

# Cafeteria Plan Generator

## User Instructional Guide

Kinney Health Compliance

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# 1. Welcome & Overview

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Welcome to the Cafeteria Plan Generator from Kinney Health Compliance. This tool helps Minnesota public employers create, manage, and maintain legally compliant Section 125 Cafeteria Plan documents—without the complexity and cost of traditional legal drafting.

With our guided wizard, you can generate a complete, ready-to-adopt plan document in minutes. Your finished plan is available as both a PDF and a Word document, complete with electronic signatures, an audit trail, and automatic compliance tracking.

## What You Can Do

- Create a customized Section 125 Plan document tailored to your organization
- Choose from four benefit components: Pre-Tax Premiums, Health FSA, HSA, and Dependent Care Account (DCAP)
- Preview your full document before finalizing
- Endorse using digital signature and download in PDF or Word format
- Easily manage your plan over time with automatic compliance updates and custom amendment capabilities
- Maintain a complete audit trail of every action taken on your plan

## 2. What Is a Section 125 Cafeteria Plan?

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A Section 125 Cafeteria Plan (also called a “Flex Plan” or “Premium Only Plan”) is an IRS-recognized benefit plan that allows employees to pay for certain benefits using pre-tax dollars. This reduces taxable income for employees and payroll taxes for employers.

Common benefits offered under a Section 125 Plan include:

- **Pre-Tax Premiums** – Employees pay their share of health, dental, and vision insurance premiums before taxes are calculated.
- **Health FSA (Flexible Spending Account)** – Employees set aside pre-tax money to pay for eligible medical expenses not covered by insurance.
- **HSA (Health Savings Account)** – Pre-tax contributions to an HSA for employees enrolled in a qualifying high-deductible health plan.
- **DCAP (Dependent Care Account)** – Pre-tax dollars used for eligible child care or dependent care expenses.

To see the list of benefits we do not offer and why they're excluded from this service, please see visit our general [FAQ](#) section.

As a Minnesota public employer, having a properly drafted and adopted plan document is a legal requirement to offer these benefits. The Cafeteria Plan Generator creates this document for you.

### 3. Getting Started

#### Choosing a plan membership

To use the Cafeteria Plan Generator, you will need to purchase one of the available plan memberships.

1. Visit <https://kinneyhealth.com/cafeteria-plan-generator-tool/> and navigate to the store page.
2. View plan membership options and select one that fits your organization (see [Section 7](#) for details).

Your membership determines what you can do with the Cafeteria Plan Generator. There are two main options:

- o **Single Plan** – A one-time purchase that gives you one plan credit to create and finalize a plan document. Best if you need a plan document and do not expect compliance changes during the year.
- o **Bundle (Plan + Compliance Subscription)** – Includes a plan credit plus a recurring annual subscription that keeps your plan current with compliance updates. Best for ongoing plan management and compliance.

You can also purchase a standalone **Compliance Subscription** at any time if you initially chose the Single Plan option and later want access to compliance updates.

#### RECOMMENDATION

The Bundle membership provides the best value if you plan to use the Cafeteria Plan Generator as your ongoing compliance tool. Template upgrades that reflect changes in federal or state law are only available with an active Compliance Subscription.

3. Complete the registration form with your name, email, and a password for account creation.
4. After purchase, you will be redirected to the plan creation wizard and receive a confirmation email.

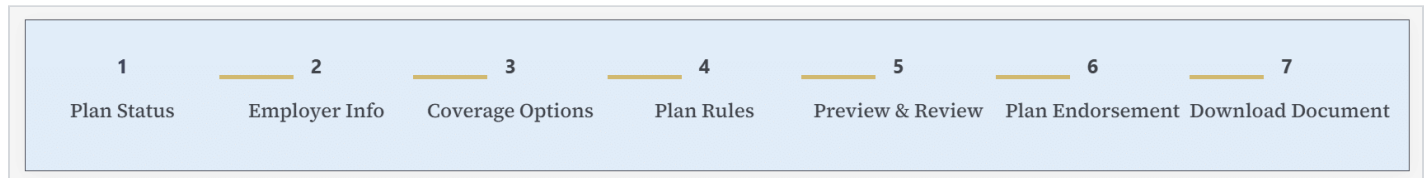
The screenshot displays three membership options side-by-side, each with a price of \$ TBD (Based on number of employees) and a list of features:

- Single Cafeteria Plan Document:** Includes features such as "Complete IRS-compliant Section 125 Plan", "Customized to your organization's size and benefits", "Choose from 4 benefit components: Pre-Tax Premiums, Health FSA, HSA, Dependent Care", "Download in both PDF and Word document format", and "Electronic signature for plan adoption". A yellow "Purchase" button is at the bottom.
- Cafeteria Plan Compliance Subscription:** Includes features such as "When law changes: Receive notifications from email and cafeteria plan account hub page", "Upgrade your plan: See what changed, review redline, and e-sign to adopt plan amendments and stay compliant", and "New amended plan version + previous version is saved to the user's account". A grey button labeled "Requires a Cafeteria Plan" is at the bottom.
- Single Cafeteria Plan + Compliance Subscription Bundle:** Includes features such as "20% discount for initial plan document purchase", "Single Cafeteria Plan Document + 12 month Compliance Subscription", "When law changes: Receive notifications from email and cafeteria plan account hub page", "Upgrade your plan: See what changed, review redline, and e-sign to adopt plan amendments and stay compliant", and "New amended plan version + previous version is saved to the user's account". A yellow "Purchase" button is at the bottom.

