isolved Benefit Services

Fringe Benefits Reports

isolved Benefit Services Fringe Benefits service includes a suite of periodic reports to assist employers who comply with Fringe Benefits (i.e., Flexible Spending Accounts [FSA], Health Reimbursement Arrangements [HRA], etc.) This guide is designed to help you in using the reports to achieve and maintain compliance with your Fringe Benefit Plans.

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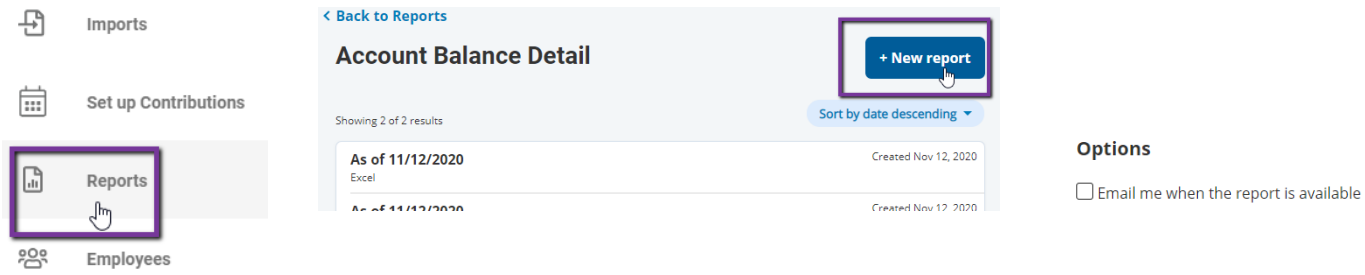
Fringe Benefits Reports

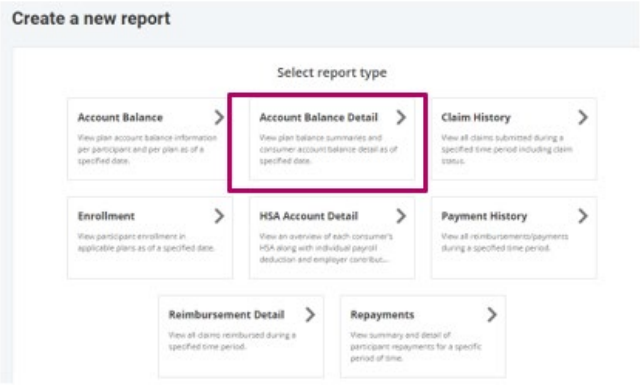
For any report, you may request an *Email me when the report is available*. You will receive an email confirmation when the completed report is available with how to view it. You can click on the link in the email or go to Reports and click on the report you requested to open it. If the report is still processing under the date/time created, it will show as *In Progress*.

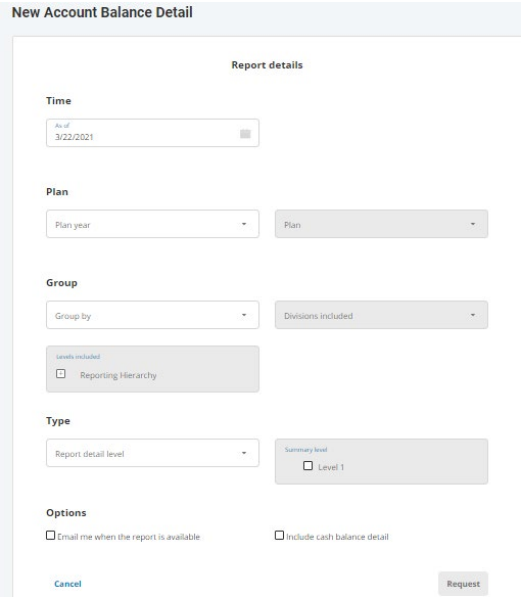


Account Balance Detail Report

This report displays plan account balance information per consumer and per plan as of the specified date to provide you with *plan* and *cash* values. This report can be used as part of a forfeiture report (i.e., cash value after year-end).

Parameters	
Option	**Description**
Format	Excel
As of	Date Select to See Balance
Plan Years	Select From Dropdown Menu
Group by Division	Yes or No
Division Included	All or Selected From List
Report Detail Level	Detail or De-Identified Detail
Email me When the Report is Available	Select to Receive Email Notification When Report is Available
Request	Generate Report





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Fringe Benefits Reports

Example Reports

Account Balance Detail Report>Sheet 1 (Summary)>Excel

Account Balance Detail Report

As Of 9/19/2011

Plan Year: 2011

Custom text

This is where custom text displays for report generated for employer.

DIVISION: Corporate

Plan	Participants	Election	Employer Contribution	Paid*	Pending	Fees	Participant Deposits	Employer Deposits	Plan Balance Adjustments	Other Adjustments	Plan Year Balance	Available Balance	Cash Balance
Dental HRA	1	N/A	$300.00	$0.00	$0.00	$0.00	$0.00	$219.22	$0.00	$0.00	$300.00	$219.22	$219.22
Transit	1	$2,760.00	$0.00	$0.00	($40.00)	$0.00	$2,016.95	$0.00	$0.00	$0.00	$2,720.00	$1,976.95	$2,016.95
DIVISION TOTALS:	2	$2,760.00	$300.00	$0.00	($40.00)	$0.00	$2,016.95	$219.22	$0.00	$0.00	$3,020.00	$2,196.17	$2,236.17

DIVISION: Unassigned

Plan	Participants	Election	Employer Contribution	Paid*	Pending	Fees	Participant Deposits	Employer Deposits	Plan Balance Adjustments	Other Adjustments	Plan Year Balance	Available Balance	Cash Balance
Dental HRA	1	N/A	$300.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$300.00	$0.00	$0.00
DIVISION TOTALS:	1	$0.00	$300.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$300.00	$0.00	$0.00

