

Complete and return to your employer

Group Information		
Group Name: _____ Further Group Number: _____		
Location Name (if applicable): _____		
Employee Information		
Last Name: _____	First Name: _____	Middle Initial: _____
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Date of Birth: _____	Email Address: _____	
Primary Phone: _____		
Account Information		
Adoption Assistance Program:		
Effective Date _____ (To be provided by group contact)		
Adoption Type:	Domestic	Foreign (must be finalized before claims can be paid)
IRS Maximum: \$14,440 per child adopted (2021 Maximum)		
I want to contribute a total of \$ _____ during this calendar year to my Adoption Assistance Program Account. I understand this amount will be deducted from my pay throughout the calendar year.		
If adopting more than one child, please indicate the amount contributed to each account:		
Adoption 1: _____	Adoption 2: _____	
Signature		
I have reviewed the above elections and understand my choices will remain in effect for the entire Calendar Year, unless I experience a change in status as defined by the IRS. It is also my understanding that any funds remaining in my accounts at the end of the Calendar Year may be forfeited.		
Signature: _____		Date: _____

Employees: Complete and return this form to your employer.

Employers: Save time by entering this information online at least 30 days prior to your plan start date. Sign into Online Group Service Center at hellofurther.com. Questions? Call Group Leader Services at 1-888-460-4013.

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

Fax to:
 866-231-0214

Mail to:
 PO Box 982814
 El Paso, TX 79998-2814