



Please complete this form and return to Further 45 days before your effective date so we can properly administer your plan. If you have any questions, please call our Sales Line at 855-363-2583. When complete, fax this form to 866-231-0214; mail it to:

Further, PO Box 14836, Lexington, KY 40511 or email it to Further.Sales.Support@HelloFurther.com.

All fields are required; incomplete forms will cause delays setting up your plan.

I. EMPLOYER INFORMATION

Employer's Name _____

Employer's Tax I.D. Number (required) _____

Employer's Street Address _____

City _____ State _____ Zip Code _____

PC(USA) PIN #: _____

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 _____

II. PLAN INFORMATION

Plan Year

Start date _____ End date 12/31/2024

Health Plan Carrier _____

Plan Options

☐ Premium Only Plan (POP) - employer sponsored health plan.

Eligibility - Required for Plan documents (generally matches that of the health plan.)

Employees must work at least _____ hours per week to be eligible.

Benefits will begin on: (select only one):

- ☐ First of the month following date of hire
- ☐ Date of hire
- ☐ First *day* after completion of the waiting period ☐ 30 days ☐ 60 days ☐ 90 days ☐ Other
- ☐ First of the *month* after completion of the waiting period ☐ 30 days ☐ 60 days ☐ 90 days ☐ Other

III. ADMINISTRATIVE TIPS:

PLAN DOCUMENTS: Further will be preparing your Plan Document and Summary Plan Description (SPD). The documents will be sent to the group contact within 60 days of receipt of the completed Plan Design Guide.

IV. SIGNATURES

It is agreed that necessary information concerning current and future employees and/or their dependents who participate in this Plan and employees whose participation is to be changed or discontinued shall be provided 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 _____