

Please fill out this form in its entirety and return to Further 45 days prior to your effective date in order for us to properly administer your plan. If you have any questions on how to complete the form, please call our Sales Line at 855-363-2583. If you are a 51+ group, please contact your account manager. When complete, either fax form to 1-866-231-0214, or mail to Further, PO Box 64193, Saint Paul, MN 55164.

Incomplete forms will result in 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 Wellness Incentive HRA administrator?
 Yes No (If yes, Further will contact you.)

IV. HEALTH PLAN ADMINISTRATIVE INFORMATION

Health Plan Administrator

Health plan carrier (Required) _____
(Further will reach out to you to determine the submission method of enrollment data).

Are health plan accumulations calendar year or plan year? Calendar Year Plan Year

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

V. WELLNESS INCENTIVE HRA FUNDING OPTION #1

Wellness Incentive HRA Pays First

With this option, you, the employer, fund the Wellness Incentive HRA as expenses are reimbursed up to a predetermined amount. The Wellness Incentive HRA pays until the funds are exhausted.

Vendor for health and wellness incentive benefit plan:

- Blue Cross Blue Shield of Minnesota
- Other: (name) _____
(Further file format requirements must be used)

Incentive Contribution Frequency:

- Annually
- Periodically throughout plan year

Eligible Expenses

Wellness Incentive HRA dollars may be used to reimburse: (Please check **all** that apply)

- Health Plan eligible medical expenses
- Health Plan eligible drug expenses
- All IRC section 213(d) eligible expenses
- COBRA premiums and insurance premiums

Reimbursement Level – 100% of eligible expenses

Rollover

Indicate what happens to unused balances at the end of the plan year.

- Entire balance rolls over to subsequent plan year
- No balance rolls over
- A percentage of the balance rolls over to subsequent plan year _____%

V. WELLNESS INCENTIVE HRA FUNDING OPTION #1 (continued)

A dollar limit on the amount that can roll over to the subsequent plan year. Rollover amount cannot be the same as funding amount. Indicate limits below:

1 - Participant/Single = \$ _____

2 - Participant + Child = \$ _____

3 - Participant + Spouse = \$ _____

4 - Participant + Children = \$ _____

5 - Family = \$ _____

Cap on Wellness Incentive HRA Balance (Not Recommended)

Is there a cap on the overall balance (including Rollover) that can accumulate in the account? Yes No

Please indicate amounts below:

1 - Participant/Single = \$ _____

2 - Participant + Child = \$ _____

3 - Participant + Spouse = \$ _____

4 - Participant + Children = \$ _____

5 - Family = \$ _____

Runout Period

Participants have _____ months after the end of the plan year to submit claims incurred during that plan year.

Terminations

Indicate what happens to the HRA balance when a participant terminates. NOTE: Account balance stays with terminated participant if COBRA has been elected (**mandatory**.) Please check one of the following options:

- Account balance returns to employer if terminated participant or eligible dependent does not elect COBRA. (default)
- Account balance remains with terminated participant or eligible dependent to spend-down until funds are depleted. If spend-down is selected, eligible expenses for terminated participants remain the same as for active participants. Spend-down is subject to any applicable rollover and runout period provisions and fees. (Only available for funding options #1 & #2 - not available for funding option #3.)

Crossover

Offering crossover eliminates the need for participants to complete and file a claim form to be reimbursed for eligible health plan expenses. The crossover election applies across all spending accounts (i.e. medical FSA, HRA (including a Wellness Incentive HRA), or HSA).

Medical Crossover

Eligible health plan expenses (i.e. deductible and/or coinsurance) as indicated on the Explanation of Benefits will be electronically transferred to Further. Claims will be processed and reimbursed according to the participant's available balance.

Please note: crossover is not appropriate for any participants who have secondary health coverage with Blue Cross or another carrier. (This feature is only available if health plan is with Blue Cross and Blue Shield of Minnesota, Blue Cross and Blue Shield of Kansas, CCStpa, or BlueLink Tpa.)

