

ORDINANCE RECORD
COUNCIL OF THE CITY OF BRECKSVILLE

Ordinance No. 5449

**AN ORDINANCE AUTHORIZING A CONTRACT
WITH HEALTHEQUITY FOR ADMINISTRATION OF
THE EMPLOYEE FLEXIBLE SPENDING ACCOUNT
PROGRAM; AND DECLARING AN EMERGENCY**

NOW, THEREFORE, BE IT ORDAINED by the Council of the City of Brecksville, County of Cuyahoga, and State of Ohio, that:

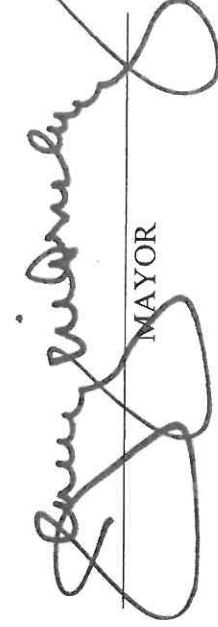
SECTION 1. The Mayor be and is hereby authorized to enter into a contract with HealthEquity for administration of the employee flexible spending account program as outlined in attached Exhibit "A" at a cost of five dollars and twenty-five cents (\$5.25) per participant per month and fifty dollar (\$50.00) per month compliance fee effective January 1, 2022 through December 31, 2024.

SECTION 2. Council hereby appropriates sufficient funds to effectuate the provisions contained in Section 1 hereof and the Director of Finance is hereby authorized to transfer the funds necessary to complete this expenditure from the available funds of the City. The Director of Finance be and is hereby further authorized to issue the fiscal officer's certificate necessary to make the expenditures as described in Section 1 hereof, and is further directed to issue vouchers of this City in the amounts and for the purposes expressed in Section 1 hereof, said amounts to be charged to the appropriately designated Fund.

SECTION 3. Council declares this Ordinance to be an emergency measure necessary for the immediate preservation of the public peace, health, safety and welfare, the reason for the emergency is that the same relates to the need to provide an employee life insurance program, therefore, said Ordinance shall be in full force and effect immediately upon its adoption by this Council and approval by the Mayor, otherwise from and after the earliest period allowed by law.

PASSED: October 19, 2021

APPROVED: October 19, 2021


MAYOR


CLERK OF COUNCIL



Order Form

Employer:

City Of Brecksville
 9069 Brecksville Rd
 Brecksville, OH 44141

Effective Date*: 1/1/2022
 Initial Term End Date: 12/31/2024

Payment Method: Wire / ACH Credit or Check
 Payment Terms: Within 30 days of receipt of invoice
 Service Charge on Overdue Amounts: 2% Per Month

Services:

Service Name	Fee Type	Fee	Description
FSA	Admin Fee	\$5.25 PPPM	Per Participant Per Month
FSA	Monthly Minimum	\$0.00	
Monthly Compliance Fee	Monthly Fee	\$50.00	
Implementation Fee	Implementation Fee	\$0.00	
Non-Discrimination Testing - Initial	Additional Service Fee	\$0.00	Administrative fees are waived for initial nondiscrimination testing. Ongoing nondiscrimination testing session must be requested separately (fees may apply).
Plan Documents - Initial	Additional Service Fee	\$0.00	Administrative fees are waived for initial Plan Document and Summary Plan Description (SPD) (while employer is in implementation). Ongoing Plan Document and SPD service must be requested separately.

Terms and Conditions:

- This Order Form is subject to HQY's General Terms and Conditions of Service that may be viewed at https://resources.healthequity.com/Documents/Employer/General_Terms_and_Conditions_All_Accounts.pdf and all terms defined therein shall have the same meaning in this Order Form unless otherwise specified herein.
- *This Order Form shall be effective as of 1/1/2022 (unless this Order Form is incomplete or does not match our records). Billing shall commence upon start of Service(s) or next billing period following the effective date, whichever is later.

Signature:
 Name (print):

HealthEquity

Title:

Employer: City of Brecksville

Date: