

**APPENDIX B – FSA/HSA/HRA ADMINISTRATION SERVICES FEE EXHIBIT  
ITN 99066 – FSA/HSA/HRA MANAGEMENT SERVICES**

**FSA/HSA/HRA Administration Services  
Fee Exhibit**

Please illustrate in this section Respondent's fees or charges that you are proposing for the FSA/HSA/HRA administration services. **Please provide Respondent's fees net of commission.** Any additional fees or costs not disclosed in this fee exhibit shall be the responsibility of the respondent.

**Failure to disclose full information on rates, fees or additional charges may result in the lowering of Respondent's scoring or disqualification of your response.**

**If Respondent is responding a multiyear fee guarantee, please show the fee guarantees for 12, 24, 36, 48 or 60 months.**

**All proposed fees should be net of commissions.**

Contractors must specify any restrictions or limitations on the fees and charges and services quoted. Any limitations or restrictions not disclosed in Contractor's Response shall be the responsibility of Contractor.

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**FSA Administration Services Fee Exhibit**

Please identify fees as annual, monthly, Per Employee Per Month (PEPM), Per Participant Per Month (PMPM), etc.

	<b># of Participants</b>	<b>Fee</b>	<b>Monthly Total</b>	<b>Annual Total</b>
<b>Health Care Accounts</b>				
<b>Dependent Care Accounts</b>				
<b>Initial Plan Setup Fee</b>				
<b>Annual Renewal Fee</b>				
<b>Division Set Up Charge</b>				
<b>Debit Card Fee</b>				
<b>Banking Fee</b>				
<b>Financial Reporting Fee</b>				
<b>Annual NDT Testing</b>				
<b>Plan Document Fee</b>				
<b>Revisions to Plan Doc Fee</b>				
<b>Additional Fees:</b>				
<b>Total Estimated First Year Annual Cost</b>				\$
<b>Total Estimated Second Year Annual Cost</b>				\$
<b>Total Estimated Cost for Two Year Term (addition of both the first year and the second year)</b>				\$

The above rates are guaranteed for: \_\_\_\_\_

I confirm the rates, fees, costs and charges provided on this form have been accurately disclosed, are net of commissions and are guaranteed for the time period stated. I understand that any plan rates, fees, costs or additional charges not disclosed in this Fee Exhibit are not the responsibility of JEA.

**Failure to sign this form may result in the lowering of your score or disqualification of your response.**

\_\_\_\_\_  
Signature of company

\_\_\_\_\_  
Date

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**HSA Administration Services Fee Exhibit**

Please identify fees as annual, monthly, Per Employee Per Month (PEPM), Per Participant Per Month (PMPM), etc.

	# of Participants	Fee	Monthly Total	Annual Total
<b>HSA Accounts</b>				
<b>Initial Plan Setup Fee</b>				
<b>Annual Renewal Fee</b>				
<b>Division Set Up Charge</b>				
<b>Debit Card Fee</b>				
<b>Banking Fee</b>				
<b>Financial Reporting Fee</b>				
<b>Annual NDT Testing</b>				
<b>Plan Document Fee</b>				
<b>Revisions to Plan Doc Fee</b>				
<b>Additional Fees:</b>				
<b>Total Estimated First Year Annual Cost</b>				
<b>Total Estimated Second Year Annual Cost</b>				

The above rates are guaranteed for: \_\_\_\_\_

I confirm the rates, fees, costs and charges provided on this form have been accurately disclosed, are net of commissions and are guaranteed for the time period stated. I understand that any plan rates, fees, costs or additional charges not disclosed in this Fee Exhibit are not the responsibility of JEA.

**Failure to sign this form may result in the lowering of your score or disqualification of your response.**

\_\_\_\_\_  
Signature of company

\_\_\_\_\_  
Date

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**HRA Administration Services Fee Exhibit**

Please identify fees as annual, monthly, Per Employee Per Month (PEPM), Per Participant Per Month (PMPM), etc.

	# of Participants	Fee	Monthly Total	Annual Total
<b>HRA Accounts</b>				
<b>Initial Plan Setup Fee</b>				
<b>Annual Renewal Fee</b>				
<b>Division Set Up Charge</b>				
<b>Debit Card Fee</b>				
<b>Banking Fee</b>				
<b>Financial Reporting Fee</b>				
<b>Plan Document Fee</b>				
<b>Revisions to Plan Doc Fee</b>				
<b>Additional Fees:</b>				
<b>Total Estimated First Year Annual Cost</b>				
<b>Total Estimated Second Year Annual Cost</b>				

The above rates are guaranteed for: \_\_\_\_\_

I confirm the rates, fees, costs and charges provided on this form have been accurately disclosed, are net of commissions and are guaranteed for the time period stated. I understand that any plan rates, fees, costs or additional charges not disclosed in this Fee Exhibit are not the responsibility of JEA.

**Failure to sign this form may result in the lowering of your score or disqualification of your response.**

\_\_\_\_\_  
Signature of company

\_\_\_\_\_  
Date