Screenshot: Registration / Membership Selection Page

## 4. Creating Your Plan (Step-by-Step Wizard)

The Plan Creation Wizard walks you through seven steps to build your customized Section 125 Plan document. You can save your progress at any step and return later to finish.



Screenshot: Wizard Progress Bar

### 1 Plan Status

The first step asks whether you are creating a **brand new** Section 125 Plan or **restarting an existing** plan that your organization already has in place.

- **New Plan** – Select this if your organization has never had a Section 125 Plan before, or if you are starting fresh.
- **Existing Plan (Restatement)** – Select this if you already have a Section 125 Plan and are using this tool to restate it with updated, compliant language. You will be asked for your existing plan’s original effective date.

The screenshot shows the 'Plan Status' form. It has a title 'Plan Status' and a question 'Do you have an existing cafeteria plan?'. There are two radio button options: 'Yes' (selected) and 'No'. Below the 'Yes' option is a text field with the value '01/01/2026'. At the bottom of the form is a 'Next' button.

Step 1 – Plan Status Selection

#### WHAT'S THE DIFFERENCE?

Choosing “Existing Plan” adjusts the plan language to reflect that this is a restatement of a previously adopted plan.

## 2 Employer Information

Enter your organization's details. This information is used throughout the plan document.

- **Employer (Legal Name)** – The full legal name of your organization as it should appear in the plan document (e.g., “Pine Lake School District”).
- **Plan Year Start Date** – The date your plan year begins. Most employers use January 1 or July 1. If restating, this is labeled “Restatement Effective Date.”
- **Employer Address** – The mailing address for your organization.
- **Claims Administrator** – The name of the person or company that will process benefit claims (e.g., your benefits coordinator or a third-party administrator).
- **Claims Administrator Address** – The mailing address where claims should be sent.

### Employer Info

**Employer** ⓘ  
Pine Lake School District

**Restatement Effective Date** ⓘ  
01/01/2027

**Employer Address** ⓘ  
1998 newton rd

**Claims Administrator** ⓘ  
Burnham Health

**Claims Administrator Address** ⓘ  
64646 longview street

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Step 2 – Employer Information Form

## 3 Coverage Options

Select which benefit components to include in your plan. You must select at least one option. Most employers include **Pre-Tax Premiums** as the foundation of their Section 125 Plan. You may select any combination of the following:

- **Pre-Tax Premiums** – Allows employees to pay their share of health, dental, and vision insurance premiums with pre-tax dollars. *Included in most plans.*
- **Health FSA** – Employees set aside pre-tax money (up to the annual IRS limit) to reimburse eligible medical, dental, and vision expenses.
- **HSA** – Pre-tax contributions to an HSA for employees enrolled in a qualifying high-deductible health plan (HDHP). Cannot be combined with a general-purpose Health FSA.
- **DCAP** – Pre-tax dollars for eligible dependent care expenses such as daycare, after-school programs, or elder care.

### Coverage Options

Select Plan Options: ⓘ

**Pre-Tax Premiums** ⓘ

**Health Flexible Spending Account (Health FSA)** ⓘ

**Health Savings Account (HSA)** ⓘ

**Dependent Care Account** ⓘ

Previous Next

Step 3 – Coverage Options Checkboxes

## HOW DOES THIS AFFECT MY DOCUMENT?

The plan document is dynamically generated based on your selections. Sections that don't apply to your chosen options are automatically excluded, so you receive a clean, relevant document with only the provisions you need.

### 4 Plan Rules

Configure the specific rules for your plan. The options shown here depend on which coverage options you selected in Step 3.

**Health FSA Plan Year Option** – If you selected Health FSA, choose how unused funds are handled at the end of the plan year:

- **Grace Period** – Gives participants an additional 2½ months after the plan year ends to incur expenses using their remaining Health FSA balance.
- **Carryover** – Allows participants to carry over up to \$660 (indexed annually) of unused Health FSA funds into the next plan year.
- **Neither** – No grace period or carryover. Unused funds are forfeited at the end of the plan year (strict “use-it-or-lose-it”).

**DCAP Grace Period** – If you selected DCAP, you can optionally add a grace period for the Dependent Care Account. By default, DCAP uses only a run-out period (time to submit claims for expenses already incurred during the plan year).

