authorized Committee or representative, reserves the right to amend or terminate the Plans at any time. You will be notified if this happens; however, the change may be effective before any notice is delivered to you.

00745440000101



Client Name: Sample Company
 Name: Sample Participant

Client ID: 42969
 Account Number: 0121280012

Section A. Description of Changes to Current Plans

<u>Plan Name</u>	<u>Coverage</u>	<u>Description of Changes</u>
DB Delta Traditional Dental Plan RET	Individual + One	The premium for your continuation coverage will be changing as of the new plan year.
DB Indemnity-E Post 65 Group 9	Individual + One	The premium for your continuation coverage will be changing as of the new plan year.

Section B. Plan Alternatives

Place an "X" in the box adjacent to the monthly cost of the coverage(s) you are selecting. NOTE: IF YOU ARE MAKING ANY CHANGES TO YOUR CURRENT COVERAGE YOU **MUST** SELECT EACH PLAN YOU INTEND TO CARRY IN THE NEW PLAN YEAR. Complete Sections C and D to indicate which individual(s) you wish to cover on the plans selected below.

Dental - DB Delta Traditional Dental Plan RET

Individual Only	Individual + One	Individual + Family
<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$142.00

Check here to Waive Dental Coverage

Medical w/ Prescription w/ Vision - DB Indemnity-E Post 65 Group 9

Individual Only	Individual + One	Individual + Family
<input type="checkbox"/> \$399.00	<input type="checkbox"/> \$798.00	<input type="checkbox"/> \$998.00

Check here to Waive Medical w/ Prescription w/ Vision Coverage

Section C. Current Participant Information

Please verify our records are accurate and make changes as necessary. You **MUST** select the plan type for each individual you intend to cover.

Current Participant Name	Relationship	Birth Date	Gender
Participant, Sample	Self	11/23/1941	M
Dental Insurance	Medical w/ Prescription w/ Vision		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delete Coverage <input type="checkbox"/>

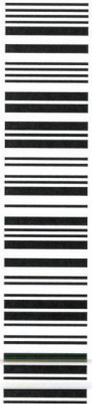
Dependent Name(s)	Relationship	Birth Date	Gender
Participant, Sample Depdt	Spouse	01/21/1951	F
Dental Insurance	Medical w/ Prescription w/ Vision		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delete Coverage <input type="checkbox"/>

Section D. Add Dependents

Please add any additional dependents you intend to enroll on your account and indicate the coverage requested. Each dependent added will be subject to eligibility verification prior to receiving coverage.

Dependent Name	Relationship	Birth Date	SSN	Gender	<input type="checkbox"/> Add
_____	_____	_____	_____	_____	
Dental Insurance	Medical w/ Prescription w/ Vision				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

00745440000102



Client Name: Sample Company
Name: Sample Participant

Client ID: 42969
Account Number: 0121280012

Dependent Name	Relationship	Birth Date	SSN	Gender	<input type="checkbox"/> Add
_____	_____	_____	_____	_____	
Dental <input type="checkbox"/>	Insurance <input type="checkbox"/>	Medical w/ Prescription w/ Vision <input type="checkbox"/>			

Dependent Name	Relationship	Birth Date	SSN	Gender	<input type="checkbox"/> Add
_____	_____	_____	_____	_____	
Dental <input type="checkbox"/>	Insurance <input type="checkbox"/>	Medical w/ Prescription w/ Vision <input type="checkbox"/>			

Dependent Name	Relationship	Birth Date	SSN	Gender	<input type="checkbox"/> Add
_____	_____	_____	_____	_____	
Dental <input type="checkbox"/>	Insurance <input type="checkbox"/>	Medical w/ Prescription w/ Vision <input type="checkbox"/>			

Dependent Name	Relationship	Birth Date	SSN	Gender	<input type="checkbox"/> Add
_____	_____	_____	_____	_____	
Dental <input type="checkbox"/>	Insurance <input type="checkbox"/>	Medical w/ Prescription w/ Vision <input type="checkbox"/>			

00745440000103

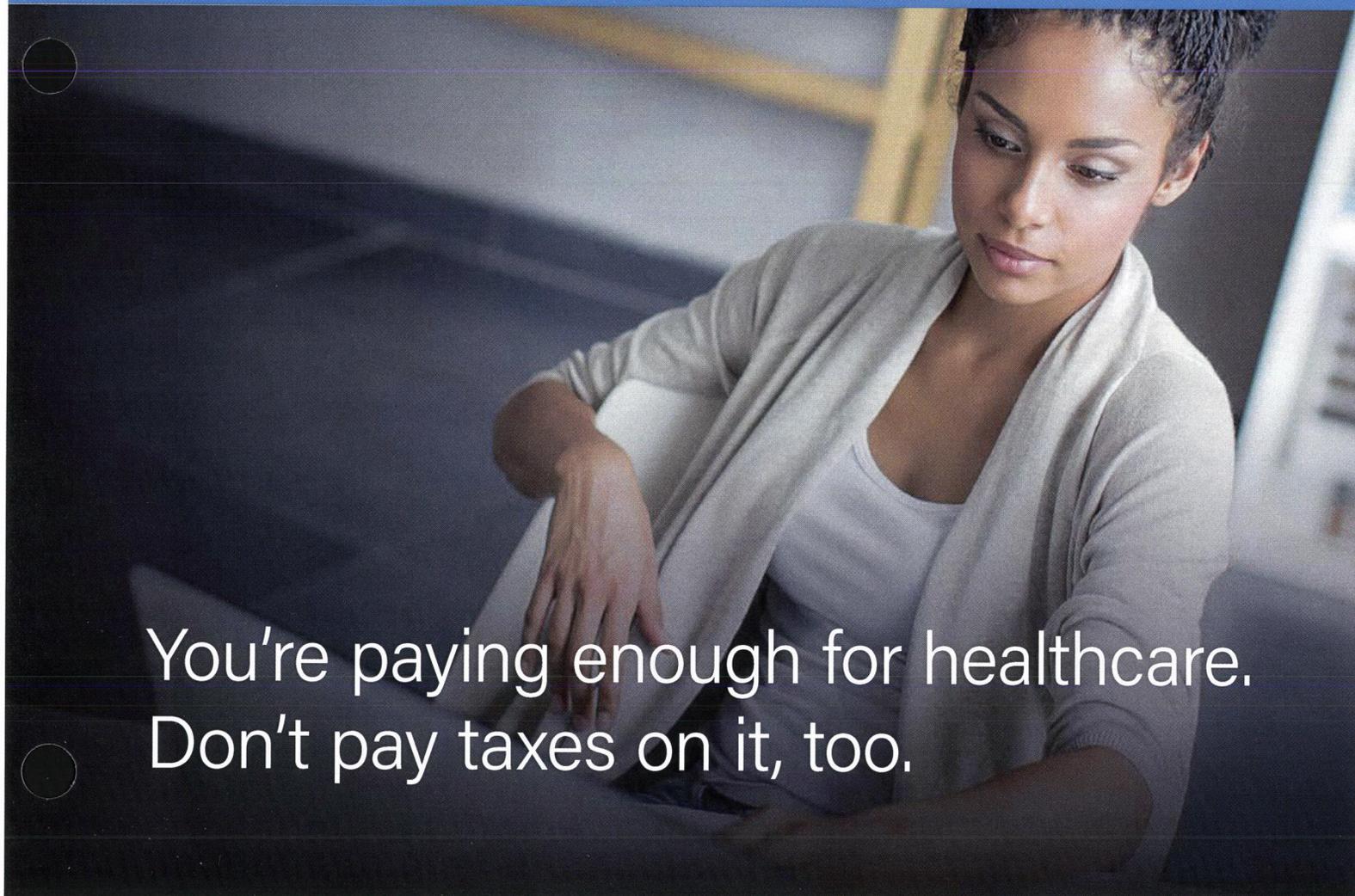
Applicant's Authorization and Agreement

I attest that all information provided is correct. I understand that if I do not make the appropriate election(s) on this form, I cannot make changes for the upcoming plan year.

Applicant's Signature: _____ Date: _____

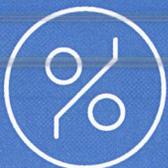
Print Name: _____





You're paying enough for healthcare.
Don't pay taxes on it, too.

The medical, dental and vision care expenses that aren't covered by insurance—what you pay out of your own pocket—don't have to take such a big bite out of your budget. Use a *WageWorks*[®] **Flexible Spending Account (FSA)** to cover these expenses and save using pre-tax dollars.



It's like a 30% off sale on eligible healthcare expenses.¹

- Save up to 30% on things like glasses, braces and other necessities¹
- Access the full amount of your annual election on day one of your plan year
- Pick from several convenient, no-hassle payment and reimbursement options

Healthcare Flexible Spending Account

How does it feel to save hundreds of dollars every year?

It's up to you. Simply decide how much to contribute to your Healthcare FSA, and funds are withdrawn from your paycheck *before taxes*. So you're not paying taxes on your full income. And that feels pretty good.

If you've ever used an app, you can do this.

Checking your balances, changing your contribution and otherwise managing your account is as simple as using your smartphone. Just download the *EZ Receipts*® mobile app by WageWorks to access your account from anywhere.



If you want to save, here's how you start.

- Estimate your annual healthcare expenses and make your contributions accordingly
- Pay close attention to your account, though, because money left unspent at the end of your plan year may be forfeited

Sign up during your Open Enrollment period, or contact your benefits manager now for more information.

See how your savings add up with the WageWorks calculator:
wageworks.com/myfsa

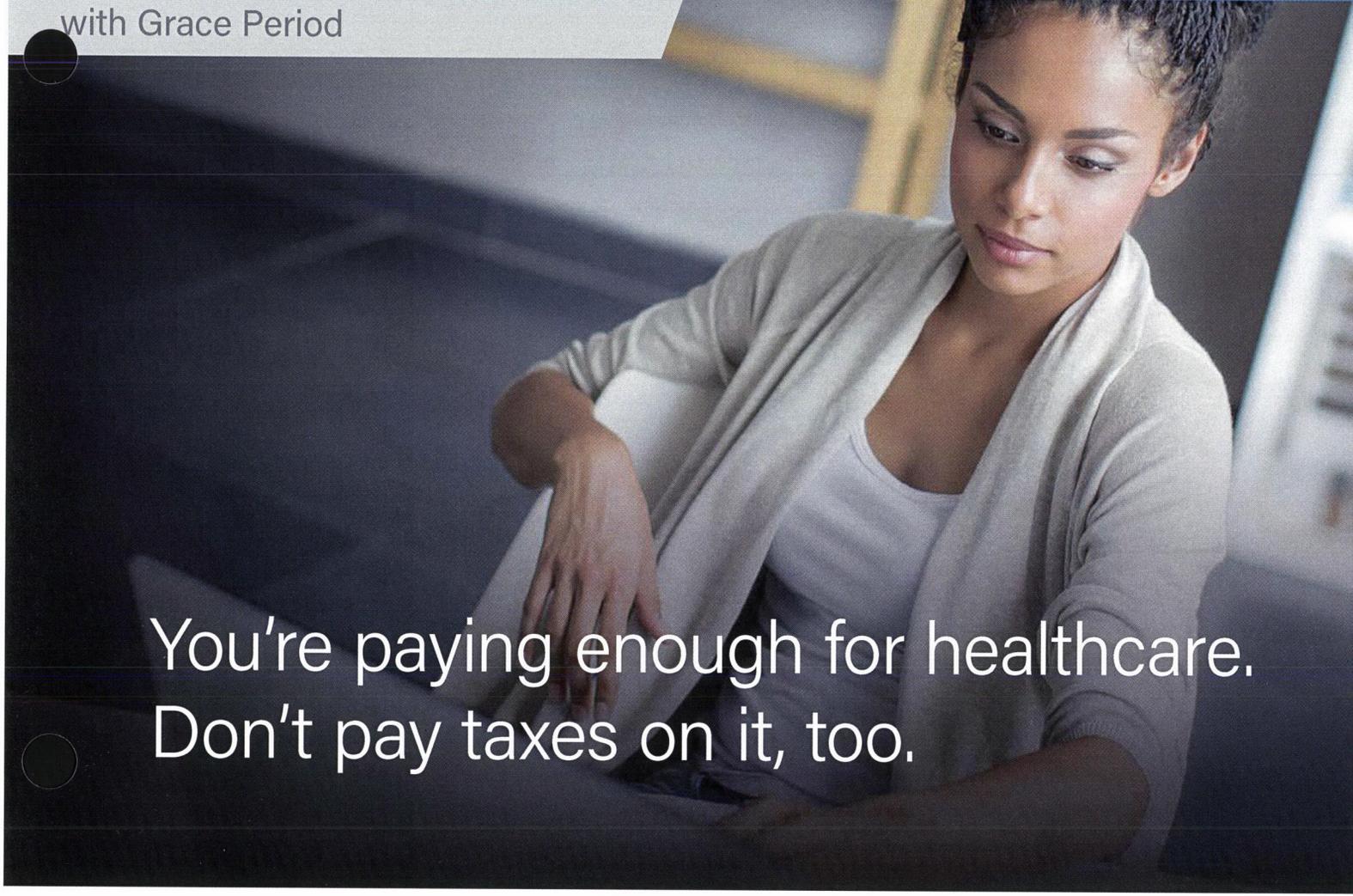
¹ Assumes a combined tax rate of 30%, including FICA, state and federal income taxes. Actual amounts may vary.

