

## Plan Service Agreement

### EMPLOYER DATA

1. Full Legal Business Name: \_\_\_\_\_

2. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Mailing address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4. Nature of Business: \_\_\_\_\_ SIC Code: \_\_\_\_\_

5. Federal Tax ID No.: \_\_\_\_\_ Sole Prop: \_\_\_\_\_ C-Corp: \_\_\_\_\_ S-Corp: \_\_\_\_\_ Partnership: \_\_\_\_\_

6. Association Affiliation: \_\_\_\_\_

7. Administrative Contact Person: \_\_\_\_\_ E-mail address: \_\_\_\_\_

8. Executive Contact Person: \_\_\_\_\_ E-mail address: \_\_\_\_\_

9. HIPAA Privacy Information Contact Person: \_\_\_\_\_

10. Names/Addresses of subsidiaries/affiliates to be included: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11.  Yes  No If subsidiaries are included, do you want separate bills sent to each of these subsidiaries/affiliates?

12. Legal name of the Plan: \_\_\_\_\_ Health Plan

13.  Yes  No Is the Plan maintained through a trust? If yes, list name and business address of all trustees.  
 \_\_\_\_\_  
 \_\_\_\_\_

14.  Yes  No Is this group a government agency or church group?

15.  Yes  No Is the Plan subject to collective bargaining?  
 If yes, union name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

16. Name of person for service of legal process: \_\_\_\_\_

17. Fiscal Year Ending: \_\_\_\_\_

18. Plan Anniversary: \_\_\_\_\_

19. \_\_\_\_\_ **Employer** contribution toward total **employee** cost.  
 (HealthChoices requires the employer to contribute a minimum of 50% of the single contribution of the lowest cost Plan offered).

20. List prior insurance carrier or Third Party Administrator (TPA): \_\_\_\_\_

**MEDICAL** Current group health Plan (check one):  Fully Insured  Self Funded

**If this plan is replacing current group coverage, please provide your invoices 1 month and 12 months prior to this requested effective date.**

21. Name of worker's compensation carrier: \_\_\_\_\_

22.  Yes  No Are any persons to be covered NOT also covered by worker's compensation?  
 If yes, please attach the names and reason for each.

23.  Yes  No Are you subject to COBRA? (You are subject to COBRA if you employed at least 20 full-time employees on at least 50% of the working days during the previous calendar year. (PT employees are partially credited. See your representative for more information.)

24.  Yes  No Is anyone in your group currently under COBRA, state continuation, or within their election period?  
 If yes, please list on the next page. (Note: COBRA applications are required to be submitted along with the remainder of the group. State continuation of coverage is not available. Please contact your broker for other options.)



The PLAN is established and operating under the federal mandate of the Employee Retirement Income Security Act (ERISA) of 1974, as amended. The Plan provides benefits to the plan participants. Group Benefit Services, Inc. (GBS) has been contracted by the Plan Sponsor to perform certain administrative services for the PLAN, including but not limited to the processing of benefit claims.

The Plan Sponsor and GBS have agreed to the following:

