

Please complete this form and return to Further 60 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 send this form via secure email only, to Further.Sales.Support@HelloFurther.com, fax it to 1-866-231-0214; or mail it to Further, PO Box 982814, El Paso, TX 79998-2814.

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

I. EMPLOYER INFORMATION

The following legal information must be provided for all new company implementations and match your W9. Incorrect information may result in the delay of this implementation. Please contact your Account Executive with any questions.

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.*

Date Company Established _____ State of Incorporation _____

International Presence Yes No If Yes, List the Countries _____

Ownership Type Privately owned Publicly owned

Ownership Structure Principal over 25% Principal under 25% Government agency

Type of Business Business to Business Business to Consumer

Number of Employees Eligible for 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 FSA.*

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 the plan information and edit access for group portal)

Additional Contact Person _____ Title _____

Phone Number () _____

Email Address _____

Additional Contact:

Fee billing information Claim billing information

II. HEALTH PLAN ADMINISTRATIVE 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. TRANSFER OF ADMINISTRATION

Is Further taking over administrative services from another administrator? Yes No
(If yes, Further will contact you)

V. ACCOUNT ADMINISTRATIVE INFORMATION

Plan Year

Start date _____ End date _____

Please note, this form must be completed 60 days before your effective date so we can properly administer your plan.

Plan Options

Members will be enrolled in both the Parking and Vanpooling/Transit accounts.

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

VI. CLAIM REIMBURSEMENT PROCESSING

You will receive an automated e-mail 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 **transportation orders** 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 _____

VII. 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**. The following bank account information is provided to Further for initiation of this procedure.

Please select **one**:

Use same bank account as indicated for claim reimbursements; OR

Use bank account information indicated below:

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.)

VIII. ENROLLMENT DATA

Initial Enrollment Data will be sent via:

Online Group Service Center. Employer will enroll participants online using the Online Group Service Center at **hellofurther.com**

Secure File Transfer

Employer will enroll participants using a secure file transfer process.

*** Enrollment data must be sent in 45 days prior to the member's effective date.**

IX. ADMINISTRATIVE TIPS AND DEFINITIONS

Complete Registration: TRA enrollment is not complete until each employee registers on the Further Online Member Service Center at hellofurther.com/eConsumer. Once registered, employees must select preferred TRA payment options and choose pre-tax contribution amounts. Registration must be completed by the 4th of each month to receive eligible benefits for the following month with no exceptions. Example: June benefits must be ordered by May 4th.

ONLINE ACCESS: hellofurther.com.

Employees must complete TRA registration on the Further Online Member Service Center at hellofurther.com/eConsumer prior to using these benefits. By registering with Further your employees can:

- Manage preferred TRA payment options including pre-paid MasterCard®, Commuter Check Voucher, Smart Card and Fare Media from preferred transit authority, parking cash reimbursement and parking direct pay.
- Change monthly contribution amounts.
You can also access forms and enrollment materials at **hellofurther.com**.

Payment Options:

- Commuter Check Vouchers can be used at the transit authority or parking facility of choice.
- Pre-paid MasterCard® can be reloaded from the Further TRA Dashboard and used at designated transit agencies and parking facilities.
- Fare Media including transit passes and tickets are sent directly to the participant's home.
- Smart Cards distributed through authorized transit authorities can be reloaded on a monthly basis from the Further TRA Dashboard.
- Parking Direct Pay sends payments on your employees' behalf directly to their parking providers on a monthly basis.
- Parking Cash Reimbursement available to employees who prefer to submit claims and receive reimbursement via check or direct deposit. **(continued)**

X. ADMINISTRATIVE TIPS AND DEFINITIONS (continued)

Account Fees: For participants who enroll in both Parking and Transit/Vanpool benefits, only one monthly participant fee will apply. Participant fees are billed monthly via mail and are payable by check or ACH. You will receive one bill for the entire group including the billed amount for each location (if applicable). For account holders who have a transportation account paired with another medical spending account, both fees will be applied.

Payroll Deduction Report: This report is posted between the 7-10th of each month prior to the benefit effective month. This report includes employee identification information as well as election amounts. These amounts should be used for payroll deductions.

Claims Invoice Report: You will receive an automated email with the claim reimbursement totals. Sign into the Online Group Service Center to view and print your complete invoice details.

XI. PLAN DOCUMENTS

Will Further be preparing your Plan Document and Summary Plan Description (SPD)?

- Yes (Plan Documents and SPDs will be sent to the group contact within 60 days of receipt of the completed Plan Design Guide.)
- No (If no, please forward a copy of your plan documents to Further.)

XII. IN OFFICE USE

Distribution/Channel Partner _____

Market Segment _____

XIII. 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 _____