© 2018 WageWorks, Inc. All rights reserved. The term "savings" herein refers only to tax savings, and actual savings are dependent on individual tax rates. No part of this document constitutes tax, financial or legal advice. Please consult your advisor regarding your personal situation and whether this is the right program for you.

3028 (201806)

WageWorks
everyone benefits®

with Grace Period



You're paying enough for healthcare.
Don't pay taxes on it, too.

The medical, dental and vision care expenses that aren't covered by insurance—what you pay out of your own pocket—don't have to take such a big bite out of your budget. Use a *WageWorks*® **Flexible Spending Account (FSA) with Grace Period** to cover these expenses and save using pre-tax dollars.



It's like a 30% off sale on eligible healthcare expenses.¹

- Save up to 30% on things like glasses, braces and other necessities¹
- Access the full amount of your annual election on day one of your plan year
- Pick from several convenient, no-hassle payment and reimbursement options
- Take advantage of additional time to spend down your account balance

Healthcare Flexible Spending Account

with Grace Period

How does it feel to save hundreds of dollars every year?

It's up to you. Simply decide how much to contribute to your Healthcare FSA, and funds are withdrawn from your paycheck *before taxes*. So you're not paying taxes on your full income. And that feels pretty good.

If you've ever used an app, you can do this.

Checking your balances, changing your contribution and otherwise managing your account is as simple as using your smartphone. Just download the *EZ Receipts*® mobile app by WageWorks to access your account from anywhere.



If you want to save, here's how you start.

- Estimate your annual healthcare expenses and make your contributions accordingly
- Utilize a grace period of up to 2 ½ months after your plan year ends to spend down money left in your account

Sign up during your Open Enrollment period, or contact your benefits manager now for more information.

See how your savings add up with the WageWorks calculator:
wageworks.com/mygracefsa

¹ Assumes a combined tax rate of 30%, including FICA, state and federal income taxes. Actual amounts may vary.

© 2018 WageWorks, Inc. All rights reserved. The term "savings" herein refers only to tax savings, and actual savings are dependent on individual tax rates. No part of this document constitutes tax, financial or legal advice. Please consult your advisor regarding your personal situation and whether this is the right program for you.

3174 (201806)

WageWorks
everyone benefits®

Save more – up to 30%.¹

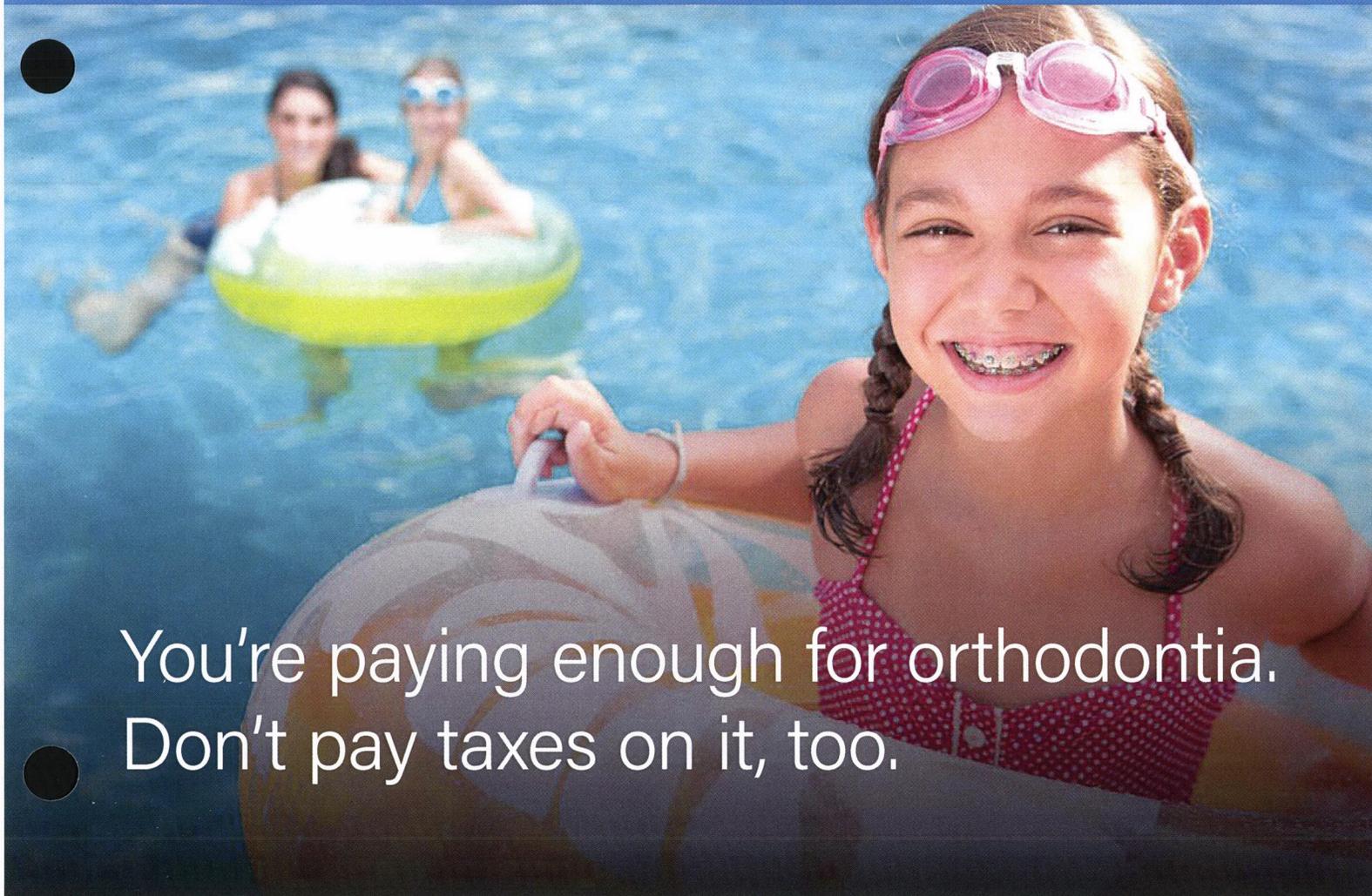
Learn more – visit
wageworks.com.

Do more – sign up
during Open Enrollment.

¹ Assumes a combined tax rate of 30%, including FICA, state and federal income taxes. Actual amounts may vary.

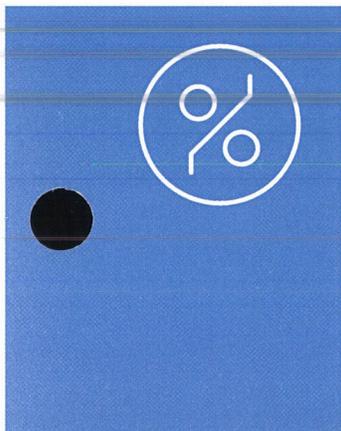
© 2018 WageWorks, Inc. All rights reserved. The term "savings" herein refers only to tax savings, and actual savings are dependent on individual tax rates. No part of this document constitutes tax, financial or legal advice. Please consult your advisor regarding your personal situation and whether this is the right program for you.

4453 (201806)



You're paying enough for orthodontia.
Don't pay taxes on it, too.

The orthodontia expenses that aren't covered by insurance—what you pay out of your own pocket—don't have to take such a big bite out of your budget. Use a *WageWorks*® **Flexible Spending Account (FSA)** to cover these expenses and save using pre-tax dollars.



It's like a 30% off sale on eligible orthodontia expenses.¹

- Save up to 30% on orthodontia¹
- Access the full amount of your annual election on day one of your plan year
- Pick from several convenient, no-hassle payment and reimbursement options

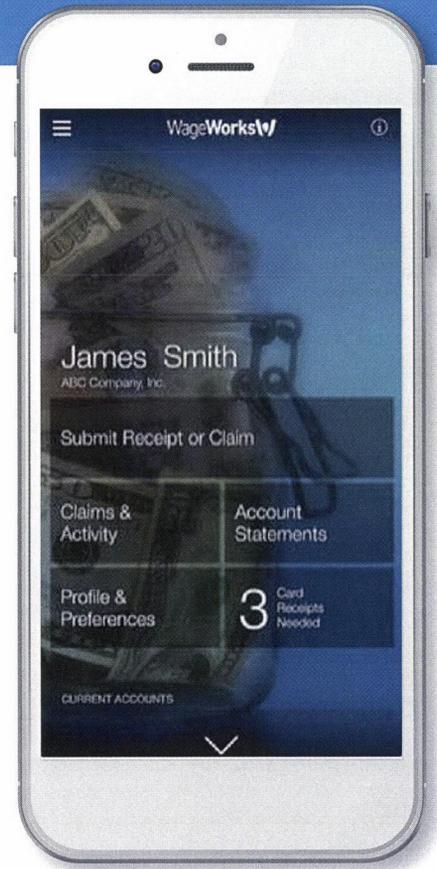
Orthodontia Expenses and Your Healthcare Flexible Spending Account

How does it feel to save hundreds of dollars every year?

It's up to you. Simply decide how much to contribute to your Healthcare FSA, and funds are withdrawn from your paycheck *before taxes*. So you're not paying taxes on your full income. And that feels pretty good.

If you've ever used an app, you can do this.

Checking your balances, changing your contribution and otherwise managing your account is as simple as using your smartphone. Just download the *EZ Receipts*® mobile app by WageWorks to access your account from anywhere.



If you want to save, here's how you start.

- Estimate your annual orthodontia expenses and make your contributions accordingly
- Pay close attention to your account, though, because money left unspent at the end of your plan year may be forfeited
- Select from several payment options including paying your orthodontist directly each month or through a one-time payment; or pay-me-back reimbursements for orthodontia expenses you've paid out of pocket

Sign up for your Healthcare FSA during your Open Enrollment period, or contact your benefits manager now for more information.

See how your savings add up with the WageWorks calculator:
wageworks.com/ortho

1 Assumes a combined tax rate of 30%, including FICA, state and federal income taxes. Actual amounts may vary.

© 2018 WageWorks, Inc. All rights reserved. The term "savings" herein refers only to tax savings, and actual savings are dependent on individual tax rates. No part of this document constitutes tax, financial or legal advice. Please consult your advisor regarding your personal situation and whether this is the right program for you.

3206 (201806)

WageWorks
everyone benefits®



Examples of Eligible Expenses

You can use your *WageWorks*® benefits to pay for a variety of products and services with pre-tax dollars. It's like a 30% off sale on your eligible expenses.¹ Below are examples of some of the IRS-qualified eligible expenses (which can change). For an up-to-date list, log in to your *WageWorks* account or visit: wageworks.com/eligible-expenses.

Healthcare expenses:

- Allergy medications, treatments and products
- Ambulance and emergency health services
- Birth control (over-the-counter, prescription or other)
- Body scan
- Chiropractic care
- Co-insurance (dental, medical, prescription or vision plans)
- Contact lenses and solutions
- Deductible (for dental, medical, prescription or vision plans)
- Dermatology treatments and products
- Eye examinations
- Eyeglasses (prescription)
- Flu shots
- Hospital services and fees
- Immunizations
- Insulin, testing materials and supplies
- Lab (medical)
- Office visits (chiropractic, dental, medical, psych/therapy and vision)
- Physical exams
- Prescription co-insurance
- Psych/therapy
- Smoking cessation (counseling, prescription drugs and programs)
- Speech therapy
- Vaccinations
- Vision care
- Wheelchair and repairs
- X-ray fees (dental and medical)

WageWorks Consumer-Directed Benefits

Commuter expenses:

- Bus
- Ferry
- Parking at or near work
- Parking at or near public transportation to get to work
- Streetcar
- Subway
- Train
- Vanpool

Dependent Care expenses:

- Adult daycare center
- After school program
- Babysitting (work-related)
- Before or after school programs
- Child care
- Custodial elder care (work-related)
- Elder care (while you work, to enable you to work or look for work)
- Senior daycare
- Sick childcare



Please note: some expenses may require a prescription or other documentation from your doctor. Please see your account details for more information.