Along with medical crossover, any available spending account balance(s) are accessed when purchasing a prescription drug at the pharmacy at point of service. This feature is only applicable when Prime Therapeutics is the pharmacy benefit manager and prescription drug benefits are allowed with the spending account plan.

- Select one: Automatically enroll all participants in medical crossover. (Participants may opt out by completing the medical crossover form F7856.)
- Offer medical crossover to participants. (Participants may elect crossover by completing the medical crossover form F7856. Highest participant fee applies. Please refer to the fee schedule.)
- Do not offer medical crossover to participants. Highest participant fee applies. Please refer to the fee schedule.

Dental Crossover - only available if eligible expenses chosen are all IRC section 213(d).

Do you offer dental coverage through Delta Dental of Minnesota?

- Yes - complete the dental crossover section below No - Default

Eligible dental plan expenses (i.e. deductible and/or coinsurance) as indicated on the dental Explanation of Benefits, plus other patient responsibility amounts will be electronically transferred from Delta Dental of Minnesota to Further. They will be processed and reimbursed according to the participant's available balance. Please note dental crossover is not appropriate for any participants who have secondary dental insurance coverage. Electing this feature does not impact the monthly participant fees.

V. WELLNESS INCENTIVE HRA FUNDING OPTION #1 (continued)

- Select one: Automatically enroll all participants in dental crossover. *(Participants may opt out of dental crossover by completing the dental crossover form F7854.)*
 Offer dental crossover to participants.
(Participants may elect crossover by completing the dental crossover form F7854.)
 Do not offer dental crossover to participants

Pay-the-Provider *(This feature is only available if health plan is with Blue Cross Blue Shield of Minnesota)*

This feature allows a participant to have their medical claim reimbursements sent directly to their provider rather than to their home address or directly deposited into their bank account. This is only available for participants who have elected crossover. **Additional fee applies to all participants regardless of their pay-the-provider election. Please refer to the fee schedule.**

- Select one: Automatically enroll all participants in pay-the-provider. Must also select auto-enroll in medical crossover. *(Participants may opt out of pay-the-provider by completing form F9089.)*
 Offer pay-the-provider to participants. *(Participants may elect pay-the-provider by completing form F9089.)*
 Do not offer pay-the-provider to participants.

VI. WELLNESS INCENTIVE HRA FUNDING OPTION #2

Employee Pays First Wellness Incentive HRA

*With this option, the employee pays out of pocket until a preset amount has been paid. When this "threshold" has been reached, the Wellness Incentive HRA pays until exhausted. You, the employer, fund the Wellness Incentive HRA as expenses are reimbursed up to a predetermined amount. After that the employee pays out of pocket until the health plan deductible is reached. Once the deductible is met, the health plan starts to pay subject to any coinsurance amounts. **Additional fee applies to all participants. Please refer to the fee schedule.***

Health Plan Administrator

Health plan carrier _____

Health plan group #(s) _____

Are health plan accumulations calendar year or plan year? Calendar Year Plan Year

Vendor for health and wellness incentive benefit plan:

- Blue Cross Blue Shield of Minnesota
 Other: (name) _____
(Further file format requirements must be used)

Incentive Contribution Frequency:

- Annually
 Periodically throughout plan year year as requirements are met

Requirements

Indicate your **health plan deductible amounts** by coverage tier:

- 1 - Participant/Single = \$ _____
2 - Participant + Child = \$ _____
3 - Participant + Spouse = \$ _____
4 - Participant + Children = \$ _____
5 - Family = \$ _____

Indicate the **Employee Responsibility Amount***: (this is the amount that the employee will pay out of pocket prior to reimbursement from the Employer Funding Amount)

- 1 - Participant/Single = \$ _____
2 - Participant + Child = \$ _____
3 - Participant + Spouse = \$ _____
4 - Participant + Children = \$ _____
5 - Family = \$ _____

VI. WELLNESS INCENTIVE HRA FUNDING OPTION #2 (continued)

Eligible Expenses

Wellness Incentive HRA dollars may be used to reimburse: *(Please check **all** that apply)*

- Health Plan eligible medical expenses
- Health Plan eligible drug expenses

Rollover

Indicate what happens to unused balances at the end of the plan year. Rollover dollars can only be used **AFTER** the annual employee pays first pre-set threshold amount has been paid. (Select **only** one)