## **PLAN ADMINISTRATOR**

**Group Benefit Services, Inc.**

1. Agrees to provide the following services:
  - Administer the Plan in accordance with its terms and establish its policies, interpretations, practices and procedures.
  - Update employee enrollment information.
  - Print and distribute to the Plan Sponsor ID cards for new or existing Plan Participants.
  - Perform or contract for the performance of managed care services.
  - Adjudication services including coordination of benefits.
  - Investigate third party liability matters and, at GBS's discretion, pursue recovery through subrogation/reimbursement or litigation as necessary.
  - Issue standard reports periodically or when reasonably requested.
  - Update the Summary Plan Description as necessary to conform with applicable laws and regulations.
2. Is responsible for:
  - Processing of Plan benefit claims according to the terms and provisions of the SPD, using its established claim adjudication procedures.
3. Shall maintain:
  - A fidelity bond for its employees who may collect, handle or disburse Plan Funds, as required by ERISA.
4. Shall provide access to:
  - A network of designated preferred providers, some or all of which shall provide health services under the Plan to the Plan Participants. GBS makes no representations or promises regarding continued availability of any particular provider or network nor does GBS make any warranties or representations as to compensation arrangements between these networks and designated providers. GBS may in its sole discretion make deletions from or additions to the list of designated provider networks.
5. Is authorized to:
  - Do all things necessary or convenient to carry out the terms and purposes of the Plan and this Plan Service Agreement.
6. Shall:
  - Have maximum legal discretionary authority to construe and interpret the terms and provisions of the Plan.
  - Make determinations regarding eligibility for benefits, decide disputes relative to a Plan Participants rights, and decide questions of Plan interpretations and those of fact relating to the Plan.
  - Have authority to remedy ambiguities, inconsistencies or omissions.
  - Delegate to any person or entity such powers, duties and responsibilities it deems appropriate.
7. Shall Administer COBRA by:
  - Furnishing required notices once GBS is notified by the Employer of a possible Qualifying Event.
  - Assist the Employer with qualification of certain events.
  - Assist the Employer with determinations of COBRA liabilities.
  - Provide any further COBRA compliance support as appropriate.
  - Collect and process COBRA payments.
8. Shall furnish to the Employer:
  - SPDs for distribution to Plan Participants.
  - Summaries of Material Modification including Plan changes or material reductions in benefits, if applicable.
  - Notifications of Termination of Coverage.
  - Notifications of inadequate funding to Plan Participants.

## **PLAN SPONSOR**

1. Agrees that upon acceptance of this agreement by GBS, the employee benefit plans proposed by GBS and selected by the Plan Sponsor (Employer) under the Plan Selections sections of this agreement shall be adopted by the Employer and will be the basis for the administration of the Employer's employee benefit plan.
2. Shall promptly provide GBS necessary information including, but not limited to:
  - Completed enrollment forms.
  - Changes in participation.
  - Creditable coverage documents for eligible employees.
  - Other information and/or documents requested by GBS and needed for normal Plan Administration as set forth by this Agreement.
3. Shall assist in and cooperate with:
  - All applicable state and federal laws and regulations affecting the Plan and Plan Sponsor.
4. Is responsible for:

- Notifying GBS of COBRA Qualifying Events within 15 days of such Qualifying Event. GBS may rely on the notification without further qualification or certification as to the event being a Qualifying Event for COBRA purposes.
  - Notify new employees and dependents of continuation rights at time of enrollment in group health plan (COBRA Initial Rights Notification).
  - Verify receipt of Qualifying Event Notices for terminated employees and dependents.
  - Confirm that notices reflect correct date of termination and report any discrepancies to GBS.
  - Verify address to which Qualifying Event Notices were mailed and provide written notice of updated addresses to GBS.
  - Timely renewal election/notice of plan changes to GBS.
5. Is responsible for:
- Expenses under the Plan except for those assumed by GBS in this agreement.
6. Recognizes that:
- GBS is not an insurer underwriting the liability of the Plan Sponsor. Each year GBS offers, and the Plan Sponsor selects the insurer and determines the coverage, deductibles, co-payments, provider options including the retention and limits of coverage on behalf of the Sponsor.
7. Shall, upon receipt from GBS, furnish Plan Participants with:
- SPDs.
  - Summaries of Material Modification including Plan changes or material reductions in benefits, if applicable.
  - Other required notifications as furnished by and instructed from GBS.
8. Is responsible for:
- All filings under the IRS, DOL (including Form 5500), and any other state, federal or local filings, reports or returns as required.

## FUNDING AND COMPENSATION

The Plan Sponsor shall:

1. Provide:
  - Funds for benefit payments by the first of each month as required by its funding agreement. GBS is under no obligation to pay any benefits when the Plan Sponsor has not provided adequate funds as required by the funding arrangement. As indicated by ERISA, the Plan Sponsor is financially responsible for all eligible claims incurred while the Plan is in effect. If funds are not provided as agreed in the funding arrangement and pursuant to this agreement, GBS will deny all unfunded claims in process and may be required to notify all Plan Participants of inadequate funds.
  - Optional funding procedure for groups of 100 or more covered employees electing minimum funding:
    - Groups with 100 or more employees have the option of funding their claims account at a minimum level only. Monthly invoices will be issued for fixed costs including administration, stop-loss premium and other charges but not including claims funding.
      - Claims funding will be handled as follows:
        - All claims are processed by GBS to a pre-check status. Claims are selected for funding on a regular periodic basis as agreed by the parties, GBS and Plan Sponsor (e.g., weekly). GBS sends a request for funding to the Plan Sponsor, and subsequent to the request for funding, GBS will draft the funds via an ACH transaction. Once the ACH transaction is verified and cleared, claims will be processed for final payment. Absent of proper funding, claims will be held in a pending state until adequate funds are available. GBS and Plan Sponsor will agree to the standard times frames for the funding requests. Bank charges related to bad drafts for insufficient funds for drafts made in the appropriate time frame shall be the responsibility of the Plan Sponsor.
    - Dental Benefit Funding processed in the same way as Optional Funding Procedure.
2. Compensate:
  - GBS for fixed costs set forth in the monthly billing statement, which includes fees for services rendered and premium for the Plan Sponsor's excess loss insurance policy, by the first of each month.
3. Agree that:
  - Monies provided for payment of claims may be used to pay for services rendered by GBS and for excess loss insurance; administrative costs will be paid first, and any monies owed to the excess loss carrier will be paid second.
  - GBS shall retain any interest earned on sponsor funding and any rebates received from prescription drug programs.
4. Agree to:
  - Investigate and correct any allegation of error in compensation paid, when notified and/or requested by GBS.
5. Be responsible:
  - For any tax, fee, or claims against the Plan, Plan Sponsor, or GBS as assessed by federal, state or local governments during the operation of the Plan or following termination of the Plan. Any tax, fee, or claims against the Plan shall be the responsibility of the Plan Sponsor and charged against the Plan as such.

## OTHER PROVISIONS

1. The following will be provided by GBS on a "fee-for-service" basis when applicable:
  - Special (non-standard) reports as requested.
  - Investigation of extraordinary claims.
2. Plan Expense:

- GBS will not be required to reimburse the Plan or Plan Sponsor for any incorrect payments when such payments were made in good-faith or made in reliance upon information reasonably believed to be true, correct, and accurate.
  - The Plan sponsor maintains all rights to seek recovery from or commence an action against any party receiving payments to which it was not entitled.
  - In the event of mid-year (early) termination, unused claims funds, if any, will be retained by the Plan Administrator to pay for on-going expenses.
3. Hold Harmless:
- The Plan Sponsor will hold harmless from any and all losses, costs, fines, penalties, judgments, or damages of any kind including attorney's fees in connection with GBS performing its responsibilities under this agreement.
  - GBS will hold the Plan Sponsor harmless from all losses and damages incurred as a result of bad faith or intentional wrongful acts committed by GBS, or its employees while performing its responsibilities under this agreement.
4. Severability:
- It is the intent of GBS, and the Plan Sponsor that the provisions of this Agreement be and are severable. If any provision of this Agreement is invalid by law, it will not affect any other provision of the Agreement.

## HIPAA BUSINESS ASSOCIATE AGREEMENT

**WHEREAS**, the PARTIES to this CONTRACT wish to enter into or have entered into an arrangement whereby BUSINESS ASSOCIATE provides certain services to COVERED ENTITY; and

**WHEREAS**, the PARTIES to this CONTRACT, in order to provide and receive such services, must share PROTECTED HEALTH INFORMATION, on a continuing basis; and

**WHEREAS**, such PROTECTED HEALTH INFORMATION shared between Parties, is afforded special protections related but not limited to use and disclosure; and

**WHEREAS**, such special protections are set forth, mandated, regulated, and enforced under and in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA);

**THEREFORE**, as necessary to comply with HIPAA, BUSINESS ASSOCIATE and COVERED ENTITY agree that PROTECTED HEALTH INFORMATION (written, oral, or electronic) created, printed, received, stored, maintained, used, disclosed or otherwise shared by and between PARTIES is subject to the HIPAA BUSINESS ASSOCIATE AGREEMENT section of this Plan Service Agreement as follows:

- I. **Definitions.** Unless otherwise defined, all terms contained in this CONTRACT shall have the same meanings as those similar terms set forth and defined by HIPAA. In the event of inconsistencies in definitions and terms, when permitted and not specifically excluded by HIPAA, this agreement shall be controlling.
- BUSINESS ASSOCIATE: "Business Associate" shall mean Plan Administrator (GBS).
  - CONTRACT: The HIPAA Business Associate Agreement section of this document.
  - COVERED ENTITY: "Covered Entity" shall mean Plan Sponsor (Employer).
  - INDIVIDUAL: "Individual" shall have the same meaning as the term individual in 45 CFR 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502 (g).
  - INFORMATION/PROTECTED HEALTH INFORMATION: "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
  - PARTIES: BUSINESS ASSOCIATE and COVERED ENTITY.
  - PRIVACY RULE: "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information as set forth in the Code of Federal Regulations; § 45 CFR 160, 164, subparts A and E.
  - DHHS: Secretary of the Department of Health and Human Services ("DHHS") or duly authorized representative thereof.
- II. **Term.** The term of this CONTRACT shall be from the date this Agreement is approved and signed by the Plan Administrator, the "EFFECTIVE DATE" until the date either party submits notice to the other of its intent to terminate this CONTRACT, at which time all of the INFORMATION shall be returned to COVERED ENTITY, destroyed by BUSINESS ASSOCIATE, or maintained in an extended manner pursuant to and set forth by HIPAA.
- III. **Limits on Use and Disclosure of Information.** BUSINESS ASSOCIATE agrees that it is prohibited from use and disclosure of INFORMATION for any purpose other than those expressly permitted by this CONTRACT. Limits on Use and Disclosure by BUSINESS ASSOCIATE are pursuant the PRIVACY REGULATIONS in the same regard as required for the COVERED ENTITY. BUSINESS ASSOCIATE further agrees that it does not assume or acquire title or rights to the INFORMATION as a result of this CONTRACT, including but not limited to information that has been "de-identified" in accordance with the PRIVACY REGULATIONS.

- IV. **Stated Purpose for Use or Disclose of Information.** The PARTIES agree that BUSINESS ASSOCIATE may use and disclose INFORMATION for the following stated purposes:
- a. To carry out responsibilities and provide administrative services set forth in any agreements between the PARTIES.
  - b. To facilitate, provide, and carry out treatment, payment, or healthcare operations permitted by the PRIVACY REGULATIONS.
- V. **Additional Purposes.** The PARTIES agree that BUSINESS ASSOCIATE may use and disclose INFORMATION for the following additional reasons:
- a. No additional purposes defined.
- VI. **Use of Information for Management, Administration, and Legal Responsibilities.** BUSINESS ASSOCIATE is permitted to use INFORMATION as permitted by the PRIVACY REGULATIONS for management and administration of BUSINESS ASSOCIATE or to carry out legal responsibilities of BUSINESS ASSOCIATE.
- VII. **Disclosure of Information for Management, Administration, and Legal Responsibilities.** BUSINESS ASSOCIATE is permitted to disclose INFORMATION as permitted by the PRIVACY REGULATIONS for management and administration of BUSINESS ASSOCIATE provided that:
- a. The disclosure is required by law; or
  - b. The BUSINESS ASSOCIATE obtains reasonable assurances from the person to whom the INFORMATION is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, the person will use appropriate safeguards to prevent use or disclosure of the INFORMATION, and the person immediately notifies the BUSINESS ASSOCIATE of any instances of which it is aware in which the confidentiality of the INFORMATION has been breached.
- VIII. **Data Aggregation Services.** BUSINESS ASSOCIATE may use or disclose INFORMATION to provide data aggregation services in any manner permitted by the PRIVACY REGULATIONS.
- IX. **Limits on Use and Further Disclosure.** BUSINESS ASSOCIATE agrees that INFORMATION shall not be further used or disclosed other than as permitted by the PRIVACY REGULATIONS and this CONTRACT.
- X. **Appropriate Safeguards.** BUSINESS ASSOCIATE and COVERED ENTITY are both responsible for establishing, implementing, and maintaining appropriate safeguards to prevent any use or disclosure of INFORMATION other than permitted by the PRIVACY REGULATIONS and this CONTRACT.
- XI. **Reports on Improper Use or Disclosure.** BUSINESS ASSOCIATE agrees to report to COVERED ENTITY any knowledge, discovery, or identification of use or disclosure of INFORMATION not permitted by the PRIVACY REGULATIONS and this CONTRACT.
- XII. **Subcontractors.** BUSINESS ASSOCIATE agrees to enter into agreements with subcontractors and/or affiliates in all cases where INFORMATION is provided or made available to that subcontractor and/or affiliate. Agreements will be consistent with the same terms and limitations provided in this CONTRACT regarding use and disclosure of INFORMATION.
- XIII. **Availability of Information.** BUSINESS ASSOCIATE agrees to make available and provide a right to access, amend, and request an accounting of use and disclosure of INFORMATION to the INDIVIDUAL to whom it belongs. BUSINESS ASSOCIATE further agrees to make its internal books and records available to the DHHS for purposes of determining the COVERED ENTITY's compliance with the PRIVACY REGULATIONS.
- XIV. **Termination.** BUSINESS ASSOCIATE agrees that COVERED ENTITY has the right to terminate this CONTRACT and seek relief if COVERED ENTITY determines that BUSINESS ASSOCIATE has breached or violated a material term of this CONTRACT or the PRIVACY REGULATIONS. Any failure on the part of the BUSINESS ASSOCIATE, to comply with the terms of this CONTRACT or the PRIVACY REGULATIONS, may be Grounds for Breach, in cases where the BUSINESS ASSOCIATE knows of, or reasonably should have known of failure to comply and failed to immediately take reasonable steps to cure the failure. At time of termination, BUSINESS ASSOCIATE agrees to return or destroy INFORMATION created, received from or received on behalf of the COVERED ENTITY. BUSINESS ASSOCIATE also agrees that if INFORMATION is destroyed, it will certify the destruction of that INFORMATION. BUSINESS ASSOCIATE further agrees not to retain any copies of INFORMATION it destroys or returns, and in cases where the INFORMATION cannot reasonably be returned or destroyed, BUSINESS ASSOCIATE agrees to continue to maintain the INFORMATION in accordance with the PRIVACY REGULATIONS.
- XV. **Mitigation Procedures.** BUSINESS ASSOCIATE agrees to appropriately mitigate any and all violations and breaches of use and disclosure in accordance with the PRIVACY REGULATIONS and this CONTRACT.
- XVI. **Sanction Procedures.** BUSINESS ASSOCIATE agrees to develop, establish, implement and enforce policies and procedures containing sanctions for any employee, subcontractor, affiliate, or agent who violates the PRIVACY REGULATIONS and this CONTRACT.