Learn more at:

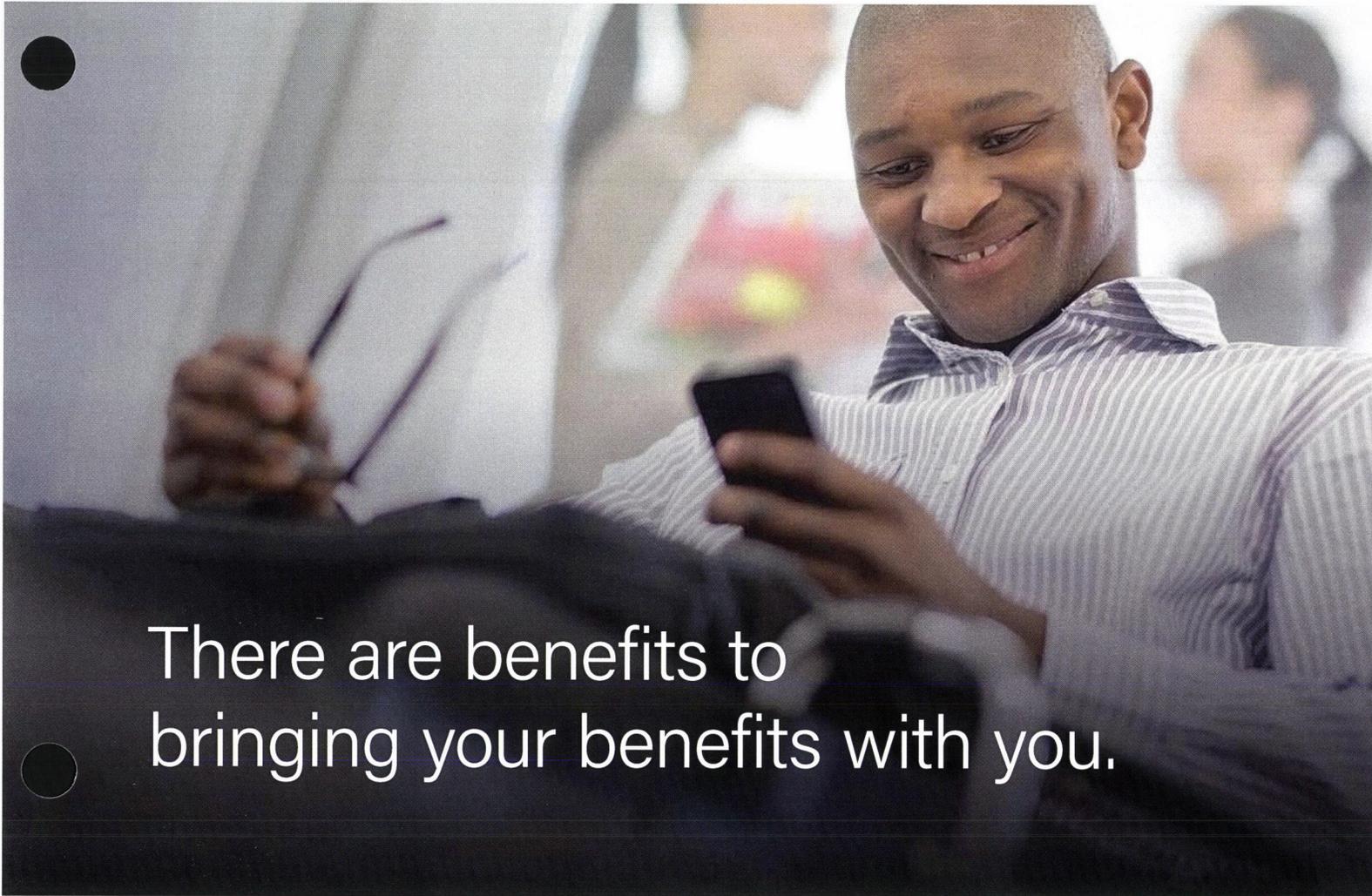
[wageworks.com/eligible-expenses](https://www.wageworks.com/eligible-expenses)

¹Assumes a combined tax rate of 30%, including FICA, state and federal income taxes. Actual amounts may vary.

© 2018 WageWorks, Inc. All rights reserved. The term "savings" herein refers only to tax savings, and actual savings are dependent on individual tax rates. No part of this document constitutes tax, financial or legal advice. Please consult your advisor regarding your personal situation and whether this is the right program for you.

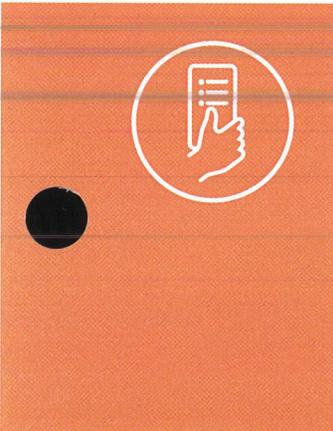
4233 (201806)

WageWorks
everyone benefits®



There are benefits to bringing your benefits with you.

The *EZ Receipts*[®] mobile app by *WageWorks* lets you check your balances, submit claims, snap photos of receipts and manage your account¹ from anywhere. It puts the WageWorks web portal in the palm of your hand.



Make it easy on yourself.

- Snap and submit photos of your receipts, making it easy to verify transactions later
- File claims, view transactions and check account balances on the go
- Simplify processes—let daycare providers, for example, sign eligible expenses directly within the app
- Sign up for email and text alerts to stay on top of everything

EZ Receipts

No forms to fill out.
Nothing to mail in.
And even less to worry about.

All you have to do is download the free *EZ Receipts* app to your iPhone or Android smartphone. Then log in to your WageWorks account and go.

- View transactions and account balances
- File claims for quick reimbursements
- View and edit your account profile



Learn more at:
wageworks.com/myezreceipts

¹Commuter Transit Accounts are not available on EZ Receipt app.

© 2018 WageWorks, Inc. All rights reserved. No part of this document constitutes tax, financial or legal advice. Please consult your advisor regarding your personal situation and whether this is the right program for you.

3203 (201806)

WageWorks
everyone benefits®



It's Your Money.
Use it for the
things you need.



Just a Friendly Reminder You Have a Balance Remaining in Your WageWorks Flexible Spending Account(s)

This is a reminder that you have a balance remaining in one or more of your WageWorks® Flexible Spending Accounts (FSAs).

	Balance as of 12/01/2013
Health Care FSA	%%HC_Balance%%
Dependent Care FSA	%%DC_Balance%%

Make your money work for you. Your remaining balance(s) can be used for thousands of eligible expenses. Check them out:



**Thank you,
WageWorks**



Copyright © WageWorks 2012. WageWorks is a registered trademark of WageWorks, Inc.

Please do not reply to this email. This mailbox is not monitored and you will not receive a response.
Please consider the environment before printing this email.

WageWorks
PO Box 14053
Lexington, KY 40512
servicenotice@wageworks.com

HCOC

Welcome to WageWorks!

You are now successfully enrolled in your WageWorks program. If you've participated in a WageWorks program before, you know how easy it is to use your account. If you're new to WageWorks, rest assured knowing we make it as easy as possible for you to get started and take full advantage of your account.

Now that you're enrolled, please take a few minutes to review your account information. Pay particular attention to your election amount. This is the amount of money you elected to contribute to this plan. You have until the end of the enrollment period stated below to modify your election. Once that date has passed, you may not be able to change your election (except if and as permitted by the plan rules).

For more information about your account, go to www.wageworks.com

The WageWorks Web Site

Manage your account and get help conveniently online.

You can do all this online anytime

- View your account activity and balance
- Check status of claims and payments
- Update your contact information
- Get help

If you have not yet registered

Complete the simple online registration process:

1. Go to www.wageworks.com and click on **First Time User? Register Now**.
2. Enter the information requested so we can identify you.
3. Confirm or update the contact information in your Profile.
4. Review the User Agreement and confirm your acceptance.

If you have already registered

Go to www.wageworks.com and enter your user name and password.

If you don't have Internet access

Call us at (877) 924-3967. Our automated voice response system can assist you around the clock. Customer service representatives are available during normal business hours.

Here are your enrollment details. Please review them carefully:

Name: Richard Jones

ID Code: 7441

Date: 11/24/2007

Program Sponsor: 123 Companies Inc.

Plan: Health Care FSA 2008

Plan Year: 01/01/2008 through 03/15/2009

Election Amount: **\$396.00**

Open Enrollment End Date: xx/xx/xx

PROPRIETARY AND CONFIDENTIAL

PAGE 1

WageWorks, Inc.

To get more information about your WageWorks plan(s), please visit www.wageworks.com and enter your user name and password (or click on the First Time User? link and follow the simple steps to register to use our site).

WageWorks is committed to ensuring you receive the support you need. If you have a question, or would like to talk to a trained expert who can help you take advantage of your program, email us anytime at help@wageworks.com or call us at 877-WageWorks (877-924-3967) Monday through Friday from 8 a.m. to 8 p.m. Eastern Time and we'll be pleased to assist you.

Thank you for enrolling! We look forward to serving you!

Card Receipt Received

From : ServiceNotice@wageworks.com

Subject : Received Your Online Submission

To :

Thank you for your online submission:

Program Sponsor: **ABC Company**
Submission Type: **Health Care Card Receipt**
Date Received: **17-Apr-14**

Your submission will be reviewed within 2 to 3 business days. You can expect another email once your submission has been processed (approved, denied or paid).

Due to HIPAA security and privacy concerns, we are unable to include benefit determinations in email communications.

Please do not reply to this email.

Card Receipt Processed

From : ServiceNotice@wageworks.com

Subject : Processed Your Card Receipt(s)

To :

This email is confirmation that we have processed your Card documentation:

Program Sponsor: **ABC Company**
Submission Type: **Health Care Card Proof of Purchase**
Submission Total: **\$21.00**
Date Received: **4/17/2014**
Date Processed: **4/22/2014**

Following is information about EACH ITEM you submitted:

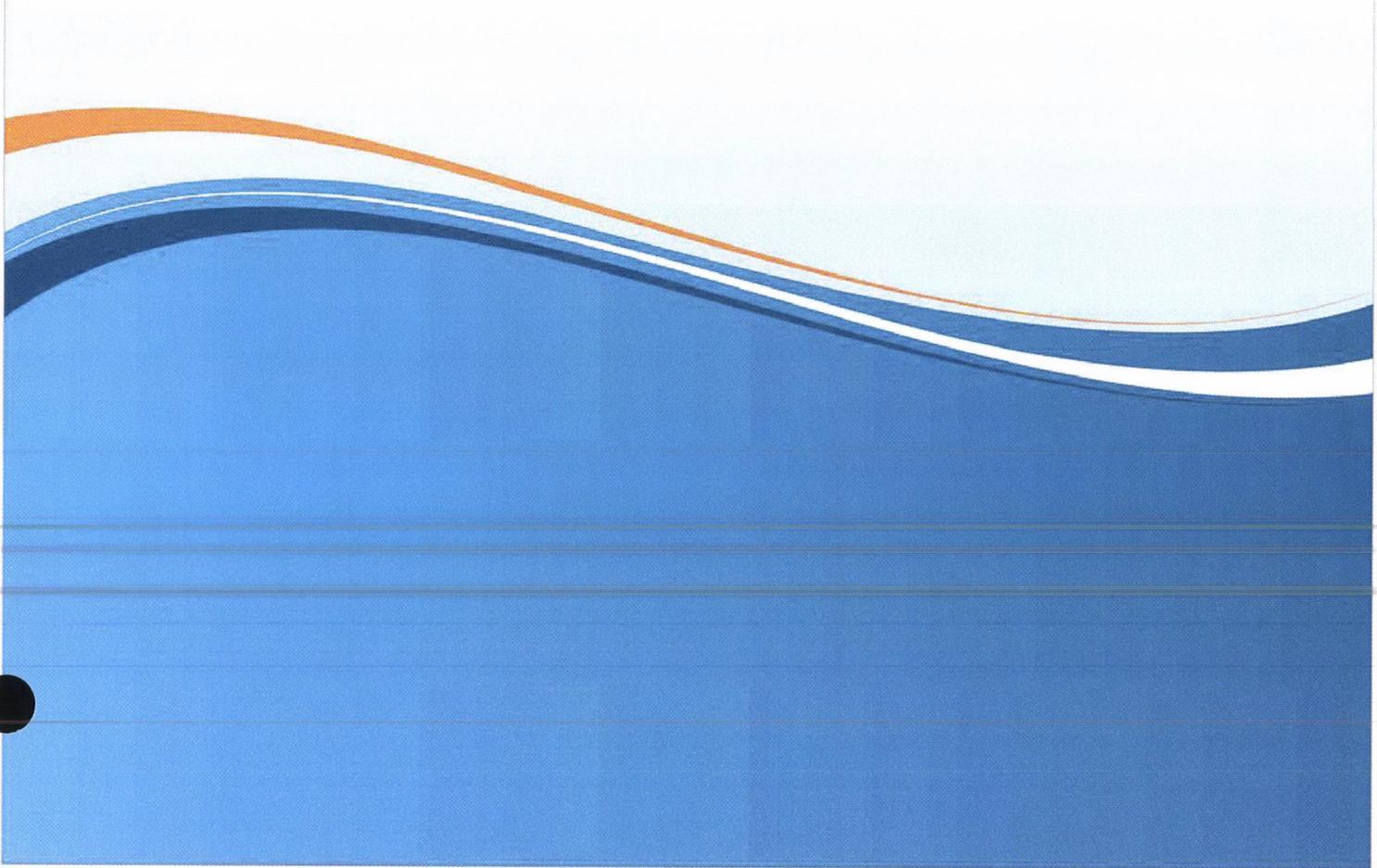
Amount:	\$21.00
Description:	Office visit (medical)
Service Date:	4/10/2014
Status:	Approved

For more information and to access your account online, please go to: wageworks.com

Please do not reply to this email.