**Run-Out Period** – Enter the number of days after the plan year ends that participants have to submit claims for expenses incurred during the plan year. The recommended period is **90 days**.

### Plan Rules

Select Plan Year Option for Health FSA: ⓘ

**Grace Period - Health FSA**  
Allows participants an additional 2.5 months after the plan year ends to incur expenses and submit claims.

**Carryover Period - Health FSA**  
Allows participants to carry over up to \$660 of unused Health FSA funds to the next plan year.

**Neither (run-out only) - Health FSA**  
No grace period or carryover. Expenses must be incurred during the Plan Year; claims may be submitted during run-out only.

Select Plan Year Option for DCAP: ⓘ

**Grace Period - DCAP\***

\* It is technically permissible (but not recommended) to add a grace period of 2½ months for Dependent Care. This allows a participant to spend unused dependent care contributions from the prior year on dependent care expenses incurred during the first 2½ months of the current year. But if they elect the full \$5,000 in dependent care expenses for the current year, the excess is taxable. This creates additional administration, payroll, and employee communication issues. If you do not include a grace period for dependent care, employees still have the runout period to submit claims incurred before the end of the prior year (it's easier to plan for dependent care expenses, so forfeitures are less likely).

**Runout Period (in days)** ⓘ

90

Recommended: 90 days

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Step 4 – Plan Rules Configuration

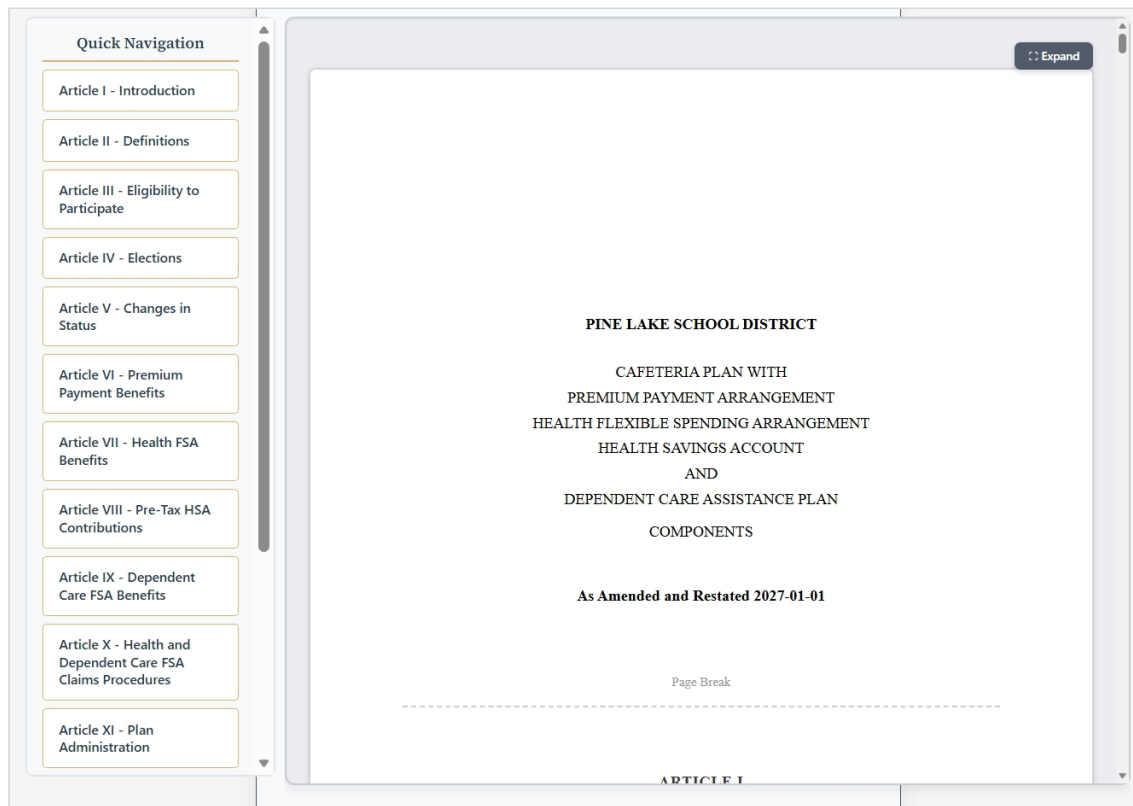
## TIP

Most Minnesota public employers choose either the Grace Period or the Carryover option for Health FSA. The Grace Period is more common. You cannot offer both a Grace Period and a Carryover for the same plan year. If needed, consult an attorney to determine the best option for your organization.

## 5 Preview & Review

This step displays a full preview of your plan document content. Take time to review it carefully before proceeding.