DIVISION: Western

Plan	Participants	Election	Employer Contribution	Paid*	Pending	Fees	Participant Deposits	Employer Deposits	Plan Balance Adjustments	Other Adjustments	Plan Year Balance	Available Balance	Cash Balance
Health FSA (not HSA eligible)	2	$1,000.00	$0.00	$0.00	$0.00	$0.00	$730.71	$0.00	$0.00	$0.00	$1,000.00	$1,000.00	$730.71
Limited Purpose FSA	1	$1,000.00	$0.00	($10.00)	($6.90)	($1.00)	$713.55	$1.00	$1.00	$1.00	$983.10	$986.10	$704.55
Dependent Care	2	$10,000.00	$0.00	$0.00	$0.00	$0.00	$7,307.80	$0.00	$0.00	$0.00	$10,000.00	$7,307.80	$7,307.80
Dental HRA	2	N/A	$1,350.00	$0.00	$0.00	$0.00	$0.00	$255.78	$0.00	$0.00	$1,350.00	$255.78	$255.78
Transit	1	$2,760.00	$0.00	$0.00	$0.00	$0.00	$2,016.88	$0.00	$0.00	$0.00	$2,760.00	$2,016.88	$2,016.88
DIVISION TOTALS:	8	$14,760.00	$1,350.00	($10.00)	($6.90)	($1.00)	$10,768.94	$256.78	$1.00	$1.00	$16,093.10	$11,566.56	$11,015.72
	Participants	Election	Employer Contribution	Paid*	Pending	Fees	Participant Deposits	Employer Deposits	Plan Balance Adjustments	Other Adjustment	Plan Year Balance	Available Balance	Cash Balance
Grand Totals:	11	$17,520.00	$1,950.00	($10.00)	($46.90)	($1.00)	$12,785.89	$476.00	$1.00	$1.00	$19,413.10	$13,762.73	$13,251.89

* Paid amounts are based on the date the payment is generated not the effective date of the

Sheet1 Sheet2 Sheet3

Account Balance Detail Report>Sheet 2 (Details)>Excel

Division	Employer Name	Plan Year	Plan	Identifier	Employment Status	Last Name	First Name	Election Effective Date	Election	Employer Contribution	Incoming Rollovers	Outgoing Rollovers
Corporate	Creative Companies, Inc.	2011	Dental HRA	236986523	Active (6/15/1972)	Becker	Gina	1/1/2011	N/A	$300.00	$0.00	$0.00
Corporate	Creative Companies, Inc.	2011	Transit	909000003	Active (1/1/2000)	Andre	Suzanna	1/1/2011	$2,760.00	$0.00	$0.00	$0.00
Unassigned	Creative Companies, Inc.	2011	Dental HRA		LOA (4/5/2010)	Anderson	Matt	1/1/2011	N/A	$300.00	$0.00	$0.00
Western	Creative Companies, Inc.	2011	Dental HRA	809000027	Active (1/1/2000)	Annis	Jordan	1/1/2011	N/A	$350.00	$0.00	$0.00
Western	Creative Companies, Inc.	2011	Dental HRA	909000038	LOA (11/28/2008)	Black	Sam	1/1/2011	N/A	$1,000.00	$0.00	$0.00
Western	Creative Companies, Inc.	2011	Dependent Care	809000027	Active (1/1/2000)	Annis	Jordan	1/1/2011	$5,000.00	$0.00	$0.00	$0.00
Western	Creative Companies, Inc.	2011	Dependent Care	809000018	Active (1/1/2000)	Borne	Natalie	1/1/2011	$5,000.00	$0.00	$0.00	$0.00
Western	Creative Companies, Inc.	2011	Health FSA (not HSA eligible)	809000027	Active (1/1/2000)	Annis	Jordan	1/1/2011	$500.00	$0.00	$0.00	$0.00
Western	Creative Companies, Inc.	2011	Health FSA (not HSA eligible)	909000010	Active (1/1/2000)	Chavez	Rosa	1/1/2011	$500.00	$0.00	$0.00	$0.00
Western	Creative Companies, Inc.	2011	Limited Purpose FSA	809000018	Active (1/1/2000)	Borne	Natalie	1/1/2011	$1,000.00	$0.00	$0.00	$0.00
								1/1/2011	$2,760.00	$0.00	$0.00	$0.00

Account Balance Detail Report>Sheet 2 (continued)>Excel

Paid*	Refunds	Pending	Fees	Pending Repayments	Debit Card Preauthorizations	Participant Deposits	Employer Deposits	Plan Balance Adjustments	Other Adjustment	Plan Year Balance	Available Balance	Cash Balance
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$219.22	$0.00	$0.00	$300.00	$219.22	$219.22
$0.00	$0.00	$40.00	$0.00	$0.00	$0.00	$2,016.95	$0.00	$0.00	$0.00	$2,720.00	$1,976.95	$2,016.95
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$300.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$255.78	$0.00	$0.00	$350.00	$255.78	$255.78
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,000.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3,653.90	$0.00	$0.00	$0.00	$5,000.00	$3,653.90	$3,653.90
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3,653.90	$0.00	$0.00	$0.00	$5,000.00	$3,653.90	$3,653.90
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$365.32	$0.00	$0.00	$0.00	$500.00	$500.00	$365.32
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$365.39	$0.00	$0.00	$0.00	$500.00	$500.00	$365.39
$10.00	$0.00	$6.90	($1.00)	$0.00	$0.00	$713.55	$1.00	$1.00	$1.00	$983.10	$986.10	$704.55
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2,016.88	$0.00	$0.00	$0.00	$2,760.00	$2,016.88	$2,016.88

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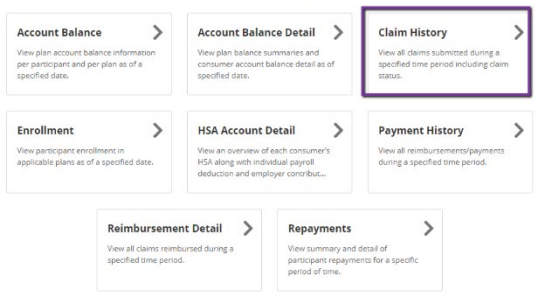
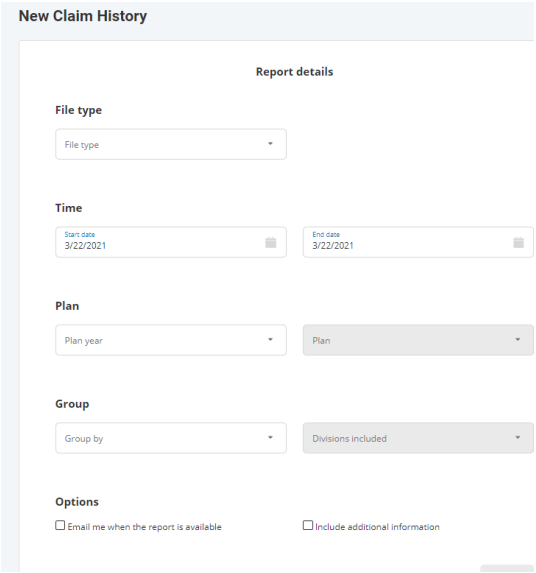
Claim History Report

This report provides a view of all claims submitted and the claim status including debit card transactions, during a specific time frame. This will assist you with auditing claims per consumer for a specific time period.