XVII. **Additional Provisions.** This CONTRACT shall be governed by the laws of the State of Maryland. It is the intent of the BUSINESS ASSOCIATE and COVERED ENTITY to comply with all terms and provisions of this CONTRACT and the PRIVACY REGULATIONS. However, BUSINESS ASSOCIATE shall be excused from performance of this CONTRACT for any period to which it is prevented from performing the services because of an Act of God, war, terrorist act, civil uprising or disturbance, court order, or any other reason beyond the control of the BUSINESS ASSOCIATE. In the event that the CONTRACT or the terms thereof fail to address or comply with the most recent requirements or recent changes to the HIPAA PRIVACY REGULATIONS, then the PRIVACY REGULATIONS shall apply and have binding effect on both PARTIES. If after such time BUSINESS ASSOCIATE or COVERED ENTITY become aware that the CONTRACT fails to address or comply with the PRIVACY REGULATIONS, both PARTIES will, within a reasonable time, in good faith, address and remedy the failure(s) to ensure immediate compliance. If after such reasonable time, BUSINESS ASSOCIATE and/or COVERED ENTITY fail to comply, then either party has the right to terminate this CONTRACT upon written notice to the other party. Both PARTIES further recognize that Group Benefit Services, Inc. enjoys title to "Business Associate" under the PRIVACY REGULATIONS and is recognized as "Covered Entity" only for purposes of this contact.

**IN WITNESS WHEREOF**, BUSINESS ASSOCIATE and COVERED ENTITY have agreed to the terms and conditions of the above written agreement having the effective date as of the same date that all parties agree to the entire Plan Service Agreement.