- The document preview shows the complete plan as it will appear in the final document before endorsement.
- A sidebar navigation lets you jump to any article for quick review.
- If anything needs to be changed, use the **Previous** button to go back to previous steps and make corrections.



Screenshot: Step 5 – Document Preview with Sidebar Navigation

## REVIEW CAREFULLY

Make sure your employer name, dates, plan options, and rules are correct before proceeding. While you can edit your plan after finalizing, it is best to catch any issues now.

## 6 Plan Endorsement

The endorsement step is where the authorized representative formally adopts the plan. This serves as the official electronic signature on your plan document.

**Authority Confirmation** – Before signing, you must confirm how the plan adoption was authorized:

- **Resolution Approved** – A formal resolution was passed by your governing body (school board, city council, etc.) approving the adoption of this plan.
- **Authority Delegated** – The governing body has delegated authority to an individual to adopt employee benefit plans.
- You can download a **draft PDF** at this stage for offline review or to share with colleagues before proceeding to endorsement step.

### Signature Information

- **Printed Name** – The full name of the person endorsing the plan.
- **Signature** – You can write your signature using the digital draw pad, use a digital signature that records your name with a timestamp, or leave the field empty for a hand-written signature.
- **Title / Position** – Your official title (e.g., “Superintendent,” “City Administrator,” “HR Director”).
- **Date of Signature** – The date the plan is being endorsed.

### Plan Endorsement

**Before You Sign – Authority to Adopt This Plan**

This document constitutes the formal adoption, restatement, or amendment of a cafeteria plan under IRC § 125. It must be executed by a person with legal authority to bind your organization.

For most Minnesota political subdivisions, that authority rests with the governing body (city council, county board, school board, etc.), not with an individual administrator or HR officer. Before signing, confirm one of the following:

The governing body has adopted a resolution approving this plan, restatement, or amendment.

The governing body has adopted a resolution delegating authority to execute benefit plan documents to the person signing below.

If neither applies, present this document to your governing body for approval before execution.

[Download Draft Plan for Review](#)

This tool does not provide legal advice. If you are uncertain whether proper authority exists, consult your city attorney, county attorney, or other legal counsel before proceeding.

**Printed Name** ⓘ

**Electronic Signature** ⓘ

**Choose signature method:**

Digital acknowledgment with audit trail

Draw my signature

Leave blank for handwritten signature

**Signature field will be left blank**

The document will include an empty signature line for handwritten signing after printing.

**Title/Position** ⓘ

**Date of Signature** ⓘ

[Previous](#) [Endorse Plan](#)

Step 6 – Endorsement Page with Signature Pad

## LEGAL NOTE

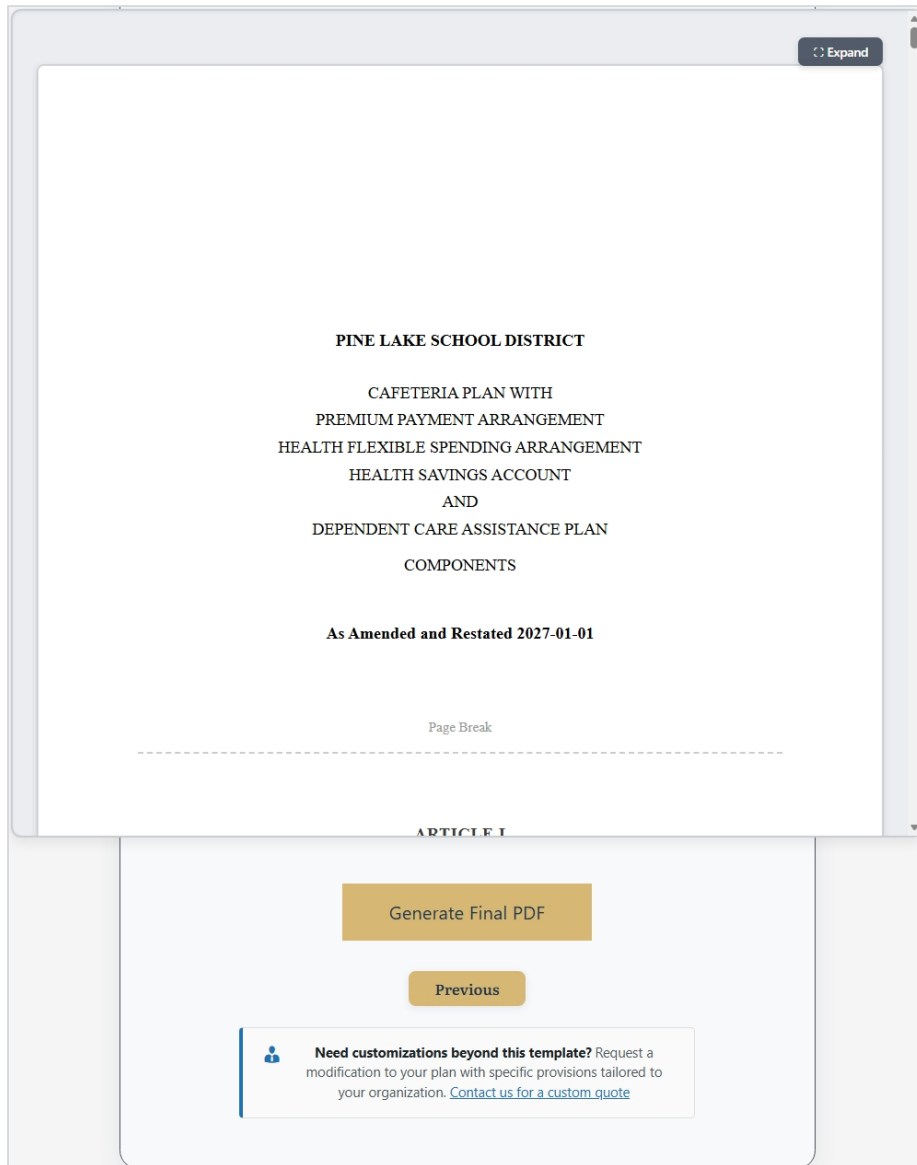
The electronic drawn + digital signature options are legally binding - The system records your name, IP address, timestamp, and browser information as part of the permanent audit trail. Make sure the person endorsing the plan has proper authority to do so.

