



FLEX Administration Proposal Request Form

(Please provide as much of the following information as is available, then fax or email to Medcom.)

Broker/Consultant name, contact name, address, phone number, email address?

Full name and address of client account (in order to customize/personalize the proposal)?

Website address, if any, of client account (in order to customize/personalize the proposal with client's logo)? _____

Effective date of FSA plan? _____

Total Number of eligible employees? _____

Does client account currently have an FSA plan? _____

If so, what is the plan year anniversary date? _____

If so, how many employees are currently participating? _____

If so, what is the \$ limit for the Medical portion of the FSA plan? _____

If so, are they allowing the full \$5,000 for Dependent Care portion? _____

If so, what is the monthly administrative fee per employee? _____

Additional comments: _____

Signature of Broker/Consultant

Date

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