



Please complete this form and return to Further 30 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, fax this form to 1-866-231-0214; mail it to Further, PO Box 982814, El Paso, TX 79998-2814; or send via secure email, to Further.Sales.Support@HelloFurther.com.

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

I. EMPLOYER INFORMATION

Legal Business 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 _____

Number of Employees Eligible for the Adoption Assistance Program Plan: _____

*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 AAP.

Primary Contact Person:

(Has access to all plan information and can add, edit, or remove portal access for additional contacts)

Primary Contact Person _____ Title _____

Phone Number () _____

Email Address _____

Additional Contact Person:

(Has access to all plan information and edit access for group portal)

Additional Contact Person _____ Title _____

Phone Number () _____

Email Address _____

Additional Contact Email Notifications

[] Fee billing information [] Claim billing information

II. AGENCY/BROKERAGE INFORMATION

Agency Name: _____ Agency Code: _____

Agent Name: _____ Agent Code: _____

Agency Contact Name (if different than agent): _____

Email: _____ Phone: _____

Address: _____

III. ACCOUNT ADMINISTRATIVE INFORMATION

Adoption Assistance Program Plan

Start date _____ End date _____

Eligibility 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

Minimum and Maximum Contribution

	<u>Minimum</u>	<u>Maximum</u>
Adoption Assistance Program \$ _____		\$ _____
Employee \$ _____		\$ _____
Adoption Assistance Program Employer \$ _____		\$ _____

Does the Employer contribute to any account(s)? **Yes** **No**

Please indicate the length of the runout period: _____ (months)

(Length of runout period must be in whole and/or half month increments.)

IV. CLAIM REIMBURSEMENT PROCESSING

You will receive an automated email notification with the claim reimbursement totals. Sign into the Online Group Service Center to view and print your complete invoice detail under Claim Reimbursement Invoices.

Automated Clearinghouse Information (completion of this section is mandatory)

I hereby authorize Further to charge our bank account through Automated Clearinghouse for **claim reimbursements** made to our employees. 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 _____

V. ADMINISTRATIVE FEES

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 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

Please select **one**:

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

I hereby authorize Further to charge our bank account through Automated Clearinghouse for **Administrative Fees**. 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. ENROLLMENT DATA

Initial Enrollment Data will be sent via:

- Group Online Service Center. Employer will enroll participants online using the Group Online Service Center at **hellofurther.com**
- Secure File Transfer
(File format requirements and secure file transfer setup will be provided via email).

VII. DEDUCTION/CONTRIBUTION INFORMATION

Further is required to post payroll deduction information throughout the year for all employees choosing to participate in the plan. Funds should **not** be sent with any deduction information.

We offer two options for sending us your payroll deduction data:

- Online Group Service Center (recommended):** Upload your deduction information here.
- Secure File Transfer:** This option allows employers or their vendors to create a file using Further format requirements via automated secure upload. (Choosing to use Secure File Transfer requires additional steps for setup.)

VIII. TRANSFER OF ADMINISTRATION

Is Further taking over administrative services from another administrator?

- Yes No

If yes, fill out the fields below.

If no, skip to the signature section.

PRIOR ADMINISTRATOR INFORMATION:

Please provide us with the prior administrator's name:

Name _____

PLAN YEAR INFORMATION:

Please select one of the following and fill out the corresponding section.

- TAKEOVER AT NEW PLAN YEAR:**
 - The prior administrator
 - Further

- TAKEOVER AT MIDYEAR:**

What is the last date the prior administrator will process claims? _____

What is the date that the enrollment data and balances will be submitted to Further? _____

Please note: There will be a blackout period between when the data is received and when Further will begin to process claims. The plan will be set up according to the plan design guide submitted to Further.

IX. ADMINISTRATIVE TIPS

ONLINE ACCESS: hellofurther.com

With Further, your employees have access to a powerful tool for managing their AAP. By registering with hellofurther.com, your employees can:

- Enroll in direct deposit
- Create and view a customized statement
- View recent claims or reimbursement requests
- Manage their personal profile

You can also access forms and enrollment materials at **hellofurther.com**.

LOCATIONS: Multiple Further locations are available for 51+ groups only. If you want multiple Further locations, please complete and attach the Locations Addendum (F8928). Locations must be the same across all products administered by Further. If you wish to have different ACH accounts by location, please complete the Group ACH Authorization Agreement Form (X9055).

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.

X. SIGNATURES

It is agreed that necessary information concerning current and future employees or 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 _____