

Resolution 30-2023
Passed September 12, 2023

A RESOLUTION TO ENTER INTO AN AGREEMENT WITH CONSUMER DRIVEN ADMINISTRATORS, LLC FOR THE ESTABLISHMENT OF A FLEXIBLE SPENDING ACCOUNT, AND DECLARING AN EMERGENCY.

BE IT RESOLVED BY THE COUNCIL OF THE VILLAGE OF PLYMOUTH, COUNTY OF RICHLAND/HURON, STATE OF OHIO:

1. That the Mayor and Fiscal Officer are authorized and directed to enter into a Flexible Spending Account (FSA) with Consumer Driven Administrators, LLC as reviewed and approved by Council.
2. That it is hereby determined that this Resolution is an emergency measure necessary for the preservation of the public peace, health, safety and welfare of the residents of this Village and for the further reason that there is an immediate need to complete the agreement within thirty (30) days, and this Resolution shall therefore go into immediate effect provided it receives a two-thirds (2/3) vote of all members elected to this Council, otherwise it shall go into effect in thirty (30) days if passed by a majority vote of Council.

PASSED: September 12, 2023


Mayor

ATTEST: 
Village Fiscal Officer

9-12-2023
Date

APPROVED AS TO FORM:


Jon K. Burton, Solicitor

**Flexible Spending Account
Group Renewal Agreement**



Group Name: Village of Plymouth Effective Date: 01/01/2024

Renewal Contact: DiAnn Jamerson Phone: 419.687.4331 x102

Employer Renewal Decision (Select One)

I wish to renew the Section 125 Flexible Spending Account for the next plan year. I understand the FSA Renewal Fee of \$150.00 will be added to our next administration services invoice.

The first payroll deduction date in 2024 for the next plan year will be on: 01/11/2024
The total number of payroll deductions in 2024 for the next plan year will be: 26

I do not wish to renew the Flexible Spending Account for the next plan year. *Please note, you will receive an invoice for 3 months of administration fees to allow for claims run out processing. The runout invoice must be paid in full before runout administration services can be provided.*

Provisions for the Upcoming Plan Year (Select One)

No Changes: We do not wish to make any provisional changes to our FSA plan for the next plan year.

Change Health FSA Election Limits:

Minimum \$ 100.00 (Default election is \$100, unless otherwise designated)

Maximum \$ 3050.00 (IRS Guidelines mandate a maximum of \$3,050 or less)

Other renewal requests or plan change requests: _____

Open Enrollment Materials

CDA will prepare and email an FSA Open Enrollment Packets to you for distribution to your eligible employees.

Complete the below for your customized open enrollment packet:

- Printed name of the individual at your company your employees are to return their signed elections to: DiAnn Jamerson
- Date elections are due back to the above individual by? _____
- If you have a specific date you prefer to receive your open enrollment materials by, please indicate the date here (This date must not be less than one week from the date this agreement is returned to CDA): Nov. 15th
- Open Enrollment Packets are provided in electronic format as an Adobe PDF file, to what email address should this packet be sent? djamerson@plymouthoh.org

Authorization & Signature

I authorize the renewal of and/or designate changes to the Flexible Spending Account for the upcoming plan year.

Signature: Cassandra Fryman Date: 9.12.2023

Printed Name: Cassandra Fryman

Return this completed form and related information to: Consumer Driven Administrators, LLC
Attn: Ellen Fendley
Fax: (419) 833-2604
Email: efendley@cdatpa.com