Text Messages Guide



Text Messages

Summary:

#	Text Name	Trigger	Text Feature On for ER?	Products	Sample
1	Registration Confirmation	Participant enters a mobile number on PPT Site or EZ Receipts App	NA*	All	WageWorks.com Benefit Alert: Text YES to confirm, HELP, STOP to cancel. 1 text per account per request. Msg & data rates may apply.
2	Welcome	Mobile number replies to Registration Confirmation	NA*	All	WageWorks.com Benefit Alert: Welcome. 1 text per account per request. Msg & data rates may apply. Text HELP for help, STOP to cancel.
3	Card Balance Request	Confirmed mobile number texts "CARD" to WW	No**	All	WageWorks.com Benefit Alert: Health Care Card balance = \$154.65 WageWorks.com Benefit Alert: Parking Card balance = \$55.75
4	Account Balance Request	Confirmed mobile number texts "BALANCE" to WW	No**	All	WageWorks.com Benefit Alert: Dependent Care 2013 balance=\$4,548.23 (12/31/13-12/31/14; claim by 12/31/13) WageWorks.com Benefit Alert: Transit Balance = \$275.00; Parking Balance = \$150.00
5	Card Transaction Decline	WW informed of card decline by card network (< 2 minutes)	Yes	All	WageWorks.com Benefit Alert: Health Care Card declined for \$76.12 (item or service not eligible)
6	Claim Processed	Claim status updated to "processed" (same trigger as email)	Yes	All	WageWorks.com Benefit Alert: Dependent Care Pay Me Back claim processed 10/15/12 for \$150.00 (approved; new text when paid) WageWorks.com Benefit Alert: Commuter Pay Me Back claim processed 10/15/12 (\$75.00 payment issued in 2-3 days) WageWorks.com Benefit Alert: Wellness Reimbursement claim processed 10/15/12. OK to Pay=\$151.26
7	Payment Issued	Payment status updated to "paid" (same trigger as email)	Yes	HC & DC	WageWorks.com Benefit Alert: Health Care Pay My Provider payment for \$75.00 issued 11/14/12 to Dr. Smith WageWorks.com Benefit Alert: Direct Deposit payment issued 1/4/13 for Dependent Care Pay Me Back = \$1,200.50
8	Card Verification Required	Card transaction updated to "Need Receipt" (same trigger as email)	Yes	HC	WageWorks.com Benefit Alert: Receipt or repayment needed for \$54.89 Health Care Card transaction on 12/14/13.
9	Monthly Reminder	Monthly based on day first confirmed mobile number was registered	Yes	All	WageWorks.com Benefit Alert: Enrolled for texts. HELP for help. STOP to cancel. 1 text/account/request. Msg & data rates may apply.
10	Two-Factor Authentication	Two factor authentication for Participant Site and EZ Receipts mobile app	Yes	All	WageWorks.com Benefit Alert: Your WageWorks verification code is XXXXXX. This code will be active for a very short period of time. If you do not use this code right away, you will need to repeat the process to request another code.

11	Participant Site Forgot Username and/or Password	Recovery method for username and/or password	Yes	All	WageWorks.com Benefit Alert: Your WageWorks verification code is XXXXXX. This code will be active for a very short period of time. If you do not use this code right away, you will need to repeat the process to request another code.
----	--	--	-----	-----	--

* Text Me feature had to be enabled for the mobile number to be entered.

** Text Me feature does not need to be enabled by ER for WW to respond to request from a confirmed mobile number.

Sample List:

Participant texts "CARD" to MYINFO (694636)	
1	WageWorks.com Benefit Alert: HealthCareCardLabel balance = \$999,999.99
2	WageWorks.com Benefit Alert: Parking Card balance = \$999,999.99
3	WageWorks.com Benefit Alert: Transit Card balance = \$999,999.99
4	WageWorks.com Benefit Alert: HealthCareCardLabel balance = \$999,999.99 (card suspended; submit receipts)
5	WageWorks.com Benefit Alert: HealthCareCardLabel balance = \$999,999.99 (call # on activation sticker)
6	WageWorks.com Benefit Alert: Parking Card balance = \$999,999.99 (call # on activation sticker)
7	WageWorks.com Benefit Alert: Transit Card balance = \$999,999.99 (call # on activation sticker)
8	WageWorks.com Benefit Alert: Card Balance requested (but no current card)
9	WageWorks.com Benefit Alert: Card Balance requested (balance not available for your program)

Participant texts "BALANCE" to MYINFO (694636)	
	Card Balances above are also sent when participant texts "BALANCE"
1	WageWorks.com Benefit Alert: HCPlanName balance=\$999,999.99 (12/31/13-12/31/14; claim by 12/31/13)
2	WageWorks.com Benefit Alert: DCPlanName balance=\$999,999.99 (12/31/13-12/31/14; claim by 12/31/13)
3	WageWorks.com Benefit Alert: HRAPlanName balance=\$999,999.99 (12/31/13-12/31/14; claim by 12/31/13)
4	WageWorks.com Benefit Alert: HRAPlanName balance=\$999,999.99 (12/31/13-...; claim by...)
5	WageWorks.com Benefit Alert: HRAPlanName balance=\$999,999.99 (12/31/13-12/31/14; claim 12/31 next year)
6	WageWorks.com Benefit Alert: HSAPlanName Available Now=\$999,999.99 (\$999,999,999.99 w/Investments)
7	WageWorks.com Benefit Alert: Transit Pay Me Back total balance=\$999.99 (12/13 balance=\$999.99; claim by 10/31/14)
8	WageWorks.com Benefit Alert: Parking Pay Me Back total balance=\$999.99 (12/13 balance=\$999.99; claim by 10/31/14)
9	WageWorks.com Benefit Alert: Transit Balance = \$999,999.99; Parking Balance = \$999,999.99
10	WageWorks.com Benefit Alert: WellPlanName balance=\$999,999.99 (12/17/13-12/31/13; claim by 12/13/15)
11	WageWorks.com Benefit Alert: Balance Request = You have no current coverage.
12	WageWorks.com Benefit Alert: Balance Request (balance not available for your program)

Card Transaction Declined at Point of Sale	
1	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (card suspended; need to submit receipts or repayment)
2	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (card not current; can no longer be used)
3	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (card not current; can no longer be used)
4	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (expiration date is invalid)
5	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (card expired)
6	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (invalid PIN entered; try again)
7	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (item or service not eligible)
8	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (amount exceeds spending limit)
9	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (too many attempts with invalid PIN)
10	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (card reported lost or stolen)
11	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (duplicate transaction)
12	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (amount exceeds available balance)
13	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (bad stripe; request new card at 123.456.7890)
14	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (PIN required)

Card Transaction Declined at Point of Sale	
15	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (invalid security code entered; try again)
16	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (call # on activation sticker)
17	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (card not allowed for use with that merchant)
18	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (card network failure; try again later)
19	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (card or account failure; call 123.456.7890)
20	WageWorks.com Benefit Alert: CardLabel declined for \$999,999.99 (some items not eligible)

Claim Processed	
1	WageWorks.com Benefit Alert: CustomERProductLabel Pay My Provider claim processed 10/15/12 for \$999,999.99 (approved; new text when paid)
2	WageWorks.com Benefit Alert: CustomERProductLabel Pay My Provider claim processed 10/15/12 for \$999,999.99 (denied; go online for reason)
3	WageWorks.com Benefit Alert: CustomERProductLabel Pay Me Back claim processed 10/15/12 for \$999,999.99 (approved; new text when paid)
4	WageWorks.com Benefit Alert: CustomERProductLabel Pay Me Back claim processed 10/15/12 for \$999,999.99 (denied; go online for reason)
5	WageWorks.com Benefit Alert: HealthCareCardLabel receipt processed on 12/15/12 for \$999,999.99 (approved; verified card)
6	WageWorks.com Benefit Alert: HealthCareCardLabel receipt processed on 12/15/12 for \$999,999.99 (denied; go online for reason)

Payment Issued	
1	WageWorks.com Benefit Alert: CustomERProductLabel Pay My Provider payment for \$999,999.99 issued 11/14/12 to ProviderName...
2	WageWorks.com Benefit Alert: CustomERProductLabel Pay My Provider \$999,999.99 payment not made (insufficient balance) to ProviderName...
3	WageWorks.com Benefit Alert: CustomERProductLabel Pay My Provider \$999,999.99 payment not made (\$0 balance) to ProviderName...
4	WageWorks.com Benefit Alert: CustomERProductLabel Pay My Provider partial payment (requested = \$999,999.99; paid = \$99,999.99; \$0 balance)
5	WageWorks.com Benefit Alert: PaymentMethod payment issued 1/4/13 for CustomERProductLabel Pay Me Back = \$999,999.99
6	WageWorks.com Benefit Alert: PaymentMethod payment issued 1/4/13 for CustomERProductLabel Pay Me = \$999,999.99
7	WageWorks.com Benefit Alert: Pay Me payment request processed on 10/15/12 for \$999,999.99 (denied; insufficient available now balance)

HC Card Verification Required	
1	WageWorks.com Benefit Alert: Receipt or repayment needed for \$999,999.99 HealthCareCardLabel transaction on 12/14/13.

HC Card Suspended	
1	WageWorks.com Benefit Alert: HealthCareCardLabel suspended (unverified transactions=\$99,999.99; need receipts or repay)

Wellness Claim Payment Status	
1	WageWorks.com Benefit Alert: WELLPlanName claim processed 10/15/12. OK to Pay=\$999,999.99

COM Claim Payment Status	
1	WageWorks.com Benefit Alert: CustomERProductLabel Pay Me Back claim processed 10/15/12 (\$999,999.99 payment issued in 2-3 days)
2	WageWorks.com Benefit Alert: CustomERProductLabel Pay Me Back claim processed 10/15/12 (\$999,999.99 payment issued in future paycheck)
3	WageWorks.com Benefit Alert: CustomERProductLabel Pay Me Back claim processed 10/15/12 (\$999,999.99 payment issued by 11/11/12)

Newly Added Mobile Number on PPT Account	
1	WageWorks.com Benefit Alert: Text YES to confirm, HELP, STOP to cancel. 1 text per account per request. Msg & data rates may apply.
2	WageWorks.com Benefit Alert: Welcome. 1 text per account per request. Msg & data rates may apply. Text HELP for help, STOP to cancel.

Participant texts to 694636 from unregistered mobile number	
1	Pre-Tax Benefit Alert: Number not registered to receive texts from our system. Log into your account to register this number under Profile > Preferences.

Participant texts to 694636 from unconfirmed mobile number	
1	WageWorks.com Benefit Alert: This number not confirmed to receive texts from our system. Text YES to confirm, then resend your text.

Participant texts "HELP" to 694636 from unconfirmed mobile number	
1	WageWorks.com Benefit Alert: Help= text@wageworks.com or 123.456.7890. One text/account/request. STOP to cancel. Msg&data rates may apply.

Participant texts "STOP" to 694636 from unconfirmed mobile number	
1	WageWorks.com Benefit Alert: You are unsubscribed. No more messages will be sent.

Monthly Reminder	
1	WageWorks.com Benefit Alert: Enrolled for texts. HELP for help. STOP to cancel. 1 text/account/request. Msg & data rates may apply.

System is Unavailable	
1	WageWorks.com Benefit Alert: We are unable to respond to your request. Please try again after 60 minutes.

