

Verification of Account Information

Prolifics, Inc.

Review your Verification of Account Information. This document outlines your current administrative design. If the information is accurate, you can begin using your enrollment materials located in iView. Please make note that fields are left blank if that design option is not currently enabled under your administrative design.

Interested in making changes to your Plan or adding new services? Let your Client Relations Manager, Patricia O'Connor, know so that they can provide you personal assistance.

Employer Demographics & Administrative Options

Company Name: *Prolifics, Inc.*

Client Relations Manager - Reimbursement Services: *Patricia O'Connor*

Employer ID: *IGOPROLIFI (for online and mobile app registration)*

Payroll Deduction Schedule: *biweekly Friday*

Number of Deductions for the Plan Year: *26*

Claim Remittance Schedule: *Daily*

Claim Remittance Option Name (displayed on printed materials): *IDR*

Claim Remittance Options Enabled: *Benefit Card & Additional Benefit Card & Physical Check & Direct Deposit*

Benefit Card Generation Instructions: *3+BC*

Plan Year: *January 2024 - December 2024*

Claim submittal deadline(active participants): *3/31/2025*

Plan Details

DCRA - Dependent Care Reimbursement Account

Annual Plan Maximum: *\$5000*

Per Pay Period Maximum Salary Deferral: *\$0*

Employer Funding Amount: *\$0*

Employer Funding Frequency:

Grace Period: *3/15/2025*

Claim submittal deadline (terminated participants): *March 31st following the close of the plan year*

Plan Notes: *Linked to BC*

Limited FSA - Limited Purpose Medical Care Reimbursement Account

Annual Plan Maximum: *\$3200*

Per Pay Period Maximum Salary Deferral: *\$0*

Employer Funding Amount: *\$0*

Employer Funding Frequency:

Carryover: *\$640*

Carryover Minimum: *\$0*

Claim submittal deadline (terminated participants): *90 days following the date of termination*

Plan Notes: *Linked to BC; CONVERTIBLE*

MCRA - Medical Care Reimbursement Account

Annual Plan Maximum: \$3200

Per Pay Period Maximum Salary Deferral: \$0

Employer Funding Amount: \$0

Employer Funding Frequency:

Carryover: \$640

Carryover Minimum: \$0

Claim submittal deadline (terminated participants): 90 days following the date of termination

Plan Notes: *Linked to BC*

Parking - Parking Fringe Benefit Account

Annual Plan Maximum: \$315

Per Pay Period Maximum Salary Deferral: \$0

Employer Funding Amount: \$0

Employer Funding Frequency:

Claim submittal deadline (terminated participants): 90 days following the date of termination

Plan Notes: *Linked to BC; PKG Rolls 4/7*

Transportation - Transportation

Annual Plan Maximum: \$315

Per Pay Period Maximum Salary Deferral: \$0

Employer Funding Amount: \$0

Employer Funding Frequency:

Claim submittal deadline (terminated participants):

Plan Notes: *Linked to BC; TRN rolls 4/7*