- Entire balance rolls over to subsequent plan year
- No balance rolls over
- A percentage of the balance rolls over to subsequent plan year _____%
- A dollar limit on the amount that can roll over to the subsequent plan year. Rollover amount cannot be the same as funding amount. Indicate limits below:
 - 1 - Participant/Single = \$ _____
 - 2 - Participant + Child = \$ _____
 - 3 - Participant + Spouse = \$ _____
 - 4 - Participant + Children = \$ _____
 - 5 - Family = \$ _____

Cap on Wellness Incentive HRA Balance

Is there a cap on the overall balance (including Rollover) that can accumulate in the account? Yes No

If yes, the recommended cap is the annual deductible amount or total annual out-of-pocket amount.

Please indicate amounts below:

- 1 - Participant/Single = \$ _____
- 2 - Participant + Child = \$ _____
- 3 - Participant + Spouse = \$ _____
- 4 - Participant + Children = \$ _____
- 5 - Family = \$ _____

Runout Period

Participants have _____ months after the end of the plan year to submit claims incurred during that plan year. (The standard runout period is 15 months)

Terminations

Indicate what happens to the Wellness Incentive HRA balance when a participant terminates: *(Please check **all** that apply)*

- Account balance stays with terminated participant if COBRA has been elected.
- Account balance returns to employer.

Medical Crossover

Eligible health plan expenses (i.e. deductible and/or coinsurance) as indicated on the Explanation of Benefits will be electronically transferred to Further. Claims will be processed and reimbursed according to the participant’s available balance. All participants are automatically enrolled in this feature.

Please note: crossover is not appropriate for participants who have secondary health coverage with Blue Cross or another carrier. *Participants may opt out by completing the medical crossover form F7856.* The crossover election applies across all spending accounts (i.e. medical FSA).

Pay-the-Provider

This feature allows a participant to have their medical claim reimbursements sent directly to their provider rather than to their home address or directly deposited into their bank account. This is only available for participants who have elected crossover. **Additional fee applies to all participants regardless of their pay-the-provider election. Please refer to the fee schedule.**

- Select one: Automatically enroll all participants in pay-the-provider.
(Participants may opt out of pay-the-provider by completing form F9089.)
- Offer pay-the-provider to participants.
(Participants may elect pay-the-provider by completing form F9089.)
 - Do not offer pay-the-provider to participants.

VII. STANDARD STACKING RECOMMENDATIONS

Does this plan interact with another account administered by Further? Yes No

With Option #1 Wellness Incentive HRA Pays First:

1. Health Plan HRA
2. Medical FSA (if participating)
3. Wellness Incentive HRA

With Option #2 Employee Pays First Wellness Incentive HRA:

1. Wellness Incentive HRA
2. Medical FSA (if participating)

For account stacking other than standard recommendations, please consult your Blue Cross sales representative.

VIII. 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 **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 Account Number: _____

Bank ABA Number: _____

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

IX. 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 in to 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.)

X. ADMINISTRATIVE TIPS

ONLINE ACCESS: hellofurther.com

With Further, your employees have access to a powerful tool for managing their HRA. 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 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 (F9055).

COORDINATING WITH AN HSA: For participants that have an HRA and an HSA, the HRA 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 full HRA.

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.

COORDINATING WITH AN FSA:

If the HRA allows reimbursement for health plan eligible expenses only, the HRA is primary and the FSA is secondary.

If the HRA allows all 213(d) expenses to be reimbursed, the FSA is primary and the HRA is secondary because unused FSA funds are forfeited if not used for the applicable plan year.

ACCOUNT FEES: For participants who have an HRA stacked with a Further FSA, only one monthly participant fee will apply. Participant fees are billed monthly via mail and are payable by ACH. You will receive one bill for the entire group including the billed amount for each location (if applicable).

XI. SIGNATURES

It is agreed that necessary information concerning participants or participants and their dependents participating in or subsequent to the effective date of the Plan and participants whose participation is to be changed or discontinued shall be furnished 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 _____

XIII. 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 _____