

Small Group Renewal Checklist

Group name:
Group number:
Effective renewal date:
Subgroup/Class/Plan:
First pay date in new plan year:
Pay schedule: <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> other: _____

Any changes at renewal?

- Yes — see changes below
- No — renewing “as is”

FSA Renewal Fees

- \$ _____ per enrolled participant per month

Health care FSA:

- add to plan
- delete from plan

Dependent Care Assistance program:

- add to plan
- delete from plan

- Change maximum health care election amount to: \$ _____

- Other (please describe):

Important:

Don't forget to amend your plan document [link] to reflect any changes.
A new plan document can be found in the Agent Center at *priorityhealth.com*.