



## Agency Compliance Strategy

AGENCY INFORMATION					
Agency Name					
Address					
City		State		Zip Code	
First Name		Last Name			
Phone		Email			
Benefit Admin System		<input type="checkbox"/> Employee Navigator <input type="checkbox"/> Ease <input type="checkbox"/> Other:			

COMPLIANCE SERVICES (Check if offered)	CURRENT VENDOR
<input type="checkbox"/> Section 125/Premium Only Plan (POP)	
<input type="checkbox"/> Wrap Document	
<input type="checkbox"/> Affordable Care Act (ACA) Tracking, Reporting, Filing	
<input type="checkbox"/> Form 5500 Filing	
<input type="checkbox"/> Form 1095 Fulfillment	
<input type="checkbox"/> IRS/DOL Audit Letter	
<input type="checkbox"/> Summary Plan Description (SPD)	

OPTIONAL (Check if offered)	CURRENT VENDOR
<input type="checkbox"/> COBRA Administration	
<input type="checkbox"/> Health Reimbursement Arrangement (HRA)	
<input type="checkbox"/> Health Savings Account (HSA)	
<input type="checkbox"/> Flexible Spending Account (FSA)	
<input type="checkbox"/> Lifestyle Spending Account (FSA)	
<input type="checkbox"/> Combined (Consolidated) Billing	
<input type="checkbox"/> Direct Billing	

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