FSA Reporting

Our complete suite of standard online reports is designed to meet all of your accounting, payroll, and benefits management needs to effortlessly manage your company's healthcare and dependent care programs. Online reports are available at any time, via our employer website. In addition, we deliver quarterly and year-end operational reviews that show contributions and withdrawals for each account. The following information outlines some of the key features of our reporting package:

- Current and historical reports are accessible via our employer website
- Reports are downloadable in Excel format
- Available on demand, weekly, and monthly
- Easy to sort records; each contains eight participant reference fields: last name, first name, participant/employee ID, last four SSN, benefit group code, payroll group code, company code, and location code

REPORT NAME	DESCRIPTION OF CONTENTS	AVAILABILITY
Enrollment Report	List of participants and pertinent account settings	On demand – for any date range entered
Invoice Report	Count and list of participants per plan type for each billing month	On demand – for monthly intervals
Funding Report	Complete accounting of payments issued vs. program funding deposits	On demand – for weekly intervals
Account Activity Report	Two versions, both include plan year-to-date totals for all payments, posted account funding and participant account balances:	On demand – for any date range entered
	(1) Enrollment changes – lists participants with a change in enrollment during dates entered	
	(2) All – all plan participants	
Contribution & Payments Report	Complete accounting of payments issued vs. participant funding deposits	On demand – for weekly intervals
Health Care Card Report	Summary of debit card information, including card status and the amount of unverified card transactions for each participant.	On demand

REPORT NAME	DESCRIPTION OF CONTENTS	AVAILABILITY
Unclaimed Checks Report	List of all uncashed participant check payments that have been returned to the program sponsor for escheatment.	On demand – for quarterly intervals
Late Repayments Report	Summary of all late repayments processed during the specified date range	On demand
Carryover Report	List of amounts carried over from previous plan year Health Care FSA to current plan year Health Care FSA	On demand
Custom Contributions Report (if applicable)	List of all contribution records with employer defined contribution labels	On demand

ENROLLMENT REPORT
CDHworks1

Health Care FSA 2013 (HC FSA) – 1-Jan-13 to 31-Dec-13

SUMMARY / HIGHLIGHTS

	Participants	Accounts	%	Avg. Election	Elections	Add'l Benefits	Total Benefits
Standard Coverage	63	63	72%	\$1,282.00	\$80,740.46	\$0.00	\$80,740.46
Limited Coverage	25	25	28%	\$1,350.00	\$33,741.04	\$0.00	\$33,741.04
Total	88	88	100%	\$1,301.00	\$114,481.50	\$0.00	\$114,481.50
Direct Deposit	21		24%				
Email	74		84%				

DETAILS

Last Name	First Name	PT/EE ID	ID Code	Benefit Group	Payroll Group	Company Code	Location Code
Last Name	First Name	111	9519	HSA Eligible Employees	DEFAULT	501 - WESTFIELD NORTH	AWEST CARSON
Last Name	First Name	504	7463	Non-HDHP Employees	DEFAULT	Factory	MES WESTF 630
Last Name	First Name	7341	6171	Tier 3 HSA Employees	DEFAULT	IOWA	007 540 502

Include in Totals	HSA Custodian	HSA Account Status	HSA Account Update	HSA Account OK to Fund	Coverage Effective	Coverage End	Election Amount
Yes	N/A	N/A	N/A	N/A	\$80,740.46	12/31/2013	\$1,000.00
Yes	N/A	N/A	N/A	N/A	\$33,741.04	12/31/2013	\$2,000.00
Yes	N/A	N/A	N/A	N/A	\$114,481.50	12/31/2013	\$1,000.00

Add'l Benefits	Total Benefits	Direct Deposit	Coverage	Other Claims	Email	Address 1	Address 2
\$0.00	\$1,000.00	No	Standard	NA			
\$0.00	\$2,000.00	No	Standard	NA			
\$0.00	\$1,000.00	Yes	Limited	NA			

City	State	Zip

INVOICE REPORT
CDHworks1

For period as of 2/20/2013

REPORT PARAMETERS

As Of Date: 20-Feb-13
Date Run: 31-Mar-13

Current Plan Year - HC FSA Participants

Last Name	First Name	PT/EE ID	ID Code	Benefit Group	Payroll Group	Company Code	Location Code
		7341	6171	Tier 3 HSA Employees	DEFAULT		007 540 502

Participants = 83

Current Plan Year - DC FSA Participants

Last Name	First Name	PT/EE ID	ID Code	Benefit Group	Payroll Group	Company Code	Location Code
		9736	2040	Non-HDHP Employees	DEFAULT	Salary	MES WESTF 720

Participants = 10

Current Plan Year - HC & DC FSA Participants

Last Name	First Name	PT/EE ID	ID Code	Benefit Group	Payroll Group	Company Code	Location Code
		293	0999	HSA Eligible Employees	DEFAULT	505 - FARMVILLE	MES FARMV 502

Participants = 6

Current Plan Year - HSA Participants

Last Name	First Name	PT/EE ID	ID Code	Benefit Group	Payroll Group	Company Code	Location Code
		8480	8981	Tier 1 HSA Employees	DEFAULT	501 - WESTFIELD	MES WESTF 720

Participants = 1,139

ACCOUNT ACTIVITY REPORT
CDHworks1

Health Care FSA 2013 (HC FSA) – 1-Jan-13 to 31-Dec-13

SUMMARY - CARD PAYMENTS	Amount	%
Card Payments (Pending)	\$3,433.37	12.91%
Card Payments (Auto Approved)	\$15,502.71	58.29%
Card Payments (Paid Back Check)	\$0.00	0.00%
Card Payments (Paid Back Claims)	\$598.00	2.25%
Card Payments (No Further Action)	\$16,100.71	60.54%
Card Payments (Receipt or Repayment Needed)	\$7,058.52	26.54%
Card Payments (Outstanding/ 90+ Days Old)	\$2,927.36	11.01%
Card Payments (TOTAL)	\$26,593.60	100.00%

DETAILS

Date Posted	Type	Source	Reason	Event (Event Date)	Last Name	First Name	PT / EE ID
					Last Name	First Name	\$9,840.00
					Last Name	First Name	\$166.00
					Last Name	First Name	\$46,300.00

ID Code	Benefit Group	Payroll Group	Company	Location	PT / EE Status	HSA Custodian	HSA Account Status
4510	HSA Eligible Employee	DEFAULT		MES SOWIN 500	Current	N/A	N/A
6122	HSA Eligible Employee	DEFAULT		AWEST CARSON	Current	N/A	N/A
0045	HSA Eligible Employee	DEFAULT		AWEST CARSON	Current	N/A	N/A

			\$118,481.50	\$118,481.50	\$0.00		
HSA Account Status Date	HSA Account OK to Fund	Coverage Effective Date	Coverage End Date	Claims Deadline	Election Amount	Maximum Election Amount	Additional Benefits
N/A	N/A	1/1/2013	12/31/2013		\$1,300.00	\$1,300.00	\$0.00
N/A	N/A	1/1/2013	12/31/2013		\$900.00	\$900.00	\$0.00
N/A	N/A	1/1/2013	12/31/2013		\$2,496.00	\$2,496.00	\$0.00

\$118,481.50	\$44,211.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$44,211.35	\$74,270.15
TOTAL BENEFITS	Pre-Tax Payroll Deductions	Post-Tax Payroll Deductions	Pre-Tax PS Contributions (Election Amount)	Post-Tax PS Contributions (Election Amount)	Post-Tax AH Contributions	TOTAL CONTRIBUTIONS (ELECTION AMOUNT)	REMAINING CONTRIBUTIONS (ELECTION AMOUNT)				
\$1,300.00	\$500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$550.00	\$750.00				
\$900.00	\$294.27	\$0.00	\$0.00	\$0.00	\$0.00	\$294.27	\$605.73				
\$2,496.00	\$860.00	\$0.00	\$0.00	\$0.00	\$0.00	\$860.00	\$1,636.00				

\$0.00	\$0.00	\$0.00	\$44,211.35	\$99.86	\$26,593.60	\$2,500.00	\$12,810.05
Pre-Tax PS Contributions (Additional Benefits)	Post-Tax PS Contributions (Additional Benefits)	Total Contributions (Additional Benefits)	TOTAL CONTRIBUTIONS (ALL)	Claims Approved Not Yet Paid (NSF)	Card Payments	PMP Payments	PMB Payments
\$0.00	\$0.00	\$0.00	\$550.00	\$0.00	\$1,113.32	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$294.27	\$0.00	\$546.34	\$0.00	\$130.00
\$0.00	\$0.00	\$0.00	\$860.00	\$0.00	\$0.00	\$0.00	\$414.01

\$0.00	\$41,903.65	\$598.00	\$77,175.85	\$77,175.85	\$2,905.70	\$3,434.37	\$15,502.71
Other Payments	TOTAL PAYMENTS (AUTHORIZED)	TOTAL CONTRIBUTIONS (Additional Benefits)	Election Balance	Available Balance	ACCOUNT BALANCE (ACTUAL)	Card Payments (Pending)	Card Payments (Auto Approved)
\$0.00	\$1,113.32	\$0.00	\$186.68	\$186.68	(\$563.32)	\$0.00	\$246.07
\$0.00	\$676.34	\$0.00	\$223.66	\$223.66	(\$382.07)	\$0.00	\$546.34
\$0.00	\$414.01	\$0.00	\$2,081.99	\$2,081.99	\$445.99	\$0.00	\$0.00

\$0.00	\$598.00	\$16,100.71	\$7,058.52	\$2,927.36	\$26,593.60	\$15,502.71
Card Payments (Paid Back Check)	Card Payments (Paid Back Claims)	Card Payments (No Further Action)	Card Payments (Receipt or Repayment Needed)	Card Payments (Outstanding/90+ Days Old)	Card Payments (Total)	Card Payments (Auto Approved)
\$0.00	\$0.00	\$246.07	\$867.25	\$312.50	\$1,113.32	\$246.07
\$0.00	\$0.00	\$546.34	\$0.00	\$0.00	\$546.34	\$546.34
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Address2	City	State	Zip

ACCOUNT ACTIVITY REPORT

CDHworks1

Health Care FSA 2013 (HC FSA) - 1-Jan-13 to 31-Dec-13

REPORT PARAMETERS

Plan Name: Health Care FSA 2013 (HC FSA)
 Report Version: ENROLLMENT CHANGES
 Records Posted From: 1-Jan-13
 Records Posted Through: 9-Mar-13

	Amount	%
SUMMARY - CARD PAYMENTS		
Card Payments (Pending)	\$0.00	0.00%
Card Payments (Auto Approved)	\$16,963.00	94.07%
Card Payments (Paid Back Check)	\$0.00	0.00%
Card Payments (Paid Back Claims)	\$0.00	0.00%
Card Payments (No Further Action)	\$1,693.00	94.07%
Card Payments (Receipt or Repayment Needed)	\$106.70	5.93%
Card Payments (Outstanding/ 90+ Days Old)	\$106.70	5.93%
Card Payments (TOTAL)	\$1,799.70	100.00%

	#	Election Amount	Avg. Election	Election Change	Avg. Change
SUMMARY - ENROLLMENT CHANGE					
Add	3	\$3,320.00	\$1,106.67		
Change	0	\$0.00	\$0.00	\$0.00	\$0.00
Cancel	3	\$2,950.00	\$983.33		
Unenroll	0	\$0.00	\$0.00		
Total	6	\$6,270.00	\$1,045.00		

DETAILS

Date Posted	Type	Source	Reason	Event (Event Date)	Last Name	First Name
2/26/2013	ADD	PS Site	New Enrollment		Last Name	First Name
4/1/2013	CANCEL	PS Site	New Enrollment		Last Name	First Name

PT / EE ID	ID Code	Benefit Group	Payroll Group	Company	Location	PT / EE Status
7341	6171	Tier 3 HSA Employees	DEFAULT	DEFAULT	007 540 502	Current
7316	9675	HSA Eligible Employee	DEFAULT	DEFAULT	007 541 502	Termed

HEALTH CARE CARD REPORT

CDHworks1

Health Care FSA 2013 (HC FSA) - 1-Jan-13 to 31-Dec-

13

SUMMARY - CARD ACTIVATION			
	Issued	Activated	%
Current Account Holder Cards	99	72	73%
Current Dependent Cards	28	28	100%
Total Current Cards	127	100	79%

DETAILS

Total	Last Name		First Name	PT / EE ID	ID Code	Benefit Group	Payroll Group
				111	9519	HSA Eligible Employee	DEFAULT
				504	7463	HSA Eligible Employee	DEFAULT
				9840	4510	HSA Eligible Employee	DEFAULT
				7737	4160	HSA Eligible Employee	DEFAULT

