BOCC CONTRACT APPROVAL FORM

(Request for Contract Preparation)

CS-22-072

CONTRACT
TRACKING NO.

CM3291

GENERAL INFORMATION	
Requesting Department: <u>Human Resources</u>	
Contact Person: Tina Keiter / Ashley Metz	
Telephone: (904) 530-6075 Fax: (904) 321-5797 Email: tkeiter@	nassaucountyfl.com
CONTRACTOR INFORMATION Name: PayFlex Systems USA, Inc.	
Address: 4630 Woodlands Corporate Blvd, Tampa FL City State	33614 Zip
Contractor's Administrator Name: Kimberly Howe Title: Sr. Account Executive Title: Sr. Account Executiv	cutive
Telephone: (904) 238-7822 Fax: () Email: howek@aetna.com	n
IDENTIFY WHO WILL SIGN CONTRACT ON BEHALF OF CONTRACTOR (NAME AND EM Authorized Signatory Name: Carolyn G. Arabolos Authorized Signatory Email: howek@aetna.com	AIL ADDRESS)
CONTRACT INFORMATION Contract Name: Health Reimbursement Account (HRA) Pre-Funding Agreement	nt
Description: Health Reimbursement Account Funding Services GOODS AND/OR SERVICES TO BE PROCURED, PHYSICAL LOCATION, ETC	,
Total Amount of Contract: Est. at \$400,000 – Up to \$500 per ee enrolled in ce APPROXIMATE IF NECESSARY	rtain health plans
Source of Funds: ⊠ County □ State □ Federal □ OtherAccount: _	01122513 - 523030_
Authorized Signatory: <u>Jeff Gray – BOCC Chairman</u> Var	ious Funding Sources
IDENTIFY WHO WILL SIGN CONTRACT ON BEHALF OF BOCC	
Contract Dates: From: 01/01/2023 Execution to: 12/31/2023 Termination/Ca	ancellation:
Status: ⊠ New □Renew □Amend# ⊠WA/Task Order ⊠ Supplemental Ag	greement
How Procured: ☐ Exemption ☐ Sole Source ☐ Single Source ☐ ITB ☐ RFF☐ ☐ Piggyback ☐ Quotes ☒ Other <u>Aetna Partner</u>	'□ RFQ □ Coop
If Processing an Amendment: Contract #:Increased Amount to Existing Contract:	
New Contract Dates:toTotal or Amended Amount:	
Continued on next page	

Review/Complete before sending	g contract for final signature	
Requirement	Description	Complete By
Contract, Exhibits and Appendices	 The contract and all documents incorporated by reference in the contract, including exhibits and appendices are attached (including E-Verify, Pricing, Scope, etc.) and properly identified; and All such documents have been read and agreed to in their entirety by originating department and staff members who have obligations under this contract. 	Dept
Name, Address, Contact Person	The full name, address, legal status (i.e., corporation, partnership, etc.) and contact person of other party are included.	Dept
Understanding	Written contract matches the verbal understanding of all parties. All terms and conditions conform to the final negotiations/agreement of the parties.	Dept
Competition/Conflicts and Existing Contracts/Compliance	This contract does not conflict with any other contracts, promises or obligations of the BOCC. The requesting department verifies the BOCC can comply with all terms and conditions.	Dept Cnty Atty
Other Necessary Agreements	All other necessary agreements or waivers referred to in contract have been obtained and are attached and properly identified for reference.	Cnty Atty
Indemnification	BOCC may not indemnify, hold harmless, be liable to, or reimburse any other party to the contract for claims, lawsuits, damages, attorney fees, or losses incurred by that party in connection with the contract.	Cnty Atty
Term of Contract	Start and end dates of contract are included. Any renewals are included.	Cnty Atty
Warranties/Guarantees	Warranties or guarantees give satisfactory protection.	Cnty Atty/Risk
Insurance	Risk manager has or will approve insurance clauses. Levels confirmed in requirements	Dept
Governing Law	The contract is governed under the laws of the State of Florida. The contract may be silent on this issue but in no event will another state's law govern the agreement.	Cnty Atty
Confidentiality Agreements	All nondisclosure clauses include exceptions regarding disclosure as required by law. If not applicable, indicate "n/a."	Cnty Atty
Printed/Typed Names	Names of all persons signing contracts are printed or typed below signatures.	Router

APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY

ashley Metz	12/9/2022		
Department Head/Contract Manager	Date	-	
Ashley D. Metz Janau Cilmou	12/14/2022		
Procurement / Lanaee Gilmore	Date 12/9/2022	19	12/9/2022
Office of Mgmt & Budget / Chris Lacambra Denise C. May	Date 12/15/2022	a s	12/15/2022
County Attorney / Denise May	Date	-	

5.		12/16/2022
	County Manager / Taco E. Pope	Date



CM3291

Pre-Funding Agreement of HRA Plan with Ongoing Weekly Funding

Nassau County Board of County Commisioners ("Client") has agreed to establish a payroll deduction for Client's HRA Plan. This includes HRAs established pursuant to Section 125 of the Internal Revenue Code. The parties have executed an HRA Service Agreement dated 01/01/2023 whereas PayFlex Systems USA, Inc. ("PayFlex") will serve as third party administrator for Client's HRA Plan.

Under the terms and conditions of this Pre-Funding Agreement, Client agrees to prefund the HRA Plan. This means Client will transfer funds from their own general assets to PayFlex in an amount equivalent to **five percent** (5%) of the 2023 Total Annual Elections. Client will make this initial deposit on or before December 29, 2022. This is before any payroll deductions start for Client's HRA Plan administered by PayFlex. PayFlex will use the funds to reimburse claims for Client's HRA participants. PayFlex will retain this prefund amount for subsequent plan years. Annually, PayFlex will evaluate the client's prefunding amount based on total annual elections and funding activity. PayFlex reserves the right to request additional prefunding in the event of an increase in HRA participation. The additional prefunding amount will be calculated using the difference between the prior total annual elections and the current annual elections. The difference will be multiplied by five percent (5%) to determine client's additional prefunding amount. Should there be a decrease in HRA participation, PayFlex will return the difference in prefunding based on total annual elections.

On a weekly basis, PayFlex will report to Client the amount of HRA claims processed and paid the previous week. Client will transfer money to PayFlex for these claims payments. Client will do this through an Automated Clearing House (ACH) payment. This arrangement will restore the prefunding amount for ongoing claims payments, with the intent of minimizing or avoiding held claims. Held claims may occur if the HRA Plan goes into a negative status. This would result from the total claims for the week being greater than the prefund amount. Client can make an off-cycle ACH payment to PayFlex to allow the claims to release to impacted participants. If Client does not make an off-cycle payment, the held claims will release once the weekly payment is received and the prefund amount restored.

This Pre-Funding Agreement represents the agreement of the parties regarding pre-funding as described herein; all provisions of the HRA Agreement remain in full force. Where there is a conflict between the terms and conditions of this Pre-Funding Agreement and the HRA Service Agreement the terms and conditions of the Pre-Funding Agreement shall apply.

PayFlex hereby agrees to return the prefund amount to Client, minus of any claims paid against that amount, at the end of its term as administrator of Client's HRA Plan.

Client must send the initial deposit and weekly payments to the following PayFlex bank account:

Bank Name: Address: American National Bank 8990 West Dodge Road

Omaha, NE 68114

ABA Number:

104000854

Account Number:

5127459

Account Name:

PayFlex Custodial Claims

By signing this document, both parties agree to the terms described above.

PayFlex Systems USA, Inc.	Nassau County Board of CC			
Carryon S. Arab. h	auth An			
Signature	Signature			
Carolyn G Arabolos	Jeff Gray			
Name	Name			
Chief Operating Officer	Nassau County BOCC Chairman			
Title	Title			

PAYFLEX°	
12/8/22	_

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December 21, 2022 Date