Parameters	
Option	**Description**
Format	PDF, Excel, Data File
Plan Years	Select From Dropdown Menu
Date	Start and End
Group by Division	Yes or No
Division Included	All or Selected From List
Include Additional Information	Yes or No
Request	Generate Report





Example Reports

Claim History Report>PDF

Suzanna Andre(22554)
Claim History Report
1/1/2010 - 2/28/2010
Plan Year: 1/1/2010 - 12/31/2010

Plan: Dependent Care

Claim Number	Submit Date	Claim Amount	Paid	Pending	Denied	Claim Status
CRCO100210C0000301	2/10/2010	$180.00	$0.00	$180.00	$0.00	Scheduled Reimbursement
Plan Totals: 1		$180.00	$0.00	$180.00	$0.00	

Plan: Health FSA (not HSA eligible)

Claim Number	Submit Date	Claim Amount	Paid	Pending	Denied	Claim Status
CRCO100210C0000701	2/10/2010	$15.00	$15.00	$0.00	$0.00	Paid
CRCO100210C0000801	2/10/2010	$65.00	$65.00	$0.00	$0.00	Paid
Plan Totals: 2		$80.00	$80.00	$0.00	$0.00	
Grand Totals: 3		$260.00	$80.00	$180.00	$0.00	

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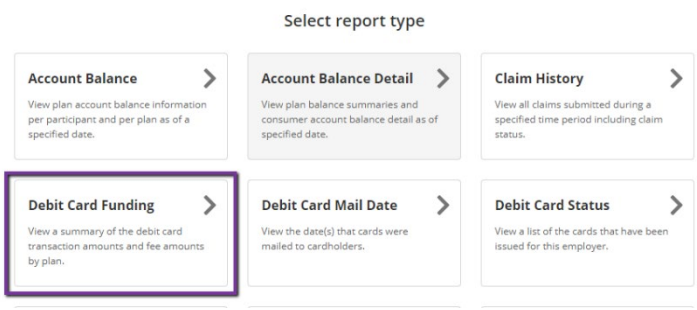
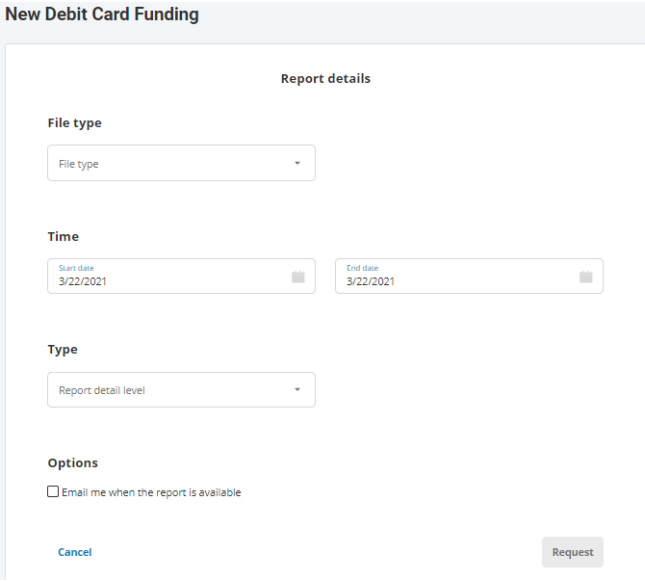
Debit Card Funding Report

This report provides a summary of the debit card transaction amounts and debit card fees applied to a plan.

Parameters	
Option	**Description**
Format	PDF, Excel
Date	Start and End
Report Detail	Detail, De-identified Detail or De-identified Summary
Request	Generate Report





Example Reports

Funding Report>De-Identified Summary>PDF

Creative Companies, Inc.
Debit Card Funding Report
1/1/2009 - 4/21/2010

Summary of Debit Card Transactions

Plan Year	Plan	Amount
Total:		**$0.00**

Summary of Debit Card Fees

Total Charged to Employer:		**$20.00**
Total Charge to Participant:		**$110.00**
Plan Year	Plan	Amount
1/1/2009 - 12/31/2009	Health Flex	$10.00
7/1/2009 - 6/30/2009	HealthFlex	$100.00

There are no transactions for the date range specified.

Funding Report>De-Identified>PDF

Creative Companies, Inc.
Debit Card Funding Report
1/1/2009 - 4/21/2010

Fees

1/1/2009 - 12/31/2009

Health Flex

Identifier	New Primary Cards Issued	New Dependent Cards Issued	Replacement Cards Issued	Manual Adjustments	Total	Fees
22576	0	0	0	1	0	$10.00
Total:	0	0	0	1	0	$10.00

7/1/2009 - 6/30/2009

HealthFlex

Identifier	New Primary Cards Issued	New Dependent Cards Issued	Replacement Cards Issued	Manual Adjustments	Total	Fees
22569	0	0	2	0	2	$100.00
Total:	0	0	2	0	2	$100.00
Grand Total:	0	0	2	1	2	$110.00

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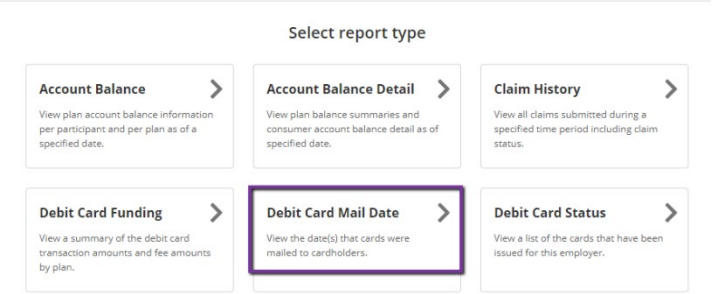
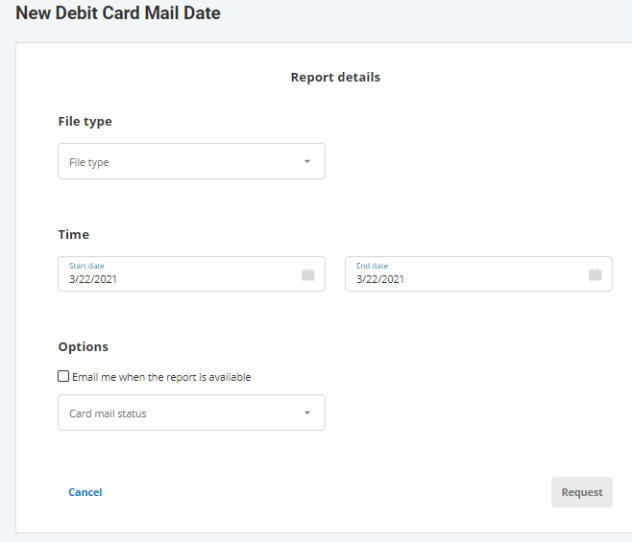
Debit Card Mail Date Report

This report allows employers to view the date(s) that cards were mailed to cardholders. You can use this report to troubleshoot possible errors or provide snapshots of debit card mailings ahead of the plan start date to help alleviate possible issues.

