

Please complete this form and return to Further 45 days before your effective date so we can properly administer your plan.

If you have any questions, please call our Sales Line at 855-363-2583. When complete, either send via secure email only to Further.Sales.Support@HelloFurther.com, fax this form to 1-866-231-0214; mail it to Further, PO Box 982814, El Paso, TX 79998-2814.

All fields are required, incomplete forms will cause delays setting up your plan.

I. EMPLOYER INFORMATION

Legal Name _____

Employer's Street Address _____

City _____ State _____ ZIP Code _____

Employer's Tax I.D. Number (required) _____

Type of Corporation S Corporation* C Corporation Partnership* Sole Proprietor*
 Political Subdivision/Church LLC* Non-Profit Other _____

**2% or more shareholders of an S Corporation, along with partners in a partnership, sole proprietors and members of an LLC or PLLP do not have access to an FSA.*

Number of employees eligible (not enrolled) for plan: _____

Main Contact Person:

(This person has access to all plan information and can add, edit, or remove portal access for additional contacts.)

Main Contact Person _____ Title _____

Phone Number () _____

Email Address _____

Additional Contact Person:

(This person has access to the plan information and edit access for group portal.)

Additional Contact Person _____ Title _____

Phone Number () _____

Email Address _____

Additional Contact:

Fee billing information

II. HEALTH PLAN ADMINISTRATION INFORMATION:

Health Plan Carrier _____

III. AGENCY/BROKERAGE INFORMATION

Agency Name: _____ Agency Code: _____
Agent Name: _____ Agent Code: _____
Agency Contact Name (if different than agent): _____
Email: _____ Phone: _____
Address: _____

IV. ACCOUNT ADMINISTRATIVE INFORMATION

Plan Year

Start date _____ End date _____

Eligibility - (Required for Plan documents. This 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

V. ADMINISTRATIVE FEES

You will receive an automated e-mail notification when your detailed billing information is available and another e-mail notification two business days in advance of the scheduled 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.

Automated Clearinghouse Information

I hereby authorize Further to charge our bank account through Automated Clearinghouse for **Administrative Fees for an annual fee**. The following bank account information is provided to Further for initiation of this procedure.

Bank Name _____

Type of Account: Checking Savings

Bank ABA Number _____

(The ABA number is the nine-digit number located in the lower left corner of your check or savings deposit slip)

Bank Account Number _____

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

VI. ADMINISTRATIVE TIPS:

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

VII. SIGNATURES

It is agreed that necessary information concerning current and future employees and/or their dependents who participate in this Plan and employees 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 _____

VIII. IN OFFICE USE:

Distribution/Channel Partner _____

Market Segment _____