



Proposal Request Form

In order to provide you with a proposal, please provide the below information:

General Information

Group Name: _____

Group Address: _____

Group Contact Name: _____ Phone Number: _____

Email: _____ Broker Name: _____

Effective Date: _____ Total No. of Employees: _____

Products Desired:

COBRA FSA HCFS LPFSA DCA HSA HRA LSA

SpouseSaver Commuter Accounts Direct Billing Combined Billing

Other: _____

File Feed Questionnaire

Name of Ben. Admin. System (Ex: Workday, PlanSource, etc.): _____

Enrollees

CDH* Enrolled: _____ COBRA Eligible: _____

Files Being Requested

Eligibility: Enrollments & Terminations Contributions Divisions COBRA

File fees will be based on using NueSynergy's standard file specs additional fees may apply.

*CDH – Consumer Driven Healthcare products are defined as FSA/LPFSA/DCA/HSA/HRA/Commuter Accounts.

For Office Use Only

Single Feed or Multi Employer Feed: Single Feed Multi Employer Feed