*Before an employee group can participate in the Health Care Savings Plan (HCSP)*, MSRS must review and approve the HCSP policy language.

For information about acceptable HCSP language, view www.msrs.state.mn.us/web/employees/contract-language. Or contact your MSRS representative (see box at right).

# 5 steps to enroll an employee group in the HCSP

 Submit a draft of the HCSP language to your MSRS representative. They will review to ensure the funding mechanism(s) and other provisions are acceptable under the rules of the plan.

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- 2 Once the bargaining unit/employer has finalized the HCSP contract language, complete the attached HCSP Contract Approval/Renewal form. Complete a form for <u>EACH</u> group you want to enroll in the plan.
- 3 Submit the following to MSRS:
  - Completed **HCSP Contract Approval/Renewal** form.
  - Copy of section(s) of personnel policy, bargaining agreement or MOU that pertain to the HCSP (it isn't necessary to provide the entire contract).
  - Cover page of the agreement/policy that has group name and contract dates.
  - Signature page of the agreement/policy.
- 4 MSRS will review the HCSP language. If approved, we'll notify you by email. If declined, MSRS will contact you with suggestions for revising the language to make it acceptable.
- 5 After you receive confirmation from MSRS that the group has been approved, contributions can be remitted.

Your MSRS Representative can assist over the phone or visit your workplace.

They can help with the following:

- Provide detailed information about the HCSP.
- Discuss allowable funding mechanisms and what to consider when writing HCSP contract language.
- Review HCSP language before you finalize to ensure it's acceptable under the rules of the plan.
- Review with the employee groups previously approved by MSRS to participate in the HCSP to ensure the language on file is up-to-date.

### Renewing a group previously approved by MSRS to participate in the plan

Plan rules allow HCSP contract language modification for the employee group every two years. Each time the HCSP language is revised, it must be reviewed and approved by MSRS. Follow the steps above to renew the group in the plan.

#### What employers should know.

- Only contributions agreed upon and written in a personnel policy or bargaining agreement can be remitted to the HCSP by the employer.
- DO NOT remit HCSP contributions for employees until you have been notified by MSRS that the group has been approved to participate in the plan.
- MSRS must review and approve the HCSP contract language for each employee group.
- 1-person groups are not allowed. Individual employees may not negotiate this benefit.

#### Other forms employer may need to complete.

The two forms described below are available at www.msrs.state.mn.us/web/employers/forms-documents If you need assistance with the forms, contact the MSRS Payroll Support Team at 651.284.7729 or payrollsupport@msrs.us

#### 1. Banking Change Request Form

Complete this form if MSRS does not have employer banking information on file or if there is a change to the banking information.

#### 2. Plan Service Center Authorization Form

Employers must identify payroll and HR/Benefit contacts responsible for remitting and updating payroll contributions. Complete this form to add, change or remove payroll and/or HR contacts.

#### Login credentials

- If enrolling in an MSRS-administered plan for the first time (HCSP or MNDCP), the contact(s) listed on the *Authorization* form will be emailed a username and password.
- If employer is new to the HCSP but currently remits contributions for the MNDCP, access to the payroll tool will be expanded to enable payroll contact(s) to remit HCSP contributions.
- If changing a payroll/HR contact, the new contact(s) will be issued a username and password: the previous contact's access will be supressed. For more detail see: www.state.mn.us/web/employers/access-sponsor-connect.

#### When MSRS receives initial contribution for employee

- The employer enrolls the employee in the Plan on FSC. MSRS will establish an account for the employee.
- MSRS will mail the employee an HCSP Welcome Packet that includes information about the Plan and the forms they need to complete.

Questions?	Locations
Contact your MSRS area representative at: 1.800.657.5757 or 651.296.2761 Go online: www.msrs.state.mn.us	St. Paul - Main Office 60 Empire Drive, Suite 300 St. Paul, MN 55103 Monday – Friday 8 a.m 4:30 p.m.
Email us: info@msrs.us	Additional OfficesAddresses and hours of operation available online.• Duluth• St. Cloud• Detroit Lakes

Teletypewriter users and telecommunications-device-for-the-deaf (TDD) users call the Minnesota Relay Service at 1.800.627.3529 and ask to be connected to MSRS at 651.296.2761.

### **1.** General information

Employer name	Minnesota tax ID number
Your name and title	E-mail
Phone number	Date

### 2. HCSP contract details

This HCSP contract is for:

- D New employer enrollment employer has not previously participated in HCSP
- Enrolled employer adding new employee group
- **D** Renewal of existing employee group select the appropriate option below:
  - $\hfill\square$  Contract language has been revised and supersedes previous language
  - Contract language is in addition to the existing contract language
  - No change to contract language

Effective dates of contract	/ /	to	/ /
	Start date		End date

MSRS requires a minimum 2-year commitment before modifying the existing HCSP contract language.

## **3.** Bargaining unit/group information

1. Please select one (a separate form must be completed for each employee group)

	AFSCME			Teamsters
_	E du cardina d	N / N I	_	

Other Union \_\_\_\_\_

<ul><li>Education MN</li><li>IL</li></ul>	JOE 🗖 Non-Union _						
2. Local/Chapter # (if applicable)							
3. Approximate number of employees in this group/unit							
<b>4.</b> Funding source(s)							
Severance Payroll deductions		Employer contributions					
Vacation at termination	Excessive leave ball	ance   Incentive pay					
PTO at termination       Other							
Internal use only ER ID: Reviewer: Notes:	Approved: Dec Field Rep:	ined: Emailed ER:					