

isolved Benefit Services Service Agreement

Section 1: Employer Information

Employer Legal Name- Please print (*Employer*)

Federal Employer Identification Number (FEIN) isolved 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 Telephone E-mail address
All Svcs COBRA only FSA only PHI Contact

Secondary Contact Telephone E-mail address
Reports All Svcs COBRA FSA PHI Contact

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 isolved directly. If we assign this reporting function to any other source, we will make isolved aware of such a change.

Agency name:

Agency contact Phone

Address Fax

E-mail address Other

We authorize the above designee for: Online access: Contact on COBRA notice: PHI Contact:
Yes No Yes No Yes No

Section 2: Terms and Conditions and Service Agreements

Employer is purchasing the service(s) listed below in Section 3 and, in doing so, each party acknowledges and agrees that isolved's General Terms and Conditions available at [www.isolvedbenefitservices.com/legal] (as may be amended from time to time) (the "Terms and Conditions") and the COBRA Service Agreement/General Notice Blanket Mailing and Open Enrollment Mailing Service Agreement/Fringe Benefit Service Agreement (FSA, HRA, Transit, Parking)/HSA Service Agreement/ Electronic Payment Card Service Agreement/Employee Navigator Integration Service Agreement available at [www.isolvedbenefitservices.com/legal] (as may be amended from time to time) (the "Additional Service Agreements") are each incorporated herein by reference and Employer shall have all rights and obligations of the "Employer" thereunder.

isolved Benefit Services use only

Agreement valid for 30 days from

Internal agent #

Account #

Service effective date

Section 3: Fees and Consideration

Current number of Insured Employees

Service	Per Unit or Minimum	Setup Fee	Annual Fee	Total
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 VA PA DE SMD 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

Service	Per Unit or Minimum	Setup Fee	Annual Fee	Total
Health Flexible Spending Account Administration (IRC Sections 105 and 125)				
Dependent Care Flexible Spending Account Administration (IRC Sections 129 and 125)				
Limited Health Flexible Spending Account Administration (IRC Sections 105 and 125)				
Health Reimbursement Arrangement Administration (IRC Section 105)				
Transit Account Administration (IRC Section 132)				
Parking Account Administration (IRC Section 132)				
Health Savings Account Administration (IRC Section 223)				
Tuition Reimbursement Account Administration (IRC Section 127)				
Life Style Flexible Spending Account Administration (IRC Sections)				
Electronic Payment Card Services - included for all Fringe Benefit Plans (including Health Savings Accounts) except certain HRAs. An additional \$15 pppm 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: *Hometown Health shall pay to Infinisource all Administrative Service Fees listed as "included" and owed by ER/PA. This agreement is in conjunction with a previously executed Agreement and will renew with the main. Discount applied. Discount applied.

Addendum

Legal Name:

of insured:

Acct #:

Physical Location:

Telephone:

Fax:

Contact:

Contact Email:

Legal Name:

of insured:

Acct #:

Physical Location:

Telephone:

Fax:

Contact:

Contact Email:

Legal Name:

of insured:

Acct #:

Physical Location:

Telephone:

Fax:

Contact:

Contact Email:

Legal Name:

of insured:

Acct #:

Physical Location:

Telephone:

Fax:

Contact:

Contact Email:

Legal Name:

of insured:

Acct #:

Physical Location:

Telephone:

Fax:

Contact:

Contact Email:

Section 4: Additional Service Fees and Consideration

Not including applicable fees noted above in Section 3, additional service fees may apply for services outlined below:

Additional COBRA Service Fees (if applicable):

1. Premium Remittance Check Fee - \$10 per check. Direct deposit remittance provided at no additional cost.
2. General Notice Blanket Mailing for existing covered individuals - \$3.25 per notice, \$50 minimum. General notices for new insurance enrollees included in applicable fees from Section 3 of this Agreement.
3. Custom reports or extraneous development - \$190 per hour. Such requests are subject to approval by isolved.
4. Open Enrollment mailing service prior to service effective date: Setup fee \$200 (plus \$12 per packet mailed).

Additional Fringe Benefit Administration Service Fees (if applicable):

1. FSA enrollment kits - \$.95 each for paper (free online)
2. FSA enrollment meetings - Negotiable fee plus travel expenses; webinars available at no charge
3. FSA paper enrollments - \$2.50 per enrollment, \$25 minimum.
4. Additional Debit Cards - Participants receive two cards initially at no charge. Additional/replacement debit cards are \$5 per set of two cards, deducted from participant account.
5. Plan changes after plan initialized - \$150 per hour, minimum one hour.
6. Custom reports or extraneous development - \$190 per hour. Employer shall submit such requests and are subject to approval by isolved.
7. Positive Pay Tool - \$500 annually
8. ACH Transfer failure - \$75 each
9. Additional non-discrimination tests not otherwise included - \$1,000

Additional Health Savings Account Administration Service Fees (if applicable):

1. Paper Enrollment - \$10 each

Standard Hourly Rate for Correcting Inaccurate Data (any service) = \$150 per hour

IN WITNESS WHEREOF, Employer and isolved have caused this Agreement to be executed in their names by their undersigned officer, the same being duly authorized to do so. Please sign, date and return this Service Agreement via email to salesagreement@isolvedhcm.com.

Employer Authorized Signature

Date

isolved Authorized Signature

Date

isolved Benefit Services

Set Up Forms

Attached are the isolated Benefit Services Setup Forms. These forms will be reviewed during your initial service implementation call.

Please complete and return these forms along with the signed isolated Benefit Services Agreement, or be ready to review them during your initial call.

Please return together:

- isolated Benefit Services Agreement
- Business Associate Agreement
- Banking Forms

All are required before the implementation of your new isolated Benefit Services may begin.

Banking Authorization

COBRA Administration

If you want isolved Benefit Services to process premium remittances and carry out other related activities, please complete the following information. Providing this information allows for quicker reimbursements.

- On a monthly basis, isolved Benefit Services will generate and deliver Premium Remittance Reports through our secure website (i.e., the Download Center). These reports will be available to the client on the first business day of each month and will identify the remittance amount that will be sent by direct deposit.
- isolved Benefit Services will send direct deposits of premiums within five business days of the delivery of the Premium Remittance Report. isolved Benefit Services will also generate and deliver any Voucher Premium Invoice Reports through the Download Center on the first business day of each month.
- isolved Benefit Services may deduct fees from your remittance (saving you time and cost of generating a check back to us) in the event that funds are required from the company for payment of remittance related activity, including but not limited to, Voucher Premium Invoice Adjustment, Refund Adjustment or NSF Adjustment. In the case where fees are deducted from your remittance, please refer to additional report documentation(s) at the time of the deduction.

Company name (Employer):

isolved Benefit Services Company #:

Opt Out: I request Premium Remittances via a paper check. I am aware of a \$10 fee, per check, as a handling charge will be deducted for each remittance that is sent via a paper check.

Depository Name:

Branch:

City:

State:

Zip:

Transit/ABA Number (Must be 9 digits):

Account Number:

This Banking Authorization is hereby incorporated into the service agreement between the parties, and this Banking Authorization supersedes the terms and conditions of the service agreement to the extent that it contradicts any provisions related to premium collection services.

This authority is to remain in full force and effect until isolved Benefit Services has received written notification from the above named company of its termination in such time and in such manner as to afford isolved Benefit Services and depository a reasonable opportunity to act on it. By your signature below, you agree that isolved Benefit Services is not responsible for any unauthorized access to an account that is beyond its reasonable control.

Signed:

Date:

Printed Name

Title

Phone

This form must be returned by the 20th of the month to enable direct deposit for the following month.