

Premium Only Plan (POP) Plan Design Guide



Please complete this form and return to FurtherSM, CareFirst's HSA administrator, at least three weeks before your effective date to ensure proper administration of your plan. If you have any questions, please call BlueFund Customer Service at 866-758-6119. Send your completed form via secure email to carefirstsales@hellofurther.com or mail it to Further, c/o CareFirst, PO Box 982814, El Paso, TX 79998-2814.

All fields are required unless otherwise noted. Incomplete forms will cause delays setting up your plan.

1. EMPLOYER INFORMATION	
Employer's name _____	
Employer's tax ID number _____	
Type of corporation <input type="radio"/> S Corporation <input type="radio"/> C Corporation <input type="radio"/> Partnership <input type="radio"/> Sole Proprietor <input type="radio"/> Political Subdivision/Church <input type="radio"/> LLC <input type="radio"/> Non-Profit <input type="radio"/> Other _____	
Number of employees eligible for plan _____	
Signing Authority	
<i>The person listed below is responsible for signing and approving the Plan Design Guide and does not receive any marketing or operational communications from Further unless they are also the Group Administrator and the section below is left blank.</i>	
Name _____	Title _____
Phone number _____	Email address _____
Group Administrator (if different than above)	
<i>The person listed below has access to all plan information when contacting Further and will automatically be granted full access to the BlueFund Account Service Center.</i>	
Main contact name _____	Title _____
Phone number _____	Email address _____
Additional contact person (optional)	
<i>The additional contact person has access to the plan information indicated below when contacting Further. This person's online access is granted by the main contact person within the BlueFund Account Service Center.</i>	
Additional contact name _____	Title _____
Phone number _____	Email address _____
Additional contact person has access to the following information when contacting Further:	
<input type="radio"/> All plan data <input type="radio"/> Claim billing	
To grant access to additional users or to add more contacts, log into the BlueFund Account Service Center.	

2. CAREFIRST INFORMATION	
CareFirst account executive Name _____ Phone number _____ Email address _____	CareFirst account executive Name _____ Phone number _____ Email address _____

Further is an independent company that provides administrative services for CareFirst BlueCross BlueShield consumer directed health care plans and incentive cards. Further does not sell BlueCross or BlueShield products.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., and CareFirst BlueChoice, Inc. are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

3. AGENCY/BROKERAGE INFORMATION

Name of agency/brokerage (if applicable) _____
Agency/brokerage address _____
Agency/brokerage code _____ Agency/brokerage tax ID _____
Agent/broker's name (if applicable) _____ Email address _____
Agent/broker code (NPN) _____ Agent/broker phone _____

4. PLAN INFORMATION

Plan year

Start date _____ End date _____

Health plan carrier (if other than CareFirst) _____

Plan options

- Premium Only Plan (POP)—employer sponsored health plan.

Eligibility required for plan documents (generally matches that of the health plan.)

Employees must work at least _____ hours per week to be eligible.

Benefits will begin on (select only one):

- First of the month following date of hire
 Date of hire
 First *day* after completion of the waiting period 30 days 60 days 90 days Other _____
 First of the *month* after completion of the waiting period 30 days 60 days 90 days Other _____

5. ADMINISTRATIVE FEES—Completion of this section is mandatory if you **do not** have CareFirst Medical.

You will receive an automated email notification when your detailed billing information is available and another email notification two business days in advance of the scheduled Automated Clearinghouse (ACH) transaction confirming the amount of funds to be transferred. Sign into the Online Group Service Center to view and print your complete invoice detail under *Administrative Fee Invoices*.

ACH information

I hereby authorize Further to charge our bank account through ACH for **administrative fees for an annual fee**. The following bank account information is provided to Further for initiation of this procedure.

Select only one:

- Use same bank account as indicated for claim reimbursements; OR
 Use bank account information indicated below:

Bank name _____

Bank ABA number _____ Account type: Checking Savings
(The ABA number is the nine-digit number located in the lower left corner of your check.)

Bank account number _____
(Funds will be drawn from your bank account on or after the 20th of each month.)

6. ADMINISTRATIVE TIPS AND DEFINITIONS

PLAN DOCUMENTS: Further will be preparing your Plan Document and Summary Plan Descriptions (SPD). The documents will be sent to the group contact within 60 days of receipt of the completed Plan Design Guide.

7. SIGNATURE

It is agreed that necessary information concerning current and future members and/or their dependents who participate in this plan and participants whose participation is to be changed or discontinued, shall be provided to Further on a timely basis.

I HAVE READ AND UNDERSTAND THE CHOICES WITHIN THIS PLAN DESIGN GUIDE. INFORMATION ON THE PLAN DESIGN GUIDE AND ANY ANCILLARY INFORMATION PROVIDED FOR THE PURPOSE OF ENROLLING IN THIS PLAN ARE, TO THE BEST OF MY KNOWLEDGE, CORRECT AND COMPLETE.

Signature _____ Date _____

Printed name _____ Title _____

8. FOR OFFICE USE ONLY

Further group number _____ Sales executive _____

Market segment _____ Further account manager _____

CareFirst account manager _____ Further client manager _____

Broker partner _____ Further enrollment specialist _____

Broker account manager _____