Parameters	
Option	**Description**
Format	PDF, Excel
Date	Start and End
Card Mail Status	All, Mailed, Not Yet Mailed
Request	Generate Report





Example Reports

Debit Card Mail Date Report>PDF

American Baseball League
Debit Card Mail Date Report
1/1/1999 - 9/18/2012

Summary

Total Cardholders:	13
Total Cards Mailed:	11
Total Cards Not Yet Mailed:	7

Detail

Employee No	Participant Name	Cardholder Name	Card No	Mail Date	Debit Card Vendor
BSB1240	Astros, Astross	Astros, Astross	xxxxxxxxxxx0276		Lighthouse1 Benefits Card
BSB1240	Astros, Astross	Astros, Astross	xxxxxxxxxxx0276		Lighthouse1 Benefits Card
BSB1240	Astros, Astross	Astros, Mrs	xxxxxxxxxxx0284		Lighthouse1 Benefits Card
BSB1240	Astros, Astross	Astros, Mrs	xxxxxxxxxxx0284		Lighthouse1 Benefits Card
BSB1243	Blue Jays, Blue Jays	Blue Jays, Blue Jays	xxxxxxxxxxx0292		Lighthouse1 Benefits Card
BSB1243	Blue Jays, Blue Jays	Blue Jays, Mrs	xxxxxxxxxxx0300		Lighthouse1 Benefits Card
0000102903	DC4523, Pt1	DC4523, Pt1	xxxxxxxxxxx0441	Not Yet Mailed	Lighthouse1 Benefits Card
0000127295	Mader, Rebecca	Mader, Rebecca	xxxxxxxxxxx0359	Not Yet Mailed	Lighthouse1 Benefits Card
0000127295	Mader, Rebecca	Mader, Dp	xxxxxxxxxxx0367	Not Yet Mailed	Lighthouse1 Benefits Card
0000096621	MBI, Olga	MBI, Olga	xxxxxxxxxxx0375	Not Yet Mailed	Lighthouse1 Benefits Card
ABL0000	Saints, St Paul	Saints, St Paul	xxxxxxxxxxx0383		Lighthouse1 Benefits Card
ABL0000	Saints, St Paul	Saints, Spouse	xxxxxxxxxxx0391		Lighthouse1 Benefits Card
ABL0000	Saints, St Paul	Saints, Dp	xxxxxxxxxxx0409		Lighthouse1 Benefits Card
ABL0000	Saints, St Paul	Saints, Dp	xxxxxxxxxxx0417	Not Yet Mailed	Lighthouse1 Benefits Card
ABL0000	Saints, St Paul	Saints, Spouse	xxxxxxxxxxx0425	Not Yet Mailed	Lighthouse1 Benefits Card
ABL0000	Saints, St Paul	Saints, St Paul	xxxxxxxxxxx0433	Not Yet Mailed	Lighthouse1 Benefits Card
ABL1235	Twins, Twins	Twins, Twins	xxxxxxxxxxx0318		Lighthouse1 Benefits Card

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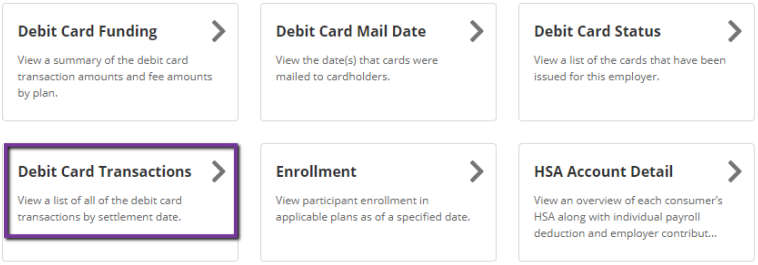
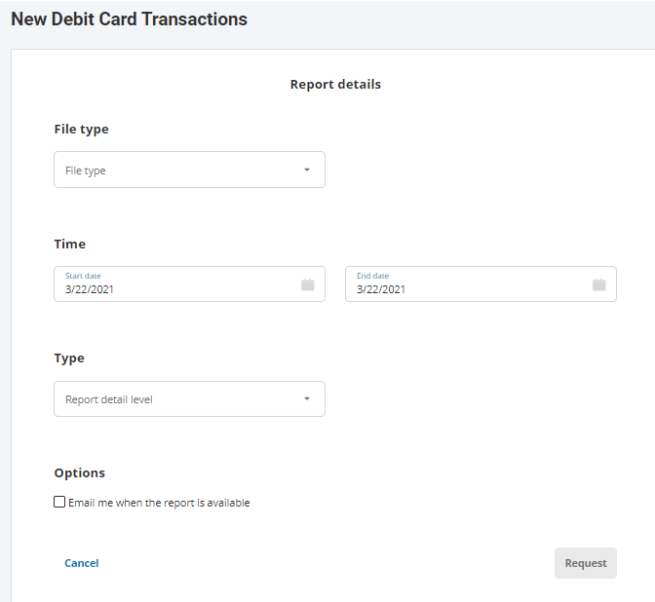
Debit Card Transactions Report

This report allows you to view a list of all settled debit card transactions.

Parameters	
Option	**Description**
Format	PDF, Excel, Data File
Date	Start and End
Report Detail	Detail or De-identified Detail
Request	Generate Report





Example Report

Transaction Report>Detail>PDF

Creative Companies, Inc.

