

**Section 1: Employer Information**

Employer Legal Name– Please print (“Employer”)

Federal Employer Identification Number (FEIN)

Infinisource Customer Account Number

(Please include on check when sending in payment)

Number of Benefits Eligible Employees

Number of Benefits Enrolled Employees

Number of Reporting Locations

Address

City

State

Zip

Phone number

Fax number

Nature of business

Primary Contact    *All Svcs*    *COBRA only*    *FSA only*    *PHI Contact*

Telephone

E-mail address

Secondary Contact    *Reports*    *All Svcs*    *COBRA*    *FSA*    *PHI Contact*

Telephone

E-mail address

Implementation Contact (if other than primary contact)

Telephone

E-mail address

Agency Contact

Telephone

E-mail address

**Third Party Reporting Authorization** (if applicable)

We hereby authorize the following designee to submit certain reporting forms on our behalf, which we acknowledge are our responsibility to provide. We are aware that if this reporting arrangement changes, we must notify Infinisource directly. If we assign this reporting function to any other source, we will make Infinisource aware of such a change.

<b>Agency name:</b>									
<b>Agency contact:</b>					<b>Phone:</b>				
<b>Address:</b>					<b>Fax:</b>				
<b>E-mail address:</b>					<b>Other:</b>				
We authorize the above designee for:		Online access <b>Yes</b> <b>No</b>		Contact on COBRA notice <b>Yes</b> <b>No</b>		PHI Contact <b>Yes</b> <b>No</b>		Receive Reports <b>Yes</b> <b>No</b>	

Infinisource use only		Agreement valid for 30 days from		
Internal agent #			Account #	
		Service effective date		

## Section 2: Fees and Consideration

This agreement is hereby made for the services selected below. HMA will pay the agreed upon fees for the services chosen below:

### COBRA

<input checked="" type="checkbox"/>	Service	Per Unit or Minimum	Setup Fee	Annual Fee	Total
Current number of Insured Employees _____					
	COBRA Administration				
	COBRA Premium Collection				
	COBRA Open Enrollment (requires Premium Collection)				
	COBRA Eligibility Management				
	State Continuation Coverage Administration (for CA , NY , TX , CT , MN , CO , UT , PA , & DE only) (requires Premium Collection)				

COBRA fees are based upon one reporting location. Separate tracking for additional locations will require an additional annual fee per location. Check box if applicable.

Employer is a customer on the iSolved HCM Platform for payroll and benefits enrollment and would like full integration of COBRA and iSolved.

### Fringe Benefit Account Based Plans

<input checked="" type="checkbox"/>	Service	Per Unit or Minimum	Setup Fee	Annual Fee	Total
	Health Flexible Spending Account Administration <sup>1</sup> (IRC Sections 105 and 125)				
	Dependent Care Flexible Spending Account Administration <sup>1</sup> (IRC Sections 129 and 125)				
	Limited Health Flexible Spending Account Administration <sup>1</sup> (IRC Sections 105 and 125)				
	Health Reimbursement Arrangement Administration <sup>1</sup> (IRC Section 105)				
	Transit Account Administration <sup>1</sup> (IRC Section 132)				
	Parking Account Administration <sup>1</sup> (IRC Section 132)				
	Health Savings Account Administration <sup>1</sup> (IRC Section 223)				
	Tuition Reimbursement Account Administration <sup>1</sup> (IRC Section 127)				
	Life Style Flexible Spending Account Administration <sup>1</sup> (IRC Sections)				

<sup>1</sup> Electronic Payment Card Services - included for all Fringe Benefit Plans (including Health Savings Accounts) except certain HRAs. An additional \$.15 ppm charged for each Transit Plan participant.

If purchasing any of the services listed above, please indicate:

Current number of FSA participants \_\_\_\_\_ Current number of Transit participants \_\_\_\_\_  
 Current number of HRA participants \_\_\_\_\_ Current number of Parking participants \_\_\_\_\_  
 Current number of HSA participants \_\_\_\_\_ Number of Banking Accounts \_\_\_\_\_  
 Plan year start date \_\_\_\_\_ Plan year end date \_\_\_\_\_

Check box if applicable.

Employer is a customer on the iSolved HCM Platform for payroll and benefits enrollment and would like full integration of Fringe Benefit and iSolved.

**Please Note:**\*Discount applied. HMA shall pay all service fees owed by ER/PA monthly.