Company	Location	PT / EE Status	Account Holder Cards Issued	Total AH Cards Activated	Total AH Cards Cancelled/ Expired
	AWEST CARSON	Current	1	1	0
	MES WESTF 630	Current	1	1	0
	MES SOWIN 500	Current	1	1	0
	007 540 502	Current	2	2	0
			99	72	0

99	72		28	0	28
Current AH Cards	Current AH Cards Activated	Total DEP Cards	Total DEP Cards	Total DEP Cards	Current DEP Cards Activated
1	1	1	0	1	1
1	1	0	0	0	0
1	1	1	0	1	1
2	2	1	0	1	1

HEALTH CARE CARD REPORT
 CDHworks1
 Health Care FSA 2013 (HC FSA) - 1-Jan-13 to 31-Dec-13

Plan Name	Election Amount	Maximum Election Amount	Additional Benefits	TOTAL BENEFITS	Available Balance
Health Care Choice FSA 2012	\$1,000.00	\$1,000.00	\$0.00	\$1,000.00	\$812.57
Health Care Choice FSA 2012	\$2,000.00	\$2,000.00	\$0.00	\$2,000.00	\$60.54
Health Care Choice FSA 2012	\$1,300.00	\$1,300.00	\$0.00	\$1,300.00	\$186.68
Health Care Choice FSA 2012	\$1,000.00	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00

Card Balance	Use Card By	Card Payments (Receipt or Repayment Needed)	Card Payments (Outstanding / 90+ Days Old / Force Auto Repay)	% Outstanding Card Use to Available Balance	Over Threshold
\$73,548.89		\$0.00	\$0.00	0%	Yes = 3
\$812.57	12/31/2013	\$92.43	39.20	5%	N
\$60.54	12/31/2013	\$1,252.46	709.09	1171%	Y
\$186.68	12/31/2013	\$867.25	312.50	167%	Y
\$1,000.00	12/31/2013	\$0.00	0	0%	N

Yes = 3	No = 1	Address1	Address2	City
Cards Suspended	Apply Suspension	Email		
N	Y			
Y	Y			
Y	Y			
N	Y			

State	ZIP

Late Repayment Report
CLIENT ABC

About This Report

- . This report includes and summarizes all late repayments processed during the specified date range.
- . Repayments are considered late if received after the accounting close date (35 days past the claims deadline for any plan).
- . The funds for late repayments are returned to the program sponsor at the end of the following calendar month (if the program sponsor is active) and returned to the participant with instructions to settle directly with the program sponsor (if the program sponsor is no longer active).
- . A benefit reimbursement check is one issued by the plan as plan benefits to reimburse the participant for eligible expenses and then returned uncashed by the participant to be used as a repayment.

REPORT PARAMETERS

Start Date: 5/1/2013
End Date: 5/31/2013
Plan: All Plans
Sort By: Submitted Date
Date Run: 7/2/2013

SUMMARY / HIGHLIGHTS

Payment Type	Count	Total
Participant Personal Check	1	\$0.69
PlanName	Count	Total
Health Care FSA 2012	1	\$0.69
Total	1	\$0.69

Submitted Date	Payment Type	Check Date	Check Number	Check Amount	Refund Amount
5/9/2013	Participant Personal Check	5/2/2013	1234	\$6.94	\$0.69

Repayment Type	Plan Name	Last Name	First Name	PT/EE ID	ID Code
Unverified Card Transaction	Health Care FSA 2012	Lname	Fname	12345678	1234

Benefit Group	Payroll Group	Company Code	Location Code
ACTIVE	ACTIVE	A01	

CARRYOVER REPORT

Client: XYZ
Health Care FSA 2014 (HC FSA) - 1/1/2014 to 12/31/2014

DEFINITIONS

Carryover Transferred from Previl Amount: carried over from previous plan year HC FSA to this HC FSA.
 Carryover Option: Carryover option elected by participant. None = participant will automatically receive carryover with same coverage as next plan year plan election (or standard or limited coverage as of coverage effective date under this plan if not enrolled in next plan year plan).
 Maximum Carryover: Maximum amount that can be carried over from this plan year plan to next plan year plan based on your plan design and limited to the available balance in this plan (maximum permitted = \$500).
 Carryover Spent from This Plan: Total carryover/funds spent from this plan on next plan year expenses (processed and paid before carryover to next plan on carryover transfer date; claims deadline for this plan plus 15 days).
 Potential Carryover to Next: The difference between the maximum carryover and the carryover spent from this plan (the most that will be transferred to next plan, but limited by the available balance in this plan).
 Carryover Transferred to Next: Amount carried over from this plan to next plan year HC FSA plan (limited by available balance).
 Available Balance This Plan (At): Available Balance in this plan as of today (and after the carryover transferred to next plan, if today is after carryover transfer date); same as on the Account Activity Report.
 Total Carryover Amount: Total of carryover spent from this plan and carryover transferred to next plan = total carryover amount received by this participant for this plan (not to exceed the maximum carryover and limited by the available balance in this plan).
 ALL AMOUNTS ARE PLAN-YEAR-TO-DATE.

PARAMETERS

Plan Name: Health Care FSA 2014 (HC FSA)
 Plan Dates: 1/1/2014 to 12/31/2014
 Benefit Group: All
 Payroll Group: All
 Company Code: All
 Location Code: All
 Primary Sort: Last Name
 Secondary Sort: First Name
 Date Run: 7/15/2015

DETAILS

Total	First Name	PT/EE ID	ID Code	Benefit Group	Payroll Group	Company	Location	PT/EE Status	Election Amount	Maximum Election	Additional Benefits	TOTAL BENEFITS
Sample	Name1		8012	ACTIVE	Default Payroll Group(None)		901764	Current	\$250.00	\$250.00	\$0.00	\$250.00
Sample 2	Name2		20	ACTIVE	Default Payroll Group(None)		901733	Current	\$910.00	\$910.00	\$0.00	\$910.00

Coverage Effective Date	Coverage End Date	Claims Deadline	Carryover Transferred In	Carryover Option	Maximum Carryover	Carryover Spent from This Plan	Potential Carryover to Next Plan	Carryover Transferred to Next Plan	Available Balance This Plan (After Transfer)	Total Carryover Amount	Email Address	Address	City	State	ZIP	Country
			\$0.00		\$55,065.00	\$3,803.00	\$11.59	\$628,691.39	\$1,596,034.16	\$1,009,060.52						
2/3/2014	#####	4/30/2015	\$0.00	None (Carryover)	\$500.00	\$4.07	\$0.00	\$178.93	\$0.00	\$183.00						
1/1/2014	#####	4/30/2015	\$0.00	None (Carryover)	\$500.00	\$26.40	\$0.00	\$26.40	\$0.00	\$52.80						

CUSTOM CONTRIBUTIONS REPORT

Client XYZ
Health Rewards Account (HRA) - 1/1/2005 to 12/31/2014

About This Report

- . This report displays all contribution records of the category "Pre-Tax Program Sponsor Contributions (Additional Benefits)" for the specified report parameters.
- . Two date range types are available:
 - o **Record Funding Date** = The Funding Date populated in the Program Sponsor File funding record.
 - o **Date Posted** = The date the contribution was posted to the participant's account.
- . The report is available in two versions:
 - o **Detailed** - Lists all individual contribution records and there may be multiple rows per participant.
 - o **Summary** - Lists one row per participant with a summary total for all contribution types (based on selected report parameters).
- . The possible contribution descriptions are determined by the actual custom contribution descriptions received to date:
 - o **No Custom Description** - Indicates no custom description was provided for the contribution.
 - o Additional contribution descriptions are listed using the custom contribution description name provided in the Program Sponsor File funding record.

How To Use This Report

- . Use this report to review contributions of the specified type.
- . The contribution type is specified in the Custom Contribution Description field of the Program Sponsor File funding record.

REPORT PARAMETERS

Plan Name: Health Rewards Account (HRA)
 Plan Dates: 1/1/2005 to 12/31/2014
 Date From: 10/1/2014
 Date To: 10/31/2014
 Date Type: Funding Date in Record
 As of Date: 7/15/2015
 Report Type: Details
 Contribution Descriptions: HRA Balance From Previous Administrator
 Benefit Group: All
 Payroll Group: All
 Company Code: All
 Location Code: All
 Primary Sort: Last Name
 Secondary Sort: First Name

SUMMARY/HIGHLIGHTS

Funding Description	Participants	Amount
Total		\$0.00

DETAILS

Last Name	First Name	PT/EE ID	ID Code	Benefit Group	Payroll Group	Company	Location	PT/EE Status	Plan Code	Total	Funding Date in Record	Date Posted
\$0.00												

No records match the report parameters above.

Task Description

Assigned To

Status RYG

Target Date

Completion Date

Comments

First Benefit Month

07/01/20

TBD

Open Enrollment Window Begin/End Dates

Task Description	Assigned To	Status RYG	Target Date	Completion Date	Comments
Agreements			04/12/20		
Initiate Order Form and Master Service Agreement	Sales		03/18/20		
Return signed Order Form/Master Service Agreement	Client		03/28/20		
Agreements - COBRA/Direct Bill			03/28/20		
Signed Order Form/Master Service Agreement/SSD has been returned to Sales	Client		03/28/20		
Kick Off - Client Meeting			04/02/20		
Schedule Kick Off call with client (FSA/COBRA/Direct Bill)	Implementation Manager		03/30/20		
Create Kick Off Meeting Presentation (Agenda if requested)	Implementation Manager		03/30/20		
Conduct Kick Off call with client	Client / Implementation Manager		04/02/20		
Schedule ongoing Client meetings	Implementation Manager		04/02/20		
Send meeting notes/follow-ups (Including Plan Requirements)	Implementation Manager		04/02/20		
Requirements			05/02/20		
Provide ER ID to client	Implementation Manager		04/09/20		
Complete FSA Plan Requirements	Client / Implementation Manager		04/16/20		
Obtain Client Logo	Client		04/16/20		
Signoff on FSA Plan Requirements	Client		04/30/20		
Requirements - COBRA/Direct Bill			04/16/20		
Business Required Document Sign Off/Data Gathering	Client / Implementation Manager		04/16/20		
Requirements - Optional Services			05/02/20		
Confirm if SPD/Plan Doc services are needed and complete prep form	Implementation Manager		05/02/20		
Deliver completed SPD/Plan Doc	Implementation Manager		05/02/20		
Configuration - Funding & Invoicing			05/17/20		
Initiate Funding Agreement	Implementation Manager		04/09/20		
Return Signed Funding Agreement	Client		04/23/20		
Configuration - Client Setup			05/19/20		
Post Client Logo	Implementation Manager		05/10/20		
Setup client benefit program in ER site	Implementation Manager		05/10/20		
Setup HR and PR Staff with access to WW ER Site	Implementation Manager		05/17/20		
Configuration - COBRA/Direct Bill Client Setup			05/19/20		
Setup client benefit program	Implementation Manager		04/26/20		
Confirm setup with Rate Verification	Client / Implementation Manager		05/03/20		
Data Exchange - File Transmission			05/27/20		
Determine File Transmission Method and responsible parties	Client / Implementation Manager		04/30/20		
Request FTP login credentials	Implementation Manager		05/05/20		
Provide FTP login credentials	Data Mgmt.		05/10/20		
Test file transmission	Client / Data Mgmt.		05/21/20		
Sign off on transmission	Data Mgmt.		05/23/20		
Data Exchange - COBRA/Direct Bill File Transmission			05/27/20		
Determine File Transmission Method and responsible parties	Client / COBRA/Direct Bill Implementation Manager		TBD		
Request FTP login credentials	COBRA/Direct Bill Implementation Manager		TBD		
Test file transmission	Client / Data Mgmt.		TBD		
Sign off on transmission	Data Mgmt.		TBD		
Data Exchange - Program Sponsor Files			08/27/19		
Provide file specifications to client/TPA	Implementation Manager		04/30/20		
Conduct call with WW File Support and client	Implementation Manager / Client / WWs IT / TPA		05/05/20		
Complete Profile (PRO) Record File Testing	Implementation Manager		08/20/19		
Complete Enrollment (ENR) Record File Testing	Implementation Manager / Client / WWs IT		08/20/19		
Complete Funding (FND) Record File Testing	Implementation Manager / Client / WWs IT		08/20/19		
Transmit production Profile (PRO) file to WW	Client / TPA		08/27/19		
Transmit production Enrollment (ENR) file to WW	Client / TPA		08/27/19		
Transmit production Funding (FND) file to WW	Client / TPA		07/06/20		
Data Exchange - COBRA/Direct Bill Files			08/27/19		
Provide file specifications to client/TPA	COBRA/Direct Bill Implementation Manager		04/30/20		
Complete file testing	COBRA/Direct Bill Implementation Manager / Client / WWs IT		05/20/20		
Signoff on file testing	COBRA/Direct Bill Implementation Manager / Client / WWs IT		05/25/20		