Debit Card Transaction Report

Transactions Settled Between: 3/13/2010 - 3/19/2010

22574	Flagler, Drake	xxxxxxxxxxxx0829	Health FSA	3/12/2010	Paid	$26.09
22560	Gonzales, Jose	xxxxxxxxxxxx1249	HSA	3/11/2010	Paid	$5.00
22590	Isla, Maria	xxxxxxxxxxxx0308	HSA	3/12/2010	Paid	$35.00
22552	James, Theresa	xxxxxxxxxxxx0241	Health FSA	3/12/2010	Paid	$52.00
22558	Long, Sally	xxxxxxxxxxxx0589	Health FSA	3/13/2010	Paid	$3.61
Totals:					8	$159.67

Settlement Date: 3/15/2010

Identifier	Participant Name	Card No	Plan	Transaction Date	Status	Amount
22554	Andre, Suzanna	xxxxxxxxxxxx1298	Health FSA	3/12/2010	Paid	$30.00
22589	Black, Sam	xxxxxxxxxxxx0134	HSA	3/14/2010	Paid	$16.15
22575	Cristo, Michael	xxxxxxxxxxxx1249	Health FSA	3/12/2010	Paid	$1.00
66456	Emlin, Kaden	xxxxxxxxxxxx0241	Dependent Card	3/13/2010	Paid	$181.99
22572	Yiro, Hoshi	xxxxxxxxxxxx0191	Health FSA	3/14/2010	Paid	$11.19
Totals:					5	$240.33

Settlement Date: 3/16/2010

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Employer Contributions Report

This report displays employer contributions in applicable plans as of specific contribution date.

Parameters	
Option	**Description**
Format	PDF, Excel, Data File
Contribution Date	Pick from list
Report Detail	Detail or De-identified Detail or De-identified Summary
Request	Generate Report

Example Report

Employer Contribution Report>De-Identified Summary>PDF

Creative Companies, Inc.

Employer Contributions Report

4/21/2010

SUMMARY

Plan Name	Total Contributions
HSA	$117.64
Total:	$117.64

Employer Funding Notification Report

This report notifies you of the amount to be funded, including reimbursements, adjustments and fee amounts. This will assist you with determining if funds are to be sent or are correctly billed.

Parameters	
Option	**Description**
Send Format	Email with Report Attached, Email, Do not Send
Detail Level	Detail, De-identified Detail
Report Format	PDF, Excel
Group by Division	Yes or No
Funding Amount	• Base on Employer EFT Transactions • Calculate • Do not Include
Funding required for employer issued checks	Yes or No
Funding required for employer issued direct deposits	Yes or No
Available on employer portal	Yes or No
Custom Email Text	• Administrator Default • Customize
Frequency	• After Claim Reimbursement • Scheduled: Daily, Weekly, Semi-monthly, Monthly
Request	Generate Report

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Fringe Benefits Reports

Example Reports

Example Report: Summary – Grouped by Division (PDF)

Guild of Architects
Employer Funding Notification
8/21/2012 - 8/21/2012

SUMMARY BY PLAN

Unassigned	
CSP372(12-15)	
MedicalFlex	$1.93
CSP372(12-15) Total	**$1.93**
Not tied to a plan	
Manual Employer Transactions and Adjustments	$1.89
Not tied to a plan Total	**$1.89**
Unassigned Total	**$3.82**
Grand Total by Plan	**$3.82**

Example Report: Transaction Details (PDF)

Katerin
Employer Funding Notification
09/27/2011

TRANSACTION DETAILS

Reimbursements

Identifier	Last name	First name	Plan	Plan year	Division	Amount	Method	Source code	Check/Payment Number	Effective date
9834654745	Smith	Irena	FSA	Medical 2011	A	$87.40	DC	CR	123557678	9/17/2011
1111111111	Donald	Mike	FSA	Medical 2011	A	$88.40	DC	DC	334354657	9/18/2011
2222222222	William	Paul	Medical Both	Medical 2011	A	$89.40	DC	DCF	345676878	9/19/2011
234654234	William	Amanda	FSA 2001	Medical 2011	A	$93.40	DC	CR	134325646	9/23/2011
					TOTAL	$358.60				

Reissued Employee Payments

Identifier	Last name	First name	Division	Amount	Method	Source code	Check/Payment Number	Effective date	Status
9834654745	Smith	Irena	A	$87.40	DC	CR	123557678	9/17/2011	Reissue of Check 0000234
1111111111	Donald	Mike	A	$88.40	DC	DC	334354657	9/18/2011	Reissue of Check 0000233
2222222222	William	Paul	A	$89.40	DC	DCF	345676878	9/19/2011	Reissue of Check 0000235
234654234	William	Amanda	A	$93.40	DC	CR	134325646	9/23/2011	Reissue of Check 0000236
					TOTAL	$358.60			

Employee Funding Adjustments

Identifier	Last name	First name	Division	Amount	Method	Source code	Effective date	Status
9834654745	Smith	Irena	A	($87.40)	DC	CR	9/17/2011	Paid
1111111111	Donald	Mike	A	($88.40)	DC	DC	9/18/2011	Paid
2222222222	William	Paul	A	($89.40)	DC	DCF	9/19/2011	Paid
234654234	William	Amanda	A	($93.40)	DC	CR	9/23/2011	Paid
					TOTAL			($358.60)

Manual Employer Transactions and Adjustments

Amount	Method	Source code	Effective date	Status	Notes
($87.40)	DC	CR	9/17/2011	Paid	Reissued
($88.40)	DC	DC	9/18/2011	Paid	Reissued
($89.40)	DC	DCF	9/19/2011	Paid	Reissued
($93.40)	DC	CR	9/23/2011	Paid	Reissued
				TOTAL	($358.60)

Fees

Identifier	Last name	First name	Division	Amount	Source code	Effective date
9834654745	Smith	Irena	A	$87.40	CR	9/17/2011
1111111111	Donald	Mike	A	$88.40	DC	9/18/2011
2222222222	William	Paul	A	$89.40	DCF	9/19/2011
234654234	William	Amanda	A	$93.40	CR	9/23/2011
				TOTAL		$358.60

Example Report: Transaction Details – Grouped by Division (PDF)

Katerin
Employer Funding Notification
09/27/2011

TRANSACTION DETAILS

Division A

Reimbursements

Identifier	Last name	First name	Plan	Plan year	Division	Amount	Method	Source code	Check/Payment Number	Effective date
2222222222	William	Paul	Medical Both	Medical 2011	A	$89.40	DC	DCF	345676878	9/19/2011
234654234	William	Amanda	FSA 2001	Medical 2011	A	$93.40	DC	CR	134325646	9/23/2011
					TOTAL	$182.80				

Reissued Employee Payments

Identifier	Last name	First name	Division	Amount	Method	Source code	Check/Payment Number	Effective date	Status
2222222222	William	Paul	A	$89.40	DC	DCF	345676878	9/19/2011	Reissue of Check 0000233
234654234	William	Amanda	A	$93.40	DC	CR	134325646	9/23/2011	Reissue of Check 0000234
					TOTAL				$182.80