### TERMINATION

1. This agreement may be terminated by the Plan Sponsor or GBS. To terminate this agreement, a written notice must be delivered to the other party not less than 30 days before the Effective Date of the termination. If such notice is not provided, the Plan Sponsor shall be liable for a late notification fee. GBS, subject however, to the following, shall have the right to cancel this agreement only at renewal.
2. GBS shall have the right to terminate this agreement with five days prior written notice if:
  - The Plan Sponsor does not perform its obligations of Plan benefit payments; in no case shall this relieve a Plan Sponsor of its obligation to reimburse GBS for the payment of Plan benefits.
  - The Plan Sponsor amends the Plan without prior written acknowledgement from GBS.
  - The Plan Sponsor fails to pay any fees or charges due and payable under this Agreement, GBS shall have the right, and may be required, to notify Plan Participants of the termination of this Agreement for such non-payment.
3. GBS may terminate this Agreement immediately without Notice to the Plan Sponsor as of the date:
  - The Plan Sponsor becomes insolvent, bankrupt, or subject to liquidation, receivership, or conservatorship.
  - The excess of loss insurance carrier terminates its policy.
4. If GBS has terminated this Agreement for non-payment of fixed costs, the Plan Sponsor may apply for reinstatement according to GBS terms and at GBS's discretions and option.
5. Termination of this Agreement shall not affect the validity, provisions or terms of the Plan, the Plan shall continue to be effective until it is cancelled pursuant to its terms as indicated in the SPD.

### CLAIMS FUNDING AGREEMENT

Under the terms of my Plan Service Agreement with GBS, I have agreed to provide funds for benefits payments monthly or more frequently, as required and agree GBS is under no obligation to pay my benefits if I have not provided adequate funds pursuant to the funding arrangement. I understand that in accordance with ERISA and this agreement, I am financially responsible for all eligible claims incurred while my Plan is in effect.

### FUNDING ARRANGEMENTS

#### PRE-FUNDING

I will remit my Maximum Monthly Medical Claims Liability, along with my monthly costs by the first of each month to GBS. My funding contribution will be held in a non-interest bearing account. GBS will process and pay claims according to their standard procedures. Upon notification that additional funding is required, as is typical for optional benefits or enrollment changes, I will remit the amount due which is to be received by GBS within five (5) days of notification.

#### DENTAL PRE-FUNDING

I will remit claims funding as needed and requested by GBS. I will remit my monthly costs for administration as billed by the first of each month to GBS. GBS will process and pay claims according to their procedures. Upon notification that funding is required, I will remit the amount due which is to be received by GBS within five (5) days of notification. In the event of a deficit in dental claims funding, dental benefits will be held until funding is received by GBS.

#### IMPORTANT NOTE

If you fail to remit funds as required after notifications by GBS, administration of your Plan will be terminated. The Employee Retirement Income Security Act (ERISA) of 1974, as amended places a Fiduciary Burden on the employer - as Plan Sponsor, to ensure the Plan is adequately funded. GBS may notify all Plan Participants if your claims account is determined to be in jeopardy, which would be a result of non-payment.

**APPLICANT AGREEMENT**

The producer has explained the details of the coverage(s) and I, the undersigned acknowledge reading the entire application, including the Claims Funding Agreement and Plan Services Agreement. The answers I have provided are true and complete. I understand that the terms and conditions herein bind the Applicant and GBS only when the Applicant receives written approval from GBS.

Dated On (Month, Day, Year): \_\_\_\_\_

Full Legal Business Name: \_\_\_\_\_

Signature: **X** \_\_\_\_\_  
(Must be signed by a person authorized to purchase coverage for this firm.)

Print Name and Title: \_\_\_\_\_

The Administrative Contact will receive the SPDs for your employees via email from Group Benefit Services, Inc.

*NOTE: It is the responsibility of an employer to provide a Summary Plan Description to each employee. We make this SPD available to each employee through our on-line web portal. However, you MUST communicate the availability of this site, and for employees not having web access, you must offer them on-line access and/or the option to receive a printed copy from you.*

**PRODUCER SIGNATURE**

Producer (1) Name: \_\_\_\_\_

Producer (2) Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Production Split: \_\_\_\_\_ %

Production Split: \_\_\_\_\_ %

I have notified the employer not to terminate present coverage until notified in writing by Group Benefit Services, Inc. of acceptance of this application.

Producer Signature 1 **X** \_\_\_\_\_

Producer Signature 2 **X** \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**GROUP BENEFIT SERVICES, INC.**

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Approved & Accepted by: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_