## 7 Download Your Document

After endorsement, your plan is finalized and ready for download. On this page you can:

- Generate and download your completed plan as a **PDF** document.

Your finalized plan is permanently available from your [Plan Dashboard](#), where you can also download it as a **Word document** (.docx) and access your **Audit Report** at any time.



The screenshot displays a web interface for downloading a finalized plan document. The main content area shows a preview of the document with the following text:

**PINE LAKE SCHOOL DISTRICT**  
CAFETERIA PLAN WITH  
PREMIUM PAYMENT ARRANGEMENT  
HEALTH FLEXIBLE SPENDING ARRANGEMENT  
HEALTH SAVINGS ACCOUNT  
AND  
DEPENDENT CARE ASSISTANCE PLAN  
COMPONENTS  
  
**As Amended and Restated 2027-01-01**

Page Break

ARTICLE I

Below the preview, there are two buttons: "Generate Final PDF" and "Previous". At the bottom, there is a callout box with a person icon and the text: "Need customizations beyond this template? Request a modification to your plan with specific provisions tailored to your organization. [Contact us for a custom quote](#)".

Screenshot: Step 7 – Final Download Page

## 5. Your Plan Dashboard

### 5.1 Dashboard Overview

The Plan Dashboard is the central hub for managing your cafeteria plan. Here you can see all of your plans, their current status, and available actions. From the dashboard, you can download, edit, view audit logs, and apply template upgrades or patches to your plan.

### My Cafeteria Plans

**Compliance Subscription: Active** - You can upgrade your plans when new template versions are available.

Filter by Version: All ▾ Status: All ▾ Sort by: Newest First ▾ [Apply Filters](#)

Plan Title	Plan Version	Plan Year	Date Created	Last Edited	Status	Actions
<b>Pine Lake School District Cafeteria Plan</b>	★ Current Plan — Eff. 1/1/2027 (V2) ▾ <small>1 prior version(s) on file</small>	1/1/2027 – 12/31/2027 <b>UPCOMING</b>	Mar 30, 2026 5:10 PM	2026-03-30 17:10:37	Finalized	<a href="#">Download PDF</a> <a href="#">Download Word</a> <a href="#">Edit</a> <a href="#">View Audit Log</a>

Screenshot: Plan Dashboard Overview

The dashboard shows:

- **Plan Credits Available** – How many new plans you can create.
- **Compliance Subscription Status** – Whether your subscription is active or not.
- **Plan List** – A table of all your plans with their name, version, plan year, status, and available actions.

### 5.2 Plan Statuses & Plan Year Badges

#### Plan Statuses

STATUS	MEANING
In Progress	You have started creating this plan but have not completed all wizard steps. A progress indicator shows which step you are on (e.g., “Step 3 of 6”).
Draft	You have completed the wizard steps but have not yet endorsed (signed) the plan.
Finalized	The plan has been endorsed and the final document has been generated. It is ready for download and use.

#### Plan Year Badges

Each finalized plan displays a badge based on its plan year dates:

BADGE	MEANING
ACTIVE	The current date falls within this plan's plan year. This is your currently effective plan.
UPCOMING	This plan's plan year has not started yet. It will become active on its start date.
EXPIRED	This plan's plan year has ended. The plan is part of your historical records.

### 5.3 Editing an Existing Plan

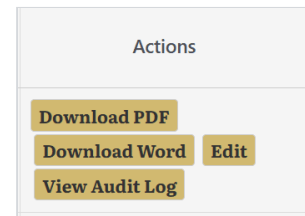
You can re-open a finalized plan to make changes by clicking the **Edit** button on your dashboard. When you edit a non-active plan (upcoming effective date) , you can freely make changes without triggering the amendment process - you can update the plan year start date, coverage options, rules, and other details as needed before it becomes active.