Employee Funding Adjustments

Identifier	Last name	First name	Division	Amount	Method	Source code	Effective date	Status
2222222222	William	Paul	A	($89.40)	DC	DCF	9/19/2011	Paid
234654234	William	Amanda	A	($93.40)	DC	CR	9/23/2011	Paid
					TOTAL			($182.80)

Manual Employer Transactions and Adjustments

Amount	Method	Source code	Effective date	Status	Notes
($89.40)	DC	DCF	9/19/2011	Paid	Reissued
($93.40)	DC	CR	9/23/2011	Paid	Reissued
				TOTAL	($182.80)

Fees

Identifier	Last name	First name	Division	Amount	Source code	Effective date
2222222222	William	Paul	A	$89.40	DCF	9/19/2011
234654234	William	Amanda	A	$93.40	CR	9/23/2011
				TOTAL		$182.80
				GRAND TOTAL		$365.60

Division B

Reimbursements

Identifier	Last name	First name	Plan	Plan year	Division	Amount	Method	Source code	Check/Payment Number
9834654745	Smith	Irena	FSA	Medical 2011	A	$87.40	DC	CR	123557678
1111111111	Donald	Mike	FSA	Medical 2011	A	$88.40	DC	DC	334354657

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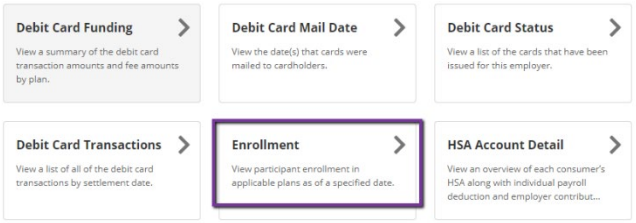
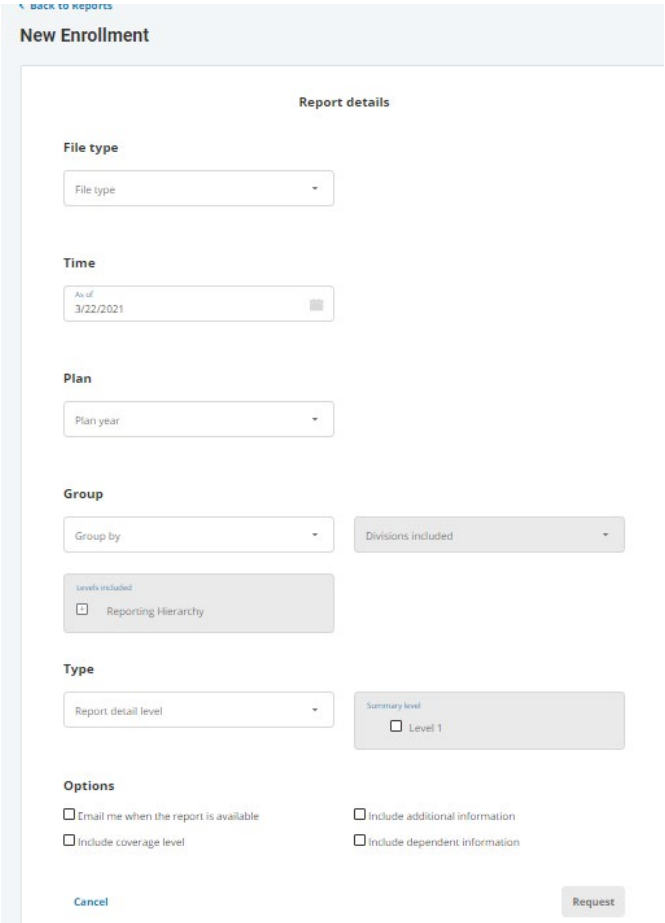
Enrollment Report

This report displays enrollment in applicable plans as of a specified date to assess the employees who have enrolled in the plan.

Parameters	
Option	**Description**
Format	PDF, Excel, Data File
Plan Years	Select From Dropdown Menu
Report Detail	Detail or De-identified Detail or De-identified Summary
As of Date	Date Select to See Balance
Group by Division	Yes or No
Division Included	All or Select From List
Include Additional information	Yes or No
Request	Generate Report





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Fringe Benefits Reports

Example Reports

Example Report: Transaction Details (Excel)

M5 | fx Paid

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Type	Identifier	Employee Last Name	Employee First Name	Plan	Plan Year	Division	Amount	Method	Source Code	Check/Payment Number	Effective Date	Status	Notes
2	REIMBURSEMENT	ATL	Adams	Betty	FSA 2001	Medical 2011	A	$12.00	DD	CR	2345645631	05/13/2011	N/A	N/A
3	REISSUED EMPLOYEE PAYMENT	2222222222	William	Paul	N/A	N/A	B	$13.00	DC	CR	6765880732	05/14/2011	Reissue of Check 0000234	N/A
4	EMPLOYEE FUNDING ADJUSTMENT	ATL	Adams	Betty	N/A	N/A	A	($14.00)	DC	CR	N/A	05/15/2011	Paid	N/A
5	MANUAL EMPLOYER TRANSACTION AND ADJUSTMENT	N/A	N/A	N/A	N/A	N/A	N/A	($15.00)	DD	CR	N/A	05/16/2011	Paid	Reissued
6	FEE	ATL	Adams	Betty	N/A	N/A	A	$16.00	N/A	CR	N/A	05/17/2011	N/A	N/A

Enrollment Report>De-Identified Detail>PDF

Creative Companies, Inc.
Member Enrollment Report
As of 4/20/2010
Plan Year: 1/1/2010 - 12/31/2010

Identifier	Status	Last Update	First Pay Date	Plan Name	Employer Contribution	Election	Payroll Deduction	Total Deduction	Reim Method
22558	A	3/16/2010	1/13/2010	Dependent Care	$0.00	$5,000.00	$294.12	$341.18	CK
		3/16/2010	1/13/2010	Health FSA	$0.00	$800.00	$47.06		
33162	A	3/16/2010	1/13/2010	Health FSA	$0.00	$1,500.00	$88.24	$88.24	CK
Total Participants: 22				**Totals:**	$5,100.00	$65,560.00	$3,113.42	$3,113.42	

Total Elections and Contributions by Plan:

Plan	Election	Employer Contribution	Total Enrollments
Health FSA	$20,360.00	$0.00	14
Dependent Care	$24,500.00	$0.00	5
HSA	$20,700.00	$5,100.00	8