Transmit production file to VVV	08/27/19	
Data Exchange - Carrier File Exchanges	05/27/20	
Determine purpose of carrier file data (Substantiation / AHPC)	04/30/20	Implementation Manager
Client to alert carriers, confirm if there are fees for carrier files and unique ID	04/30/20	Client
Communications - Employee Notification	05/12/20	
Provide samples of marketing collateral for pre and post enrollment	TBD	Implementation Manager
Review client prepared OE materials for accuracy	TBD	Implementation Manager
Submit order for pre-printed materials (flyers, posters etc.) if applicable	TBD	Implementation Manager
Communications - COBRA/Direct Bill Notifications	05/12/20	
Provide introduction takeover letter to employees	TBD	COBRA/Direct Bill Implementation Manager
Mail introduction takeover letter to employees	TBD	Client
Print and mail first invoices to employees	TBD	WageWorks COBRA/Direct Bill
Communications - COBRA/Direct Bill Open Enrollment	06/26/20	
OE Requirements Meeting with Client (Kick-Off Call)	05/02/20	Client / WageWorks
Submit signed SSD/Contract to WageWorks to show OE	05/02/20	Client
Provide new Benefit Program information to WageWorks	05/17/20	Client
Provide WageWorks with inserts for OE Packets	06/01/20	Client
Send Benefit Program information to Client for Approval	06/11/20	WageWorks
Approve OE Packet, submit signed OE Sign Off Form	06/24/20	Client
Print and Mail OE Notices/Packets	06/26/20	WageWorks
Communications - Enrollment Meetings	05/12/20	
Determine scope of fairs or meetings	TBD	Client
Schedule date(s)/time(s)/location(s) of meeting(s)/fair(s)	TBD	Client / Implementation Manager / Sales
Schedule presenters for EE Enrollment meeting(s)/fair(s)	TBD	Implementation Manager / Sales
Determine collateral needed for EE enrollment meeting(s)/fair(s) and order	TBD	Client / Implementation Manager / Sales
Communicate employee meeting(s)/fair(s)	TBD	Client
Education - Orientation / Training	06/16/20	
Determine ER Training needs	05/05/20	Implementation Managers / Client
Distribute Username/Password and ER Site Guide	09/03/19	Implementation Manager / Client
Train Employer on WageWorks Site after OE file is loaded	09/03/19	Implementation Manager / Client
Go Live - Launch	07/01/20	
Confirm Service Site messaging is in place	08/20/19	Implementation Manager
Confirm QSG Map is complete	08/20/19	Implementation Manager
Confirm Debit card production	09/03/19	Implementation Manager
Calculate and send FSA Pre-fund Invoice	06/17/20	Finance
Remit FSA Pre-Funding to WageWorks	09/10/19	Client
Go Live - COBRA/Direct Bill Launch	TBD	
Confirm Participant Data/Communications	TBD	Client / Implementation Manager
Confirm Client Configuration	TBD	Client / Implementation Manager
Send for Full Internal Audit/Transition Approval	TBD	Implementation Manager
Go Live - Post Launch Activities	06/26/20	
Confirm ongoing PRO/ENR/FND record files are received	07/06/20	Implementation Manager
Review CRM for Service Center related issues	07/09/20	Implementation Manager
Confirm client is receiving ongoing invoices	07/15/20	Implementation Manager
Submit ongoing funds to reimburse WageWorks for prior week spending period	07/15/20	Client
Receive Ongoing Relationship Management Assignment	08/15/20	Operations
Notify client of approved transition to Ongoing Relationship Management via email	08/17/20	Implementation Manager
Hold transition call with client and/or send transition email	08/22/20	Client / Implementation Manager / Relationship Manager
Complete Post Implementation Survey	08/15/20	Client
Go Live - COBRA/Direct Bill Post Launch Activities	08/15/20	
Schedule call to review monthly reporting	06/26/20	Client / Implementation Manager / Relationship Manager
Notify Client of approved transition and inform of Ongoing support contact/Relationship Manager.	06/29/20	Implementation Manager / Relationship Management
Transition to Client Services (Transition Email or Call)	08/15/20	Implementation Manager
Send out Survey to Client	08/15/20	Implementation Manager
Security Assessment		
Complete client's security assessment documentation, if applicable	TBD	VVV IT
Balance Migration - Flex Spending Account	07/31/20	
Confirm timing of balances for transfer	05/14/20	Client / Implementation Manager
Create employee communications for transfer	TBD	Client / Implementation Manager



Submit migration file to WageWorks
Confirm migration data in production



Implementation Manager
Implementation Manager

08/15/20
08/30/20



Shani Grell-Smith

Implementation Manager III

1100 Park Place, 4th Floor
San Mateo, CA 94403

PHONE: 262-518-6231

Shani.Grell-Smith@WageWorks.com

Mini-Bio:

WageWorks will assign Shani Grell-Smith as the FSA Implementation Manager. Shani joined WageWorks in 2016 with more than 17 years of industry experience. She oversees the implementation process for new FSA, HRA, Commuter, and HSA clients. Prior to joining WageWorks, Shani served as a senior implementation manager and training director for a benefits administrator for 17 years. Her background includes strong knowledge and administration of FSA, HSA, HRA, and Commuter benefits, including midyear takeover accounts. Shani has a Bachelor's degree in Psychology.

Duties:

Shani serves as the primary contact for the client during the implementation process. She ensures client and customer satisfaction by coordinating system implementation & enrollment activities, and providing benefits & communications consulting for service enhancements. She investigates & resolves client complaints and concerns, identifies and communicates trends, and collaborates with all internal functional teams to ensure a smooth implementation.

Employment History:

Senior Implementation Project Manager III, 2016 to Present

WageWorks, Inc. San Mateo, CA

- Client advocate for best practices, manages all aspects of the client implementation and works to ensure client satisfaction post launch.
- Cultivate the client relationship during the implementation phase by setting and managing expectations.
- Leads internal team of product subject matter experts and assigned internal department contacts to ensure success in all areas of implementation including operations, sales and finance.
- Assess and evaluate client needs for initial scope of project and develop project specifications and objectives based on assessment.
- Prepare and maintain project plans and client-facing communications including-but not limited to-project timelines, schedules, agenda and training plans.

- Monitor project deliverables and progress through the duration of the project plan and manage deviations as appropriate, including project scope.
- Conduct onsite presentations, webinars and conference calls during sales process. In addition, during the implementation phase to orientate a new client, collaborate with contacts and train client contacts on the system and processes.
- Work closely with internal partners (Sales, Customer Service, Financial Operations, Card Operations, Product Support, Product Develop and Legal) to ensure client-specific requirements are executed.
- Identify process improvements initiatives. Participate in the execution of those initiatives to deploy scalable processes to support optimal efficiencies during the implementation phase.
- Create training materials and conduct training sessions for peers.
- Continually builds knowledge and capabilities within the benefits industry and stays abreast of competitive trends.

Client Services Manager & Education Overseer, 2000-2016

Wex Health formerly Evolution Benefits, Avon, CT.

- Oversee all aspects of the Training and Education Department that provides both internal and client programs.
- Perform thorough assessments to define required knowledge and identify gaps in existing skills.
- Design comprehensive training programs that cover orientation, core training, and refresher courses.
- Create dynamic materials, presentations, and demonstrations that are easy to understand.
- Schedule and oversee delivery of instruction that requires close coordination with a variety of stakeholders.
- Analyze program effectiveness to ensure objectives are consistently achieved, identify areas for improvement and spearhead positive changes to enhance results.
- Review and evaluate proposed technology and operational changes to determine impact to training programs.
- Play a key role in new client program set-up and implementation for the firm that provides Third Party Administrator (TPA) support for FSA, HRA, TMA, and DCA accounts.
- Plan and manage all aspect of Pharmacy Benefit Manager (PBM) client implementation projects, including planning, resources, coordination, milestones, and follow-up.
- Owns both process and outcomes of client issues and in collaboration with internal business partners and drive research into determining root cause analysis of issues and to proactively communication back to client.

- Builds valued-partner relationship with the client to understand and meet the client's benefits strategy and needs. Identifies opportunities for increased participation in existing products and services and works cooperatively with internal organizations to achieve increases and ensure employee participation targets are met.
- Track performance metrics and produce comprehensive reports and recommendations that support informed organizational decision-making.

Education:

Bachelor of Arts: Psychology, 2000

Post University, Waterbury Connecticut

References:

Client Name	Contact Name	Email	Phone
Piedmont Healthcare	Jennifer Dunlap	Jennifer.Dunlap@piedmont.org	470-271-1949
City of Fort Worth	Joanne Hinton	Joanne.Hinton@fortworthtexas.gov	817-392-6275
The GEO Group	Pam Titus	PTitus@geogroup.com	561-999-7455

Dustin T. Bryant

Relationship Manager II

5200 Commerce Crossings Dr.
Louisville, KY 40229

PHONE: 502-822-0244

Dustin.Bryant@WageWorks.com

Mini-Bio:

Dustin Bryant is a Relationship Manager at WageWorks. In this role, he manages all aspects of the client relationship and day-to-day activities to ensure service delivery. Previously, he was an Account Manager at a large cloud-based telecommunications provider and has over 10 years of operations and client services experience working with large-scale clients. Dustin received his BS in Business Administration from Spalding University in Louisville, Kentucky and recently obtained his Health Savings Account Expert certification (HSAe).

Duties:

Serves as the primary contact and relationship manager for several key clients. He ensures client and customer satisfaction by coordinating system implementation & enrollment activities, and providing benefits & communications consulting for service enhancements. Dustin investigates & resolves client complaints and concerns, identifies and communicates trends, and collaborates with all internal functional teams to ensure contractual service levels meet or exceed industry standards. He assists in the development of plan designs, monitors compliance with performance standards & guarantees, and reviews request for proposals. Dustin modifies internal formats and reporting mechanisms, assists in preparing client renewals and supports Sales & Marketing activities.

Employment History:

Relationship Manager II, February 2018 - Present

WageWorks, Inc., Louisville, Kentucky

- With a proactive approach and acting as a client advocate for best practices, manages all aspects of the client relationship and works to ensure client satisfaction
- Builds valued-partner relationship with the client(s) to understand and meet the client's benefits strategy and needs
- Conduct quarterly business reviews with analysis and service level metrics, to enhance the client(s) experience and drive participant growth.
- Expert in healthcare industry to improve the effectiveness of my internal team and of my clients.

Associate Solutions Manager, March 2016 – February 2018

West Corporation, Louisville, Kentucky

- Retain clients while maintaining and growing the volume of revenue for assigned clients
- Provide a primary support in the introduction of new products offered and work with my clients to increase client consumption of services



- Continually monitor and manage the client accounts via one-to-one account treatment and to increase revenue yield from existing accounts by identifying opportunities
- Establish an excellent working relationship with assigned client or client representative and continuously strive to improve the level of overall service that the company is providing.

Account Executive, February 2015 – March 2016

Windstream, Louisville, Kentucky

- Meet or Exceed company sales metrics by gaining profitable business by tracking relevant productivity metrics and adjusting activity
- Acquire new business by prospecting for new customers in the area, via telephone calls, door-to-door, emails, social media, and networking
- Generate sales to new customer by establishing executive sponsorship with top-level influencers by building long-term, mutually beneficial relationships with all influencers
- Challenging conventional thinking to enhance credibility and establish differentiation from competitors
- Deliver customized solutions which meet customer expectations by addressing their critical business issues, and following up to ensure customer satisfaction and gain referrals
- Maximize sales opportunities by planning and managing selling time by analyzing market sales data to identify and pursue high probability opportunities

Subrogation Analyst, September 2014 – February 2015

The Rawlings Group, LaGrange, Kentucky

- Negotiate medical liens on behalf of health insurance companies with various responsible parties
- Maintain rapport with attorneys and members for 400+ cases to provide the highest level of customer service
- Assist plan administrators in upholding their fiduciary duties to self-funded ERISA health plans
- Identify and pursue all sources of recovery while asserting the plan's subrogation and reimbursement rights
- Adhere to all rules and state regulations for our subrogation practices across all 50 states

Associate Services Delivery Manager, May 2011 – March 2014

SHPS/ADP, Louisville, Kentucky

- Manage multiple clients that vary in population size with extraordinary customer service
- Design and execute Projects for multiple clients for Open Enrollment and associated tasks



- Manage communication between clients and business units while serving as an escalation point
- Responsible for documentation and communication of information to clients, carriers, and internal resources
- Review, resolve, process errors and their escalation to clients and internal representatives

Education:

B.S. Business Administration

Spalding University, Louisville, Kentucky

References:

Client Name	Contact Name	Email	Phone
Blue Cross Blue Shield Association	Eliza Chu	Eliza.chu@bcbsa.com	312-297-6131
Health Alliance Plan – HAP	Jaimie Fuhrman	Jfuhrma1@hap.org	248-443-1135

Charolette Smith

Implementation Manager II

4609 Reagent Blvd
Irving, TX 75063

PHONE: 214-596-6970

Charolette.Smith@WageWorks.com

Mini-Bio:

WageWorks will assign Charolette Smith as the COBRA/Direct Bill Implementation Manager. Charolette Smith joined WageWorks in 2015 as an experienced Implementation Manager with healthcare industry experience. She is a strong program and project management professional with skills in nonprofit organizations, team building, public speaking, management, and managed care. Client satisfaction is high on her list of priorities, as well as insuring a positive experience with WageWorks. Charolette has received her COBRA (CAS) certification and is working to achieve her flexible compensation (CFC) accreditation. She holds a Master of Business Administration (MBA) focused in healthcare administration and management from Satish & Yasmin Gupta College of Business and Bachelors of Arts in Biology from the University of Texas at Arlington. Charolette has implemented more than 4,000 clients.

