



# Health Reimbursement Arrangement Data & Contributions

## Plan Sponsor Portal

You will receive a secure login for our Plan Sponsor portal at [www.healthcareadmin.com](http://www.healthcareadmin.com), which can be accessed at any time to generate reports and review transactions. If you do not have a secure login, please contact your dedicated Account Manager. If you are unaware of your appropriate contact, please call (855) 329-0095. At plan year end, you will receive statements which will recur annually thereafter and also be available at the Plan Sponsor portal. Please note that you do not have to log in to upload your contribution, forfeiture or census data.

### Quick Tip

You must use the Data Requirements Spreadsheet MidAmerica provides. Data is not accepted in any other format.

## Data Requirements

### Why am I asked to provide my participants' personal email addresses?

Personal email addresses are critical so that communications with the participant are uninterrupted in the event of retirement or separation from service. We want to provide valuable account information, important plan details and periodic updates to your participants as efficiently as possible, and in the way they prefer to receive them.

### How can I upload data?

1. Go to [www.myMidAmerica.com](http://www.myMidAmerica.com)
2. Select Upload File from the top right-hand corner, then select For Employers/Partners
3. From the Employer Upload Site landing page, select your form type (Contributions, Forfeiture or Census)
4. Complete the series of identifying questions. Please note if you have selected the Contributions form, you must enter a funding amount.
5. Upload the appropriate Data Requirements Template (Contributions, Forfeiture or Census) using the blue upload button located below the comments section

### Tips for Filling out the Data Requirements Spreadsheet

- **Populate all fields**, including preferred fields
- **Participant Eligibility Date** is the date that the participant enters the plan. This date can be different from the contribution date.

HRA Type	Eligibility Date
<b>Retiree-Only HRA</b>	Date of retirement or separation from service
<b>Integrated HRA</b> An HRA that's integrated with your group health plan.	First day of the medical plan year.
<b>Defined Contribution HRA</b> An HRA that allows you to contribute to the employee's account while they are actively employed but restricts access to funds until after they retire.	Date of plan entry.

If the participant is currently an active employee, simply select “active” from the dropdown on your template. If they were previously retired and have been rehired, simply state “rehired” along with the rehire date. If you are unsure how to determine the eligibility data, please contact your Account Management team at [accountmanagement@myMidAmerica.com](mailto:accountmanagement@myMidAmerica.com).

- **Date of Separation** applies to those employees who have retired or separated employment. If the individual is still currently employed with you, simply indicate, “active.”
- **Date of Coverage Termination** applies to integrated plans that may have participants who are still active, or retirees who stay on the group’s plan in retirement, who have terminated their group coverage. Report the date that the participant (active employee or retiree) is no longer enrolled in your employer sponsored group health coverage. This date is required to properly administer the participant’s account as the plan’s reimbursements may change once group coverage is terminated.
- **Percent Vested** applies to plans that have a vesting schedule in place. Simply use this dropdown to indicate what percent the employee is vested. If no vesting schedule applies, leave the field blank. If you are unsure of your plan’s vesting schedule, please refer to your Adoption Agreement, beginning on page 3.

<b>Vesting Schedule</b> Participants shall own their account balance in accordance with the following vesting schedule:	
<input type="checkbox"/>	100% Immediate
<input checked="" type="checkbox"/>	100% upon Retirement, meeting the Employer’s eligible requirements for retirement
<input type="checkbox"/>	100% upon Separation of Service
<input type="checkbox"/>	Other
<input type="checkbox"/>	100% upon death (can be selected in addition to “other” above)

- **Class assignment** can be found in your Adoption Agreement beginning on page 3. The document will provide the eligible class and what defines it, as well as the employment status. In the below example, any employee meeting the criteria in the “Defined As” section would be labeled as “RetA” on the Data Requirements Spreadsheet.

<b>Health Reimbursement Arrangement for Reti</b>
<b>Eligible Class RetA:</b> Cafeteria Services
<b>Defined as:</b> Any cafeteria service employee not eligible for post-retirement healthcare benefits paid by the employer

To access your Adoption Agreement, locate your plan documents by logging into your account at [www.wealthcareadmin.com](http://www.wealthcareadmin.com) and selecting the **Employer Documents** tile. If you still have questions about the eligible class, please email us at [accountmanagement@myMidAmerica.com](mailto:accountmanagement@myMidAmerica.com).

## Census and Employment Status Change Updates

If there are changes to your census information, you can use your Data Requirements Spreadsheet to make updates. This includes participant census changes such as last name, address, phone number and email, as well as employment status changes such as when a participant retires or separates. You can also use the spreadsheet to update any participants who have separated from employment without reaching 100% vesting. Once that information is received, MidAmerica is then able to forfeit their balance back to the employer.

To accurately process these requested changes, we can only accept the information in the format provided on the Data Requirements Spreadsheet. You may upload the completed spreadsheet with your contributions online at [www.myMidAmerica.com](http://www.myMidAmerica.com). Be sure to check the box on the contribution upload site indicating that census changes are included. If you are not sending in contribution funding at the time you are submitting changes, simply leave all

columns of the spreadsheet that do not apply blank and upload using the Census Upload option located on the Employer Upload Site landing page.

## Funding

We encourage you to submit funding through ACH or wire, as it is the most efficient and secure method. Funds submitted in this manner will be given priority when processing.

- ACH ROUTING NUMBER: 063100277
- WIRE ROUTING NUMBER: 026009593
- ACCOUNT NUMBER: 005561906347
- TITLE ON ACCOUNT: AUL Health Benefit Trust / MidAmerica Administrative & Retirement Solutions, LLC
- BANK NAME: Bank of America, N.A.
- BANK BRANCH: Lakeland, FL
- BANK PHONE NUMBER: (863) 616-5318
- REFERENCE: (Employer Name) AUL Policy Number\*\*

**Make hardcopy checks payable to:** AUL Health Benefit Trust

To send hardcopy checks, mail to:

MidAmerica Administrative & Retirement Solutions  
Attn: Contributions Processing  
PO Box 149  
Lakeland, FL 33802-0149

## Need your funding to get to us quickly?

Submit your funding through ACH or wire! It is the quickest and most secure way to fund your account.

\*A copy of the wire confirmation must be sent to MidAmerica with the data requirements.

\*\*The AUL Policy Number can be found on your New Business Agreement