

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, email this form to Further.Group.Administration@hellofurther.com or fax it to 1-866-231-0214; or mail it to Further, PO Box 64193, St. Paul, MN 55164.

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

I. EMPLOYER INFORMATION

Employer's 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 for Plan: _____

Person Responsible For Authorization of Plan Design:

(Responsible for signing the Plan Design Guide and approving the plan design)

Name _____ Title _____

Phone Number () _____ Fax Number () _____

Email Address _____

Main Contact Person:

(Has access to all plan information when calling Further and will automatically be granted full access to the Online Group Service Center)

Main Contact Person _____ Title _____

Phone Number () _____ Fax Number () _____

Email Address _____

Additional Contact Person:

(Has access to the plan information indicated below when calling Further. Access to the Online Group Service Center may be granted by the Main Contact who will decide what online access is assigned by logging into the Online Group Service Center)

Additional Contact Person _____ Title _____

Phone Number () _____ Fax Number () _____

Email Address _____

Additional Contact Person has access to when contacting Further:

All plan information OR Fee billing information Claim billing information

* Log into the Online Group Service Center to grant access to additional users or to add more contacts.

II. AGENCY/BROKERAGE INFORMATION

Agent/Broker Name (if applicable) _____ Email Address _____

Agent/Broker Code _____ Agent/Broker Phone _____

Agency/Brokerage Name (if applicable) _____ Email Address _____

Agency/Brokerage Code _____ Agency/Brokerage Phone _____

Agency/Brokerage Tax ID _____ - _____ Agency/Brokerage Address _____

III. TRANSFER OF ADMINISTRATION

Is Further taking over administrative services from another HSA administrator? Yes No

If yes, participants who wish to transfer dollars are required to complete the Transfer Request Form (F7320) after the account is established.

IV. HEALTH PLAN ADMINISTRATIVE INFORMATION

Health Plan Administrator

Health plan carrier _____ Effective date _____

Is your plan fully insured or self insured? Fully insured Self insured

V. HEALTH SAVINGS ACCOUNT PLAN OPTIONS

HSA effective date _____

Further offers five different options for HSA Accounts. *(The fees for each option are listed on the pricing sheet.)*

Please select one HSA plan option:

Further Premium HSA Further Value HSA Further Select HSA

(Members can choose a different plan option and they will be billed the difference out of their HSA account directly)

VI. ADMINISTRATIVE FEES

For participants who have an HSA stacked with a second Further product like an FSA or HRA, only the highest fee will apply. The lower participant fee will be waived.

Participant Fees

Employer Paid *(If your group offers another medical account with Further, the fees must be paid on a monthly basis.)*
Indicate billing frequency: monthly annually (recommended for 10 or less participants)

Participant Paid *(Billed monthly and taken from participant's account balance.)*

Please indicate the contact person for administrative fees, if different from main contact person:

Name _____ Title _____

Phone Number () _____ Email Address _____

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.

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.)

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

VII. 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**
- Participants will enroll online at **hellofurther.com**
- Electronic File *(Electronic file format requirements are provided via email following the approval of the plan design guide.)*

VIII. CONTRIBUTION INFORMATION

Select one of the following contribution methods:

1. **Online Group Service Center:** If you are using the Further Online Group Service Center, there are two ways to make online contributions:
 - a. Schedule an ACH pull and Further will initiate an electronic transfer from your company's bank account _____ to the designated employee's HSAs. With this method, you use the Online Group Service Center to identify employee accounts and contribution amounts for each pull transaction.
 - b. From the Online Group Service Center, you can create and upload a contribution file directly into our system. This data is then used to generate an ACH pull transaction.
2. **Direct Deposit/ACH Push:** An ACH push is a customer or member initiated transaction of an electronic transfer of funds. Further will notify you to provide the information needed to set up the Direct Deposit/ ACH Push program.
3. **Secure File Transfer with ACH pull:** This option allows a group to create and upload a contribution file to a secure site. An ACH pull will not be initiated unless a contribution file is received. Further will notify you to provide the information needed to set up this contribution method.

Account funding must be initiated by you through the standard electronic file format before each ACH transaction can occur. (Required if electronic file is selected)

If you selected option 1 or 3, complete the banking information below:

I hereby authorize Further to charge our bank account through Automated Clearinghouse for **HSA contributions**. 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.)

Bank Account Number _____

Employer Contributions: Will the employer contribute to the accounts? Yes No

IX. CAFETERIA PLAN INFORMATION

Please indicate the plan year effective date: _____

You must have a cafeteria plan in place to allow employee pre-tax contributions to the HSA. Select one of the following:

- Pre-tax contributions are allowed. (If checked, select one of the following):
 - I currently have a cafeteria plan with Further. Please update my documents.
 - I currently have a cafeteria plan with another vendor.
 - I want Further to set up a cafeteria plan.
- Pre-tax contributions are not allowed. Skip to Section XI Administrative Tips

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 _____

X. ADMINISTRATIVE TIPS

ONLINE ACCESS: hellofurther.com

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

- Open an HSA
- Make withdrawals from their account
- Enroll in direct deposit
- Make online contributions
- View recent claims or reimbursement requests
- Create and view a customized statement
- Manage their personal profile
- Request a debit card for a dependent(s)

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 Location 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).

COORDINATING WITH AN FSA: For participants that have a FSA and a HSA, the FSA provides reimbursement for permitted benefits such as vision and dental care benefits until the health plan deductible is met. Once the health plan deductible is met, all Section 213(d) expenses, excluding deductible expenses, are eligible for reimbursement.

This affects only those participants who are eligible to contribute to their HSA. Participants who are not eligible to contribute to an HSA will have a general purpose (Full) FSA.

Please note: If the HSA is not administered by Further or the health plan is not with Blue Cross and Blue Shield of Minnesota, the group is required to manually notify Further which employees are contributing to the HSA. Participants are accountable for submitting the Deductible Verification Form (F8978) to Further to indicate that the deductible has been satisfied prior to receiving reimbursement for 213(d) eligible expenses.

PLAN DOCUMENTS: Further sends a Summary Plan Description (SPD) only if part of a cafeteria plan. The documents will be sent to the group contact within 60 days of receipt of the completed Plan Design Guide.

XI. 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 _____

XII. For Office Use Only:

Further Group Number _____

Market Segment _____

Health Plan Account Manager _____

Distribution Partner _____

Distribution Partner Account Manager _____

Sales Exec _____

Further Account Manager _____

Client Manager _____

Enrollment Specialist _____