

**Complete and return to your employer**

Group Information	
Group Name: _____	Further Group Number: _____
Location Name (if applicable): _____	
Employee Information	
SSN#: _____	Primary Phone: _____
Last Name: _____	First Name: _____ Middle Initial _____
Street Address: _____	
City: _____	State: _____ Zip Code: _____
Email Address: _____ Date of Birth: ____/____/____	
Account Information	
Plan year: _____ through: _____	
Effective Date: _____ (To be provided by Group Contact)	
<input type="checkbox"/> I want to contribute a total of \$_____ during this plan year to my Premium Reimbursement Account. I understand this amount will be deducted from my pay throughout the plan year.	
Employee Signature	
I have reviewed the above election and understand my choices will remain in effect for the entire Plan Year, unless I experience a change in status as defined by the IRS. It is also my understanding that any funds remaining in my account at the end of the Plan Year will be forfeited.	
Signature: _____	Date: _____

**Save time: submit this information online.** Questions? Call Group Leader Services at 1-888-460-4013.

**Submit online:**  
Log into your account at  
hellofurther.com

**Send via secured email only:**  
further.documents@hellofurther.com

**Fax to:**  
866-231-0214

**Mail to:**  
P.O. Box 64193  
St. Paul, MN 55164-0193