

## Payroll Provider Questionnaire FSAFEDS Account Funds Transfers

Complete this questionnaire and return it via fax to:

Attn:       Jeremy Pucko               Fax Number: 1 (603) 430-6479

Please fill in your contact information below.

<b>Payroll Provider:</b>	
<b>Your Name :</b>	
<b>Your Email Address:</b>	
<b>Your Phone Number:</b>	

*Please check next to the appropriate selection*

1. What method will you use to adjust W-2's for FSAFEDS AFTs?	Manual	
	Automated/Bill File	

*If you selected "automated/bill file" please go to Question 5. BENEFEDS will contact you to discuss file format and other necessary changes.*

2. If you checked "manual", in which file format do you prefer to receive AFT info?	Excel Spreadsheet	
	Text File	

3. Our standard file layout includes the following fields/information:	
<ul style="list-style-type: none"> <li>• Social Security Number</li> <li>• Dollar Amount</li> <li>• Date transfer occurred</li> </ul>	<ul style="list-style-type: none"> <li>• Account type transferred from</li> <li>• Account type transferred to</li> </ul>
Please indicate below any additional fields/information you need to receive from BENEFEDS to process AFTs:	

4. How often do you prefer to receive AFT information?				
<ul style="list-style-type: none"> <li>• Each pay period</li> <li>• Monthly</li> <li>• Yearly</li> <li>• Other (please specify)</li> </ul>	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			

5. In very rare circumstances, we do not know about an erroneous account until after you have generated W-2's.		
When do you generate W-2 information?		
Is there a different procedure you'd like us to utilize when a W-2C is needed?	Yes	No
If yes, please specify		

Thank you for your assistance!