Enrollment Report with Defined Contribution Fields>De-Identified Detail>PDF

Member Enrollment Report
As of 8/8/2012
Plan Year: 1/1/2012 - 12/31/2012

Address Line 2	City	State	Zip	Country	Enrollment Effective Date	Status	Last Update	First Employer Contribution Date	Employer Contribution Frequency	First Pay Date	Plan Name
	City	AL	12345	UNITED STATES	5/29/2012	A	9/3/2012	6/1/2012	Monthly	8/4/2012	MedFlex DFC 2012
	Kondrang	MD	87877	UNITED STATES	2/1/2012	A	9/3/2012	2/1/2012	Monthly	8/4/2012	Depcare DFC 2012
	Kondrang	MD	87877	UNITED STATES	1/1/2012	A	9/3/2012	1/1/2012	Monthly	-	HRA DFC 2012
	Kondrang	MD	87877	UNITED STATES	1/1/2012	A	9/3/2012	1/1/2012	Monthly	8/4/2012	MedFlex DFC 2012
	city	AL	23511	UNITED STATES	3/1/2012	A	8/9/2012	3/1/2012	Monthly	8/4/2012	Depcare DFC 2012
	city	AL	23511	UNITED STATES	3/1/2012	A	8/9/2012	3/1/2012	Monthly	-	HRA DFC 2012
	city	AL	23511	UNITED STATES	3/1/2012	A	8/9/2012	3/1/2012	Monthly	8/4/2012	MedFlex DFC 2012
	London	AL	45452	UNITED STATES	4/1/2012	LOA	8/20/2012	4/1/2012	Monthly	-	HRA DFC 2012
	London	AL	45452	UNITED STATES	4/1/2012	LOA	8/20/2012	4/1/2012	Monthly	-	Open HSA
	546456	AL	12354	UNITED STATES	5/1/2012	A	9/3/2012	5/1/2012	Monthly	8/4/2012	MedFlex DFC 2012
	Test City	AL	34587	UNITED STATES	5/1/2012	A	9/3/2012	5/1/2012	Monthly	8/4/2012	MedFlex DFC 2012
											Totals:

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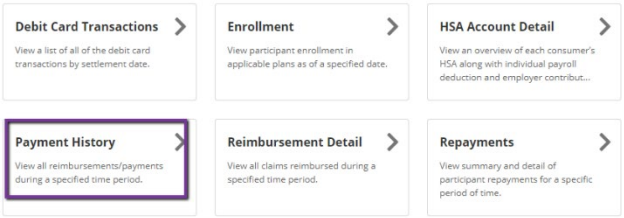
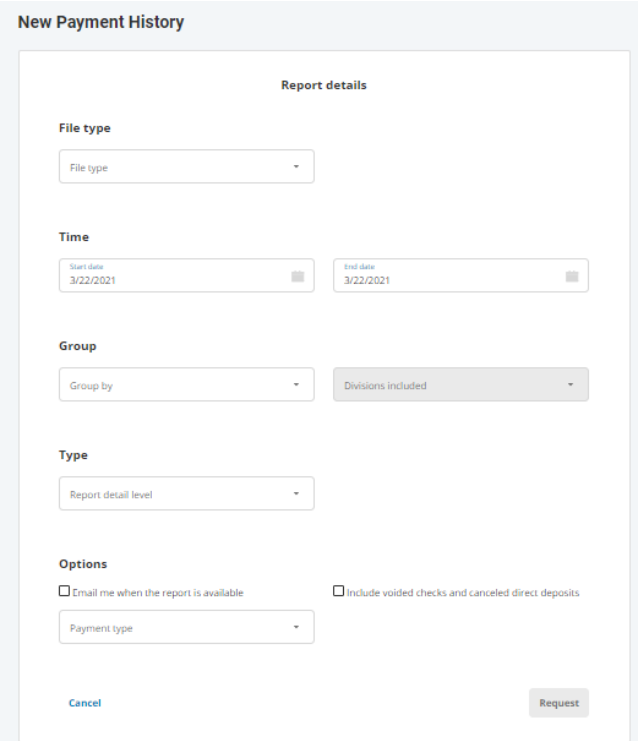
Payment History Report

This report displays all reimbursements/payments during a specified time period. It assists you in gathering information imported to an accounting system for the employer groups.

Parameters	
Option	**Description**
Format	PDF, Excel, Data File
Dates	Start and End
Employer Status	Active or All
Payment type	View One Type or All
Include Voided Checks and Cancelled EFTs	Yes or No
Include Employer Issued Checks	Yes or No
Request	Generate Report





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Example Reports

Payment History Report>PDF>Summary Page

Test TPA

Payment History Report

12/7/2009 - 12/7/2009

Summary

PAYMENT SUMMARY BY METHOD

Method	Amount	Number of Payments
Checks from 3009975	$1.50	1
Electronic Funds Transfer	$2.50	2
Total Payments:	**$4.00**	3
Repayments	($8.88)	2
Grand Total:	**($4.88)**	

Payment History Report>PDF>Detail Page

Test TPA

Payment History Report

CHECKS FROM 3009975

Employer Code	Employee No.	Participant Name	Check No.	Reim Date	Check Date	Amount	Status
BDG79	0001657410	Alaska, Juneau	0000021073	12/07/2009	12/07/2009	$1.50	Paid
					Total:	$1.50	

ELECTRONIC FUNDS TRANSFER

Employer Code	Employee No.	Participant Name	Method	Payment No.	Reim Date	Effective Date	Amount	Status
BDG79	0001657476	Colorado, Denver	DD	0000010474	12/07/2009	12/07/2009	$1.50	Paid
BDG79	1123123	Arkansas, Little Rock	DD	0000010475	12/07/2009	12/07/2009	$1.00	Paid
						Total:	$2.50	

REPAYMENTS

Employer Code	Employee No.	Participant Name	Method	Claim No.	Effective Date	Amount
KCO	KCO34	Allen, Joey	EFT	KCO090730C0000101	12/07/2009	($4.44)
KCO	KCO34	Allen, Joey	EFT	KCO090730C0000101	12/07/2009	($4.44)
					Total:	($8.88)

Payroll Deduction Notification Report

This report provides a view of participant deductions in applicable plans as of a specific payroll date.

Parameters	
Option	**Description**
Format	PDF, Excel, Data File
Payroll Date	Pick From List
Report Detail	Detail, De-identified detail or De-identified Summary
Request	Generate Report

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Example Reports

Payroll Deduction Report>De-Identified Summary>PDF

Creative Companies, Inc.
Payroll Deduction Report
3/1/2010

SUMMARY

Plan Name	Total Deductions
Dependent Care Flexible Spending Account	$294.12
Health Flexible Spending Account	$202.94
Total:	$497.06

Payroll Deduction Report>De-Identified Detail>PDF

Creative Companies, Inc.
Payroll Deduction Report
3/1/2010

Weekly

Identifier	Plan Name	Pay Period Deduction	Total Pay Period Deduction
22567	Health FSA	$23.53	$23.53
22569	Dependent Care	$147.06	$147.06
22586	Health FSA	$23.53	$23.53
22571	Health FSA	$58.82	$58.82
22563	Health FSA	$58.82	$58.82
22576	Dependent Care	$147.06	$147.06
22582	Health FSA	$38.24	$38.24
		Total:	$497.06

Reimbursement Detail Report

This report assists in auditing reimbursed claims for a specified time period for an employer group.

Parameters	
Option	**Description**
Format	PDF, Excel, Data File
Dates	Start and End
Include Voided Checks and Cancelled EFTs	Yes or No
Group by Division	Yes or No
Division Included	All or Select From List
Report Detail	Detail or De-identified Detail or Summary
Request	Generate Report

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Fringe Benefits Reports

Debit Card Transactions
View a list of all of the debit card transactions by settlement date.

Enrollment
View participant enrollment in applicable plans as of a specified date.

HSA Account Detail
View an overview of each consumer's HSA along with individual payroll deduction and employer contribut...

Payment History
View all reimbursements/payments during a specified time period.

Reimbursement Detail
View all claims reimbursed during a specified time period.

Repayments
View summary and detail of participant repayments for a specific period of time.

New Reimbursement Detail

Report details

File type: File type

Time: Start date 3/22/2021 — End date 3/22/2021

Group: Group by — Divisions included

Type: Report detail level

Options
- Email me when the report is available
- Include debit card transactions
- Include voided checks and canceled direct deposits

Cancel — Request

Example Reports

Reimbursement Detail Report>De-Identified Detail>Summary>PDF

Training Talents
Reimbursement Detail Report
1/1/2010 - 4/4/2010

SUMMARY

DIVISION: Wi

Reimbursement Summary by Plan

Enrollment CSV II

Plan	Amount	Number
Med Flex II	$75.12	5
Total:	**$75.12**	**5**
Division Total:	**$75.12**	**5**

Grand Totals

Reimbursement Summary by Plan

Enrollment CSV II

Plan	Amount	Number
Med Flex II	$75.12	5
Total:	**$75.12**	**5**
Grand Total:	**$75.12**	**5**

* Voided checks and failed EFT transactions are repres

Reimbursement Detail Report>De-Identified Detail>Detail>PDF

Creative Companies, Inc.
Reimbursement Detail Report
2/1/2010 - 2/28/2010

Plan: Health FSA

Identifier	Claim No.	Reimb. Date	Amount	Method	Payment No.	Action Date	Include Voided Checks and Canceled EFT's
22554	CRCO100210C0000701	02/11/2010	$15.00	CK	0005221713		
22554	CRCO100210C0000801	02/11/2010	$65.00	CK	0005221713		
22567	CRCO100210C0000401	02/11/2010	$20.00	CK	0005221710		
22567	CRCO100210C0000901	02/11/2010	$20.00	CK	0005221711		
22561	CRCO100210C0001001	02/11/2010	$30.00	CK	0005221712		
22571	CRCO100210C0000201	02/11/2010	$25.00	DD	0000000582		
22582	CRCO100210C0000501	02/11/2010	$85.00	DD	0000000583		
22582	CRCO100210C0000601	02/11/2010	$40.00	DD	0000000585		
		Total:	$300.00				
		Total:	$311.00				

Repayments Report

This report provides information about listed repayments for your participants.

Parameters

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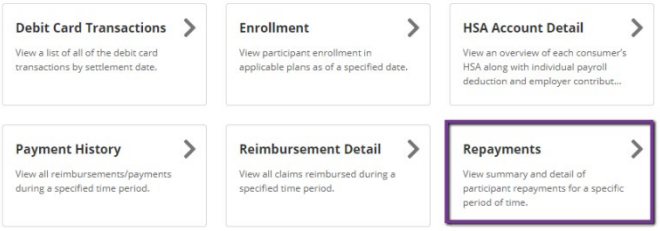
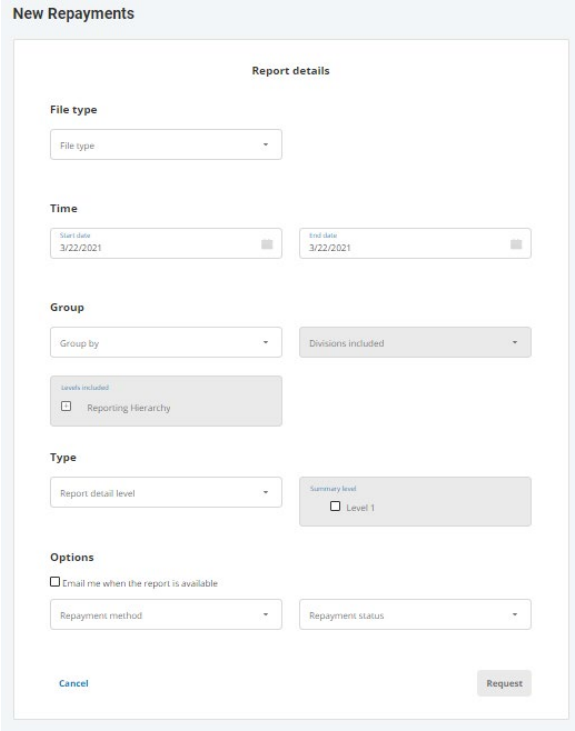
Fringe Benefits Reports

Option	Description
Format	PDF, Excel, Data File
Dates	Start and End
Repayment Method	Select From List
Status	All of Select From List
Group by Division	Yes or No
Division Included	All or Select From List
Report Detail	Detail or De-identified Detail
Request	Generate Report





Example Report

Repayments Report>De-Identified>PDF

Creative Companies, Inc.
Repayments Report
9/1/2009 - 4/20/2010

SUMMARY

Repayment Method	Created Repayments	Scheduled Repayments	Received Repayments	Claims Applied	Cancelled Repayments
Checks	$127.50	N/A	$41.00	$25.80	$0.00
Electronic Funds Transfers	$40.00	$0.00	$40.00	N/A	$0.00
Payroll Deductions	$0.00	$0.00	$0.00	N/A	N/A
TOTALS	$167.50	$0.00	$81.00	$25.80	$0.00

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