

Group Information

Group Name: _____

Current plan year start date _____ End Date _____

**Will Horizon be taking over administrative services upon renewal or in the middle of the plan year?
Please complete Takeover at renewal date section or Takeover at mid-year section:**

Takeover at New Plan Year

Please select the administrator that will be processing the run-out claims for the previous plan year.

Note: If you have a grace period on your current FSA account, it is recommended that Horizon take over at the renewal date to reduce duplicate claim submissions.

The prior administrator (recommended if grace period is not applicable). Continue to Prior Administrator Information Section.

Horizon:

Medical FSA –

Grace Period Yes No. Grace Period End Date: _____

Run-out Period Yes No. Run-out Period: _____ months

Rollover Yes No. Rollover Amount: _____

Dependent Care –

Grace Period Yes No. Grace Period End Date: _____

Run-out Period Yes No. Run-out Period: _____ months

Please note: There will be a black out period between when the data is received and when SA will begin to process claims.

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 Horizon? _____

Horizon will begin processing claims on: _____

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

Prior Administrator Information

Please provide us with the prior administrator's name, address and phone number below:

Name: _____

Address: _____
Street City State Zip

Phone Number: () _____

This information will only be used to provide information to your employees.

Group Signature

Group Contact's Signature _____

Group Administration Specialist _____ Date _____

Special Notes:

Questions? Call Group Leader Services at 1-888-215-0025.

Send via secured email only:
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