When you make substantive edits to an active plan (within effective date) , the system treats this as a **plan amendment** - see [Section 6.3](#) for details on what edits trigger the amendment process.

### 5.4 Downloading Documents (PDF & Word)

From the dashboard, you can download your finalized plan in two formats:

- **PDF** – A professional, paginated document ready for printing, filing, or sharing. Includes your electronic signature, page numbers, and proper legal formatting.
- **Word (.docx)** – An editable document that preserves the formatting and content of your plan. Useful if you need to share an editable copy with legal counsel or other stakeholders.



*Dashboard Action Buttons*

### 5.5 Viewing the Audit Log

Every significant action on your plan is recorded in an audit trail. Click **View Audit Log** on the dashboard to see a chronological record of:

- Plan creation and each wizard step completion
- Endorsement details (who signed, when, from what location)
- Document downloads
- Template upgrades and patches applied
- Plan amendments and version history

You can also download a printable **Audit Report (PDF)** for your compliance files.

Pine Lake School District Cafeteria Plan	★ Current Plan — Eff. 1/1/2027 (V1)	1/1/2027 – 12/31/2027 UPCOMING	Mar 30, 2026 4:58 PM	2026-03-30 17:00:15	Finalized	<a href="#">Download PDF</a> <a href="#">Download Word</a> <a href="#">Edit</a> <a href="#">Hide Activity Log</a>
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### Plan Audit Log

[Download Full Audit Report](#)

**Signature Record**

Signed By:	jaseph kennic
Name on Endorsement:	Joseph William Kinney
Title:	Pine Lake School District Attorney
Date Entered:	2026-03-30
Signature Style:	Digital
Date & Time Signed:	Mar 30, 2026 at 5:00 PM
IP Address:	74.47.187.136

**Generated Documents**

Screenshot: Audit Log View

## 5.6 Version History & Prior Versions

If you have applied template upgrades or made custom amendments to your plan, the dashboard provides a version history selection dropdown. This lets you:

- View any prior version of your plan document
- Download prior versions as PDF or Word
- See labels indicating whether a prior version was created by a **template upgrade** (compliance updates) or a **custom plan amendment** (your changes)

**Plan Version**

★ Current Plan — Eff. 1/1/2027 (V2) ▼

★ Current Plan — Eff. 1/1/2027 (V2)

Pre-Template Upgrade — 1/1/2027 – 12/31/2027 (V1)

Version History Dropdown

Prior versions are read-only—they cannot be edited. They serve as your historical compliance records, documenting what plan language was in effect during each period.

## 6. Keeping Your Plan Current

Employment benefit law changes regularly. The Cafeteria Plan Generator helps you stay compliant through three distinct types of updates:

### 6.1 Template Upgrades (Compliance Updates)

When significant changes in federal or state law affect Section 125 Plans, we release a **template upgrade**. This is a new amended version of the plan document template that incorporates required legal language changes.

## How It Works

1. When an upgrade is available, you will see a **“Template Upgrade Available”** notice on your dashboard and receive an email notification.
2. Click the **Upgrade** button to begin the upgrade process.
3. The system analyzes your plan to determine if the changes actually affect your specific document (based on which benefit options you selected).
4. **If your plan is affected:** You will see a redlined version of your document showing exactly what changed—additions are highlighted in green and removals are shown in red with a strikethrough. A sidebar lets you navigate directly to each changed section. Review the changes, then re-endorse your plan to adopt the template upgrade amendments.
5. **If your plan is not affected:** You will see a simple notice explaining that the changes do not apply to your specific plan. You can apply the upgrade with a single click—no review or re-endorsement is needed.

Plan Title	Plan Version	Plan Year	Date Created	Last Edited	Status	Actions
Pine Lake School District Cafeteria Plan	★ Current Plan — Eff. 1/1/2027 (V1) <b>Template Upgrade Available</b>	1/1/2027 – 12/31/2027 <b>UPCOMING</b>	Mar 30, 2026 4:58 PM	2026-03-30 17:00:15	Finalized	<a href="#">Download PDF</a> <a href="#">Download Word</a> <a href="#">View Audit Log</a> <a href="#">Edit</a> <a href="#">Upgrade</a>

Screenshot: Dashboard showing a template upgrade is available

**Quick Navigation**

- 3 article s modified
- Article I - Introduction
- Article II - Definitions
- Article III - Eligibility to Participate
- Article IV - Elections  
Modified
- Article V - Changes in Status  
Modified
- Article VI - Premium Payment Benefits
- Article VII - Health FSA Benefits
- Article VIII - Pre-Tax HSA Contributions  
Modified
- Article IX - Dependent Care FSA Benefits
- Article X - Health and

your Dependent Care FSA election due to a change in cost or coverage of the service provider. For example, if you terminate one dependent care service provider and hire a new dependent care service provider, then you may change your election to reflect the cost of the new service provider. Similarly, if you terminate a dependent care service provider because a relative becomes available to take care of the child at no cost, then you may cancel coverage. However, you may not increase your election to pay the increased cost of a service provider if such service provider is a relative as defined in Code section 152(d)(2).

