FSA & Commuter Benefits
RENEWAL FORM

Instructions: If submitting the Renewal Form and an Enrollment File, please submit both items via the Online Support Request.

Submit this completed form via one of the following methods:	Online Support Request	Fax	Mail
	Log onto your online account at https://cdaclient.basiconline.com and attach the completed form via Support Request	(269) 327-0716	BASIC PO Box 6278 Monona, WI 53716

CLIENT/EMPLOYER INFORMATION

Client/Employer Name:		Client/Employer ID #:	
Division: (If applicable)		Class: : (If applicable)	
Client/Employer Email:		Client/Employer Phone:	

Primary Address:	Address 1:		Suite:	
	Address 2:			
	City:			
	State:		ZIP/Postal Code:	+4	

PLAN CHANGES

Plan Year Start Date:		Plan Year End Date:		Total Employee Count:	

Renew my FSA and/or Commuter Plans: ☐ **With NO changes**

☐ **With the changes indicated below. Effective Date:** _____

If plan changes are required, please make selections and complete the required information below.

☐	**Change in Payroll Schedule (Any changes, REQUIRE the Payroll Frequency and Payroll Dates sections to be completed.)** (Please indicate the complete schedule on page 3.)

Payroll Frequency:	☐ Weekly ☐ Biweekly (24) ☐ Biweekly (26) ☐ Semi Monthly ☐ Monthly ☐ Other:
Payroll Dates: (Format: MM/DD/YYYY)	1st Payroll Date: ___/___/___ 2nd Payroll Date: ___/___/___ Last Payroll Date: ___/___/___

☐	**Change in Employer Contribution Schedule (Any changes, REQUIRE Contribution Posting Frequency to be completed.** (Please indicate the complete Employer Contribution Posting Frequency on page 3.)

Employer Contribution Posting Frequency:	☐ Payroll Schedule (As per above Payroll Dates) ☐ Annual Schedule ☐ User Initiated ☐ Custom Schedule (Enter posting frequency):

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The information contained in this communication is confidential and to be used by BASIC employees and representatives for only its intended purpose.
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	Change in Plan Elections	View all IRS limits on our resource web page: https://www.basiconline.com/hq/regulations/		
		Plan Minimum	**Plan Maximum**	**Employer Contribution Maximum**
	Healthcare FSA (HFSA):	$	$	$
	Limited Purpose Healthcare FSA (LPFSA):	$	$	$
	Dependent Care FSA (DCA):	$	$	$
	Healthcare Premium Reimbursement (NESP) Account:	$	$	$
	Transit Account (monthly limits):	$	$	$
	Parking Account (monthly limits):	$	$	$

	Change in Open Enrollment
Enrollment Period:	Start Date: ___/___/___ End Date: ___/___/___ *(Must end prior to start of new plan year)*
Online Self-Enrollment:	☐ **Allow** participant online self-enrollment ☐ **Do Not Allow** participant online self-enrollment

	Change in Plan Copays		
Office Visits:	$	Prescriptions:	$

	Change in Plan Runout, Grace Period, Carryover, or Rollover		
Runout Period:	End Date: ___/___/___ # of days from plan year end: _____	Grace Period: *(up to 2 months and 15 days)*	End Date: ___/___/___ # of mo/days: ___/___
Grace Period: *(Not available for plans with Carryover.)*	☐ Healthcare FSA ☐ Limited Purpose Healthcare FSA ☐ Dependent Care FSA ☐ Healthcare Premium Reimbursement (NESP) Account		
Carryover:	☐ Amount: $ ☐ Healthcare FSA ☐ Limited Purpose Healthcare FSA		
Rollover:	☐ Transit Account ☐ Parking Account		

☐	**Change in Plan Year:** Plan Start Date: ___/___/___ Plan End Date: ___/___/___
☐	**Change in Plan Eligibility:**
☐	**Change in Terminated Participant Eligibility:**

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☐	**Add or Remove Carryover or Rollover:**
☐	***Add or Remove Benefit Plan:** *Adding a new benefit requires completion of a new BASIC Purchaser Details form, in addition to a separate Support Request.
☐	**Employer Information Change (name, address EIN, etc):** If your service includes plan documents and your employer information has changed, submit a separate Support Request and an updated SPD will be provided.

CONTRIBUTION POSTING SCHEDULE/DATES

On the chart below, enter the contribution dates (Format: MMDDYYYY) from which deductions will be taken or Employer contributions applied. If you have more than two schedules, please copy this form as needed. Please adjust dates for Holidays.

Select Schedule Type:	☐ Payroll Schedule ☐ Employer Contribution Schedule
Enter Name and Scheduled Posting Frequency:	Schedule Name: Posting Frequency:

1		2		3		4		5	
6		7		8		9		10	
11		12		13		14		15	
16		17		18		19		20	
21		22		23		24		25	
26		27		28		29		30	
31		32		33		34		35	
36		37		38		39		40	
41		42		43		44		45	
46		47		48		49		50	
51		52							

Completed By (Client Contact):		Date:	