Exhibit E – Health and Dependent Care FSAs Questionnaire

1.1 Health and Dependent Care FSA Requirements

The King County Health and Dependent Care Flexible Spending Accounts (FSA) provide coverage and reimbursement for claims for benefit eligible employees and enrolled dependents including, domestic partners and domestic partner children. The plan year is a calendar year. Employees enroll in the FSA plan during King County's annual open enrollment. There are approximately 220 employees participating in the Dependent Care FSA and 1,800 in the Health Care FSA.

Claims are submitted directly to and paid by the FSA Contractor. The Contractor is responsible for determining the eligibility of each claim and providing an appeals process for denied claims. King County determines an employee's eligibility to participate in the plan.

The Contractor will also be responsible for assuring the compliance of the plans with related laws and regulations and providing standard and ad hoc reports to King County.

King County produces its own Summary Plan Description (SPD) and Summary of Material Modifications (SMM). The selected FSA Contractor will be expected to review the SPD and SMM language relating to flexible spending accounts for compliance with related laws and regulations and make recommendations for changes in wording to assure compliance and clarity.

Confirm your ability to meet the following requirements for implementation of the COBRA, Retiree Medical and the Health Care and Dependent Care Flexible Spending Accounts.			
#	**Question**	**Response**	**Exception/Comments**
1	Provide on-line member service capabilities that include, but are not limited to, electronic access to account history, claims submitted and paid, year to date status of claims paid and provide a link to the program description. **(Minimum Requirement)**	Select Response	
2	Provide quarterly reports and an annual summary statement to FSA participants reflecting contributions, claims paid and current balances for the period. **(Minimum Requirement)**	Select Response	
3	Mail confirmation letters to newly enrolled participants within 5 days of receipts of the eligibility file from King County.	Select Response	
4	Accept claims by mail, email attachment and/or fax to a secure fax number.	Select Response	
5	Process claims upon receipt and generate reimbursements within 5 business days of receipt of the claim. **(Minimum Requirement)**	Select Response	
6	Have processes or procedures to work with participants to reduce end-of-year forfeitures. If yes, describe.	Select Response	
7	Will the assigned account management team review and	Select Response	

Confirm your ability to meet the following requirements for implementation of the COBRA, Retiree Medical and the Health Care and Dependent Care Flexible Spending Accounts.			
#	Question	Response	Exception/Comments
	approve King County's SPD and SMMs as it relates to FSAs for accuracy and compliance with regulations as part of the basic costs.		
8	Will the assigned account management team agree to review and approve documents other than the SPD such as the FSA Guide and open enrollment material on an as-need basis for accuracy and compliance with related regulations as part of the basic costs.	Select Response	
9	Accept and account for contribution information from two payroll cycles, one semimonthly and one bi-weekly via posting to a secured website at no additional cost to King County.	Select Response	
10	Provide accounting, management and reconciliation reports for all deposits and claim activity to King County on a monthly basis.	Select Response	
11	Provide an accounting of annual forfeitures that includes a reconciliation of payment made after December 31 each year.	Select Response	
12	Process and account for claims received after the plan year-end that were incurred in the previous year? **(Minimum Requirement)**	Select Response	
13	Perform discrimination testing at no additional charge to King County.	Select Response	
14	Work with King County to promote FSA and the Dependent Care Assistance Plan (DCAP) to employees both prior to and during open enrollment to increase plan participation.	Select Response	
15	As part of this proposal, provide claim adjudication for the location that will process King County's claims that includes the financial accuracy, overall accuracy, and turnaround time for FSA and DCAP reimbursements.	Select Response	
16	Are there plans to replace the claims processing system within the next three years at the claims processing location that will handle the County's claims.	Select Response	
17	If the answer to question 14 is yes,	Select	

Confirm your ability to meet the following requirements for implementation of the COBRA, Retiree Medical and the Health Care and Dependent Care Flexible Spending Accounts.			
#	**Question**	**Response**	**Exception/Comments**
	do you have a detailed implementation plan to assure smooth transition to the new platform.? If the answer to question 14 is “No”, select “No” as your response to this question.	Response	
18	Offer debit cards as part of the FSA administration if the County elects to implement this option.	Select Response	
19	Have a written appeals process for denied claims.	Select Response	
20	Provide for a second level appeal if the first appeals results in a denial.	Select Response	
21	Accept encrypted email with attachments.	Select Response	
22	What is the ratio of members to claims processors for the location and team that will administer the King County FSA plans?		

1.2 Supplemental Information and Questionnaire Attachments

1. Provide a description of your appeals process and procedures as **Attachment Q** to your proposal.
2. As **Attachment R** to your proposal provide claim adjudication statistics for 2010 and 2011 that includes financial accuracy (percent of dollars paid correctly), overall accuracy and turnaround time for payment of Health Care FSA claims and Dependent Care FSA claims. Include your standard expectation for each item.
3. Provide a description of the steps you take to attempt to reduce year-end forfeitures of FSA contributions for both Medical and Dependent Care FSA accounts as **Attachment S** to your proposal.