You will not be allowed to reduce your election for the Health FSA or Dependent Care FSA to a point where the total allotment for the Plan Year for such benefit is less than the amount already reimbursed for that Plan Year. In addition, any change in election affecting your annual election to the Health FSA or Dependent Care FSA allowed under this section will also change your benefits for the period of coverage remaining in the Plan Year. Your benefits following an election change will be calculated by adding any balance (including a negative balance) remaining in the Health FSA or Dependent Care FSA as of the end of the portion of the Plan Year immediately preceding the change in election, to the total allotments scheduled to be made by you during the remainder of the Plan Year to each account, respectively.

**5.8 Change in Pre-Tax HSA Election**

An election to make an HSA contribution can be increased, decreased, or ~~cancel~~ revoked at any time during the Plan Year. Such election change shall be effective as soon as administratively feasible following the date the election change was received by Employer, unless ~~you~~ the Participant requests a later ~~date~~ effective date. The Employer shall process the change no later than the first payroll period beginning after the request is received.

**5.9 Changes Required for Non-discrimination Compliance**

The Claims Administrator retains the authority to modify or revoke your election without your consent if the Claims Administrator deems it necessary in order to comply with non-discrimination rules under the Code. For example, the Claims Administrator may find it necessary to reduce Dependent Care FSA elections to comply with nondiscrimination requirements under the Code.

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**ARTICLE VI**  
**PREMIUM PAYMENT BENEFITS**

**6.1 Salary Reduction Contributions**

Screenshot: Redline comparison view showing additions and removals

### SUBSCRIPTION REQUIRED

Template upgrades require an active **Compliance Subscription** which can be canceled/renewed through the subscriptions tab in the account page, and can be purchased either through the bundle plan option, or as an individual subscription (made available only to existing plan owners) from the store page.

## 6.2 Template Patches (Minor Fixes)

Occasionally, we release minor fixes to the plan document template—such as correcting a typo, updating a dollar figure for annual inflation adjustments, or clarifying wording. These are called **template patches**.

### How It Works

1. When a patch is available, you will see a “**Template Patch Available**” notice on your dashboard.
2. Click **Apply Patch** to review the changes.
3. Just like upgrades, the system checks whether the patch affects your specific plan. If it does, you will see a redline of the changes and given an option to accept the patch changes.

### FREE UPDATES

Template patches are always free and do not require a Compliance Subscription. They are minor corrections—not legal compliance changes—and we want all plan holders to have accurate documents.

## 6.3 Plan Amendments (Your Own Changes)

If you need to revise your active plan—such as adding or removing a benefit option, changing your claims administrator, or updating your plan year dates—you can do so by editing your plan from the dashboard and endorsing the changes as a custom plan amendment.(see [Section 5.3](#)).

When you make a custom amendment to an active plan:

- Your previous (Pre-Amended) plan version is automatically preserved as a historical snapshot and saved
- The dashboard dropdown labels will show which version is current and which are prior versions.

### WHAT COUNTS AS A PLAN AMENDMENT?

Not every edit triggers the amendment process. The system distinguishes between two types of changes:

- **Substantive changes** – Changes that alter what your plan legally provides, such as adding or removing a benefit option (e.g., adding HSA or removing DCAP), changing the plan status (new vs. existing), or modifying Health FSA plan year rules. These are treated as formal plan amendments. If your plan year is currently active, the system will require you to set the Plan Year Start Date to the start of your next plan year, because under IRS rules, mid-year amendments to a Section 125 Plan generally cannot take effect until the next plan year.
- **Non-substantive changes** – Updates like correcting your employer address, changing the claims administrator name, or fixing a typo in your organization’s details. These do not change what benefits the plan offers, so they take effect immediately without triggering the amendment process, requiring a future plan year start date, or creating a historical snapshot.

## 7. Membership Tiers & Pricing

Membership is based on your organization's size. Each tier is available as either a Single Plan or a Bundle.