Duties:

Charolette serves as the primary contact for the client during the implementation process. She ensures client and customer satisfaction by coordinating system implementation & enrollment activities, and providing benefits & communications consulting for service enhancements. She investigates & resolves client complaints and concerns, identifies and communicates trends, and collaborates with all internal functional teams to ensure a smooth implementation.

Employment History:

Implementation Project Manager II, 06/2017 to Present

WageWorks, Inc. Irving, TX

- Drive the implementation of highly visible enterprise clients ensuring the confidentiality and security of private information.
- Coordinate meetings with cross-functional teams and resources to accomplish project objectives.
- Implements highly complex project and process improvement objectives that require anonymity.
- Oversaw continual efforts to improve implementation processes by identifying opportunities to streamline the process.
- Designed and implemented new business processes that reduced process steps by 30% reducing cost and improving quality of service.



- Certified COBRA Subject Matter Expert (SME).
- Managed and scheduled capacity planning based on forecast sales and current/future productivity rates.
- Collaborate with project stakeholders and executive/senior management and provides insight on issues through root cause analyses.
- Direct liaison for escalations to clients in client facing manner.
- Collaborates with Product Development vendor to assess project scope and gather requirements to automate implementation process, and tracking.
- Led training sessions for new hires and on updated processes and procedures.
- Worked extensively with Finance to gather requirements to automate manual processes.
- Oversaw and implemented over 1200 projects from conceptualization to completion.

Implementation Project Manager I, 04/2016 to 06/2017

WageWorks, Inc. Irving, TX

- Implemented and coordinated over 3000 small business projects from the onset until completion.
- Resulting in excellent customer satisfaction scores.
- Interface with clients to establish service needs, requirements, instruction on service specification and web system training.
- Developed project plan coordinating with internal departments, and monitoring project on daily basis.
- Collaborated with external partner, to improve overall process to enhance client satisfaction and quality service.
- Automated multiple manual processes reducing the implementation process from 45 days to 30 days.

Case Analyst, 11/2015 to 04/2016

WageWorks Inc. – Irving, TX

- Review, analyze and resolve member issue with accuracy and in a timely manner.
- Ensure that all issues, inquiries, and resolutions are fully documented in the Case Management system.
- Assisted in implementations of new clients, through scheduling reports, inputting rates, and research.
- Correspond with external and internal customers to resolve member level issues.

Education:

MBA: Health Services Management, 2016

Satish & Yasmin Gupta College of Business, Texas

Bachelor of Arts: Biology, 2009

University of Texas - Arlington, Texas

Certifications include:

COBRA Administration Specialist (CAS)

ECFC, Issued Feb 2018 – Expires Feb 2021

References:

Client Name	Contact Name	Email	Phone
Big Lots	Chris Means	CMeans@biglost.com	614-278-6633
San Francisco Unified School District	Jeremy Balli	Ballij@sfusd.edu	415-241-6101
The GEO Group	Pam Titus	PTitus@geogroup.com	561-999-7455

David T. Horton

Relationship Manager III

4609 Regent Blvd
Irving, Texas 75063

PHONE: 214-596-7797

David.Horton@WageWorks.com

Mini-Bio:

David Horton joined WageWorks in 2010 and has more than 12 years of insurance industry experience. David's prior experience includes account management for a company that provided services to Medicare Advantage plans, medical claims adjuster in insurance cost containment and claims adjuster in the property and casualty side of the insurance industry. David is proactive in anticipating his client's needs and works to develop strategic solutions for their COBRA and Direct Bill administration. He holds a B.S. in business administration with majors in management information systems and marketing.

Duties:

Serves as the primary contact and relationship manager for several key clients. He ensures client and customer satisfaction by coordinating system implementation & enrollment activities, and providing benefits & communications consulting for service enhancements. David investigates & resolves client complaints and concerns, identifies and communicates trends, and collaborates with all internal functional teams to ensure contractual service levels meet or exceed industry standards. He assists in the development of plan designs, monitors compliance with performance standards & guarantees, and reviews request for proposals. David modifies internal formats and reporting mechanisms, assists in preparing client renewals and supports Sales & Marketing activities.

Employment History:

Relationship Manager III, Relationship Management, 2010 - Present

WageWorks, Inc. Irving, Texas

- Team Lead – Providing ongoing support and training to team members – ACA Reporting, CompLink, Employer Web Site, Excel V-Lookup, on-time tickets (PSQ)
- Lead account management effort with IT developer to create Affordable Care Act (ACA) reporting for COBRA participants
- Develop and maintain Excel workbook for clients utilizing same ACA reporting third party vendor
- Serve as mentor to WageWorks' employee who is learning the CONEXIS database platforms for COBRA

Senior Account Manager

WageWorks, Inc. Irving, Texas

- Client subject matter expert – manage clients' day to day activities and contracts to ensure Service Level Agreements (SLA) are met
- Utilize reporting tools to analyze, identify data issues, propose and implement solutions

- Perform root cause analysis of file errors using processing reports and work with benefit administrators to propose file modifications to assure accuracy of processing of COBRA qualifying events
- Work with call center clients, benefits administrators and carriers to resolve participants' issues in a timely and effective fashion
- Summarize and update clients on changes to federal COBRA law to ensure compliance
- Create, maintain and update clients' business rules, processes and procedures reference guides
- Train call center on clients' business rules and process changes
- Project management and oversight of fifteen open enrollments, including: set-up of database for new plans, plan rates, tiers, eligibility, availability and participant communication
- Identify and pursue: product cross-sell, upsell and cost reduction opportunities
- Conduct quarterly on-site or web based meetings with clients – analyze report results, create agenda and PowerPoint presentations – conduct meetings with senior management
- Create IT tickets to modify inner-active-voice-response system, proprietary database, participants' and clients' web sites, in order to minimize the usage of participants' social security numbers
- Project management of third party COBRA audit for top 10 client
- Represent company on project management team responsible for implementation of top ten client; assist with creation of business rules, plan codes, processes and procedures
- Collaborate with inbound and outbound EDI teams to assure timely delivery of eligibility files and the accuracy of data

Education:

B.S. Business Administration – Marketing, Management Information Systems

Central Michigan University, Mt. Pleasant, Michigan

Certifications include:

COBRA and HIPPA Certification

References:

Client Name	Contact Name	Email	Phone
Lockheed Martin	Jacquelyn Hilliard	Jacquelyn.Hilliard@lmco.com	301-548-2239
Leidos	Kristina "Nina" Perrin	Kristina.Perrin@Leidos.com	571-526-6336

Robin Barnett

Director, Customer Service

5200 Commerce Crossings Dr.
Louisville, KY 40229

PHONE: 262-236-1074

Robin.Barnett@WageWorks.com

Mini-Bio:

Robin Barnett joined WageWorks in 2016 with more than 19 years of industry experience. During her tenure at WageWorks, Robin has directed customer service activities for the largest Public Sector clients in the organization. Robin and her team ensure successful onboarding of large public sector clients and programs. She is responsible for ensuring all service level agreements are achieved to avoid service level penalties for customer service and claims processing units. She also collaborates with vendor outsourcing partners to ensure call quality standards and member satisfaction survey scores are exceeded. Robin's prior experience includes Director of Audit Operations at The Rawlings Group, and several roles including Director of Operations, Government Services and Operations Manager at Humana. Robin holds a Bachelor of Science in Communications with a minor in English. She is also a Six Sigma Green Belt.

Duties:

Directs customer service activities for the largest Public Sector clients in the organization.

Employment History:

Director, Customer Service, 2016 - Present

WageWorks, Inc., Louisville, Kentucky

- Directs Customer Service activities.
- Ensures successful onboarding of large public sector clients and programs.
- Consistent collaboration with vendor outsourcing partners to ensure call quality standards and member satisfaction survey scores are exceeded.
- Consistently ensures that all Service Level Agreements are achieved to avoid service level penalties for customer service and claims processing units.
- Realized enrollment increases year over year of 2-5 percent.
- Spearheaded case reduction backlog project for the Customer Experience team, resulting in a decrease of nearly 80%.

Director, Auditing Operations and Training

The Rawlings Group, 2015 - 2016

- Managing director of the CAQH (Council for Affordable Quality Healthcare) program, providing direct oversight for over 100 associates through 9 direct reports who provide identification and recovery services for participating clients.



The division identified over \$6 million in overpayments monthly.

- Identified overpayment opportunities on behalf of participating clients.
- Worked closely with legal team to stay informed of changing state and federal regulations.
- Managed relationships with healthcare clients to ensure productivity and quality measures were exceeded.
- Implemented new client/client platforms as additional companies are inducted into the program.
- Increased recovery efforts each month since November 2015.

Director of Operations, Government Service, 2007 - 2015

Humana

- Oversaw up to 400 healthcare service providers.
- Managed a budget of up to \$1.5 million.
- Provided referrals and appointment scheduling services for up to 8,000 retired military personnel across 32 VA medical centers in 18 states, monthly.
- Attained a service level goal of 90% calls answered in 30 seconds.
- Designed and managed a 5-year project coordinating healthcare services to over 400,000 veterans.
- Hired, trained, and supervised 60 employees with 85% success rate in setting appointments for veterans.
- Spearheaded initiative to outsource over 30,000 calls monthly; identified and collaborated with a US based vendor, negotiated prices, provided training, leading to an additional \$50,000 in monthly savings.
- Created authorization submission process, inbound and outbound call flows and processes to retrieve clinical documentation from network providers for our government partners.
- Increased authorization utilization year over year by 10%.
- Developed an online system for customers to eliminate rework and redundancy, resulting in a decrease of 400 transactions monthly, saving the company \$160,000 monthly.
- Led Customer Service initiative in support of the Tricare Service Center walk-in elimination project.
- Utilized Perfect Service to ensure that each VA contract exercised additional annual option periods.

Operations Manager, Humana Military, 2005 - 2007

Humana

- Managed a team of 250 associates who provided call center support to military families located in a 10– state region,

including benefits, eligibility, referrals to physicians, and coordination of benefits.

- Developed workflows and implemented new processes to ensure maximum productivity and efficiency and reduce monetary penalties associated with late or delinquent returns.
- Served as Operational Lead during a medical records reengineering project. This led to a significant promotion within 18 months.
- Received Humana's prestigious "STAR Award" for successfully starting from scratch a new call center with 16 new personnel in Shreveport, Louisiana.

Operations Manager 2000 - 2005

Humana

- Oversaw up to 400 healthcare service providers.
- Managed a team of 250 associates who provided call center support to military families located in a 10– state region, including benefits, eligibility, referrals to physicians, and coordination of benefits.
- Developed workflows and implemented new processes to ensure maximum productivity and efficiency and reduce monetary penalties associated with late or delinquent returns.
- Served as Operational Lead during a medical records reengineering project. This led to a significant promotion within 18 months.
- Received Humana's prestigious "STAR Award" for successfully starting from scratch a new call center with 16 new personnel in Shreveport, Louisiana.

Education:

B.S., Major: Communications, Minor: English

University of Louisville, Louisville, Kentucky

References:

Client Name	Contact Name	Email	Phone
Department of Veterans Affairs	Greg Eslinger	Gregory.Eslinger@Lewin.com	404-323-3528
Blue Cross Blue Shield Association (BCBSA)	Leigh Adler	Leigh.Adler@bcbsa.com	202-942-7571