EMPLOYER SIZE	SINGLE PLAN (ONE-TIME)	BUNDLE (PLAN + ANNUAL SUBSCRIPTION)
Small (Under 50 employees)	\$TBD	\$TBD/first yr, then \$TBD/yr
Medium (50–199 employees)	\$TBD	\$TBD/first yr, then \$TBD/yr
Large (200+ employees)	\$TBD	\$TBD/first yr, then \$TBD/yr

### What's Included

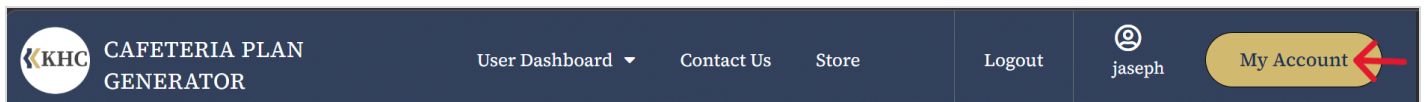
FEATURE	SINGLE PLAN	BUNDLE
Plan creation credit	1 plan	1 plan
PDF & Word downloads	Yes	Yes
Template patches (minor fixes)	Free	Free
Template upgrades (compliance)	—	Yes
Version history & audit trail	Yes	Yes

#### COMPLIANCE SUBSCRIPTION

If you purchased the Single Plan and later want access to template upgrades, you can purchase a standalone Compliance Subscription for \$150/year without needing to buy a new plan.

## 8. Managing Your Account & Subscription

To access your account page, click the account link in the website header as shown below.



Screenshot: Accessing the Account Page from the website header

From your account page, you can manage your Cafeteria Plan Generator account and subscriptions. Here you can:

- View your active subscriptions and renewal dates
- Update your payment method
- Renew or cancel your Compliance Subscription
- View your purchase history and invoices

## BEFORE CANCELING

If you cancel your Compliance Subscription, you will retain full access to your existing plan documents and can continue to download them. However, you will not be able to apply future template upgrades when compliance changes occur. You can reactivate your subscription at any time.

## 9. Frequently Asked Questions

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### Can I create more than one plan?

Each plan credit allows you to create one plan. If you need additional plans (for example, if you manage multiple entities), you can purchase additional single plan memberships.

### Can I change my plan after it's been finalized?

Yes. Click the **Edit** button on your dashboard to make changes. See [Section 5.3](#) for details on how editing works for active vs. non-active plans and how the system handles plan amendments.

### What happens if I selected the wrong benefit options?

You can change your benefit options and other plan details by editing your plan. The document will automatically regenerate with the correct sections for your updated selections. See [Section 5.3](#) for details.

### Is using an electronic signature legally valid?

Yes. Our electronic signature options meet the requirements of the federal ESIGN Act and the Minnesota Uniform Electronic Transactions Act (Minn. Stat. § 325L). The system records the signer's identity, timestamp, IP address, and other metadata as part of a comprehensive audit trail.

### How do I know when a compliance update is available?

You will receive an email notification when a template upgrade or patch is available. You will also see a prominent notice on your Plan Dashboard the next time you log in.

### What is the difference between a template upgrade and a template patch?

A **template upgrade** reflects meaningful changes in law or regulation that affect the legal compliance of your plan document. An active Compliance Subscription is required. A **template patch** is a minor correction (typo fix, inflation-adjusted dollar figure, wording clarification) that is always free.

### What if a template upgrade doesn't affect my plan?

The system intelligently analyzes whether the specific changes in a template upgrade apply to your plan based on your selected benefit options. If the changes don't apply to your plan, you will see a clear notice explaining this and can apply the upgrade with a single click—no redline review or re-endorsement is needed.

### Can I go back to a previous version of my plan?

You can view and download any previous version of your plan from the version history dropdown on your dashboard. However, previous versions are read-only and cannot be made the active plan again. They serve as your historical compliance records.

### What format should I keep for my records?

We recommend downloading and saving both the PDF and the Audit Report for each finalized version of your plan. The PDF is your official plan document, and the Audit Report documents the endorsement and activity history for individual plan versions.

### Do I need to print and physically sign the plan?

No. The electronic endorsement through the Cafeteria Plan Generator can legally serve as an official signature. However, you are welcome to print and wet-sign a copy for your files if your organization prefers that approach. You can choose the “blank signature” option during endorsement if you plan to sign the printed copy.

### What browsers are supported?

The Cafeteria Plan Generator works best in modern browsers including Microsoft Edge, Google Chrome, Mozilla Firefox, and Safari. We recommend using a computer or tablet as well as keeping your browser up to date for the best experience using our service.

## 10. Getting Help & Support

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If you have questions or need assistance:

- **Email:** Contact us at [info@kinneyhealth.com](mailto:info@kinneyhealth.com)
- **Phone:** Contact us at 952-688-2872 during business hours (9am-5pm Central Time Zone, Monday through Friday)

Our support team is available to help with account issues, technical questions, and general guidance on using the Cafeteria Plan Generator.

#### LEGAL DISCLAIMER

The Cafeteria Plan Generator produces plan documents based on current federal and Minnesota state law. While our templates are drafted by qualified professionals and kept current through template upgrades, this tool does not constitute legal advice. We recommend consulting with your organization’s legal counsel if you have questions about the specific legal requirements for your situation.