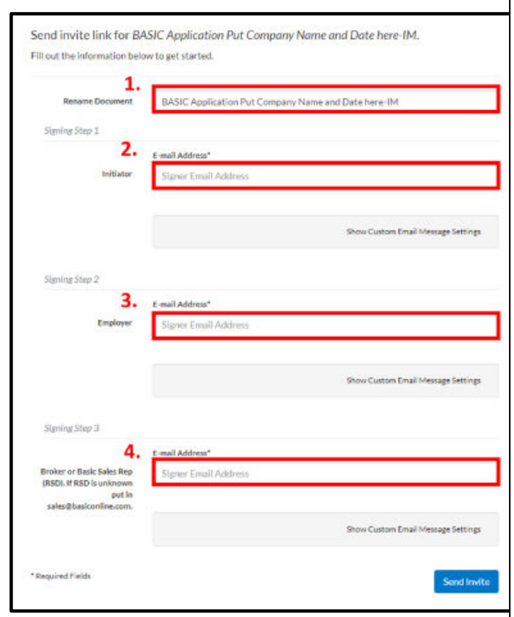
# PURCHASER DETAIL – CLIENT APPLICATION

## POWERED BY SIGN-NOW

**Purpose:** Provide step-by-step instructions to complete a Sign-Now Application. These instructions address the application RSDs will use when the person who initiates it will fill out the majority of the application.

**APPLICATION CANCELLATION RULES**: There may be times when you may need to cancel an application and begin again. For example, if errors are made. If this occurs, you should “decline” the original application (click the decline button in the upper right corner). If the client has already signed the application and a new one is required, please contact Sales Support who can facilitate the cancellation of the application.

### Sign Now - Broker: w/Initiator Fills out the Majority

| # | Description | Visuals / Screens |
|---|---|---|
| 1 | Access Application: “Broker: w/initiator fills out majority<br><br>(Also, accessible from the Sales page on the Insider.) | https://signnow.com/s/iqQ6dEGL?form=true |
| 2 | Provide email addresses for Broker, Client and RSD to begin the Application Process.<br>1. “Rename Document,” enter Client Name and Date, and (optional) other information to identify the application.<br>2. “Initiator” enter the email address of the person starting the application. If it is the RSD, they enter their BASIC email. If it is the broker, they enter their email address.<br>3. “Employer,” enter the email address of the **Employer’s Authorized Signer.** The authorized signer could be someone different at the client’s organization than who you may have been working with to secure the sale. The application will go to this address after the initiator completes his/her part of the application. This person will need to complete the application (shown later) and is authorized to sign off on the order.<br>4. “Broker or BASIC Sales Rep” this person will need to review the application and acknowledge they have review it before the application can be completed. If the RSD initiated the application, enter the client’s broker’s email address so they are notified when it is completed. If the Broker initiated the application, their RSD’s email address goes here, so the RSDs knows to go in and acknowledge they have reviewed. |  |

<table>
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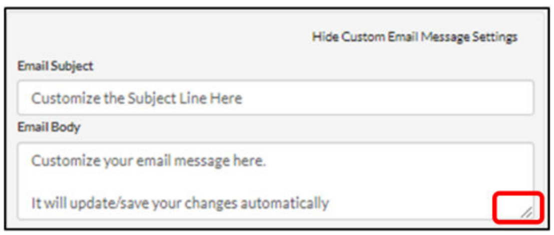
<td>3</td>
<td>Review/update/personalize the emails and subject lines that will be sent to each of the email addresses provided in step one.<br><br>1. Click “Show Custom Email Message Settings.” Customize/Update your subject line and your email message. Changes will save automatically.<br>2. Same as #1<br>3. Same as #1<br><br>Best Practice: Change the Email Subject Line to include the Employer Name and Date to make it easier, for all parties, to identify which client the email pertains to.<br><br>4. Click “Send Invite.” After entering email address and updating subject lines and email messages.<br><br>
<br>NOTE: Dragging the two lines in the lower right corner lets you expand the email body to view and edit content.</td>
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<td>4</td>
<td>Next – You will see this screen:<br><br>STOP! Close the Browser<br><br>Do not click:<br>“Go to the Sign Now App” – In can potentially take you into your sign-now application. This is not the direction you want to go</td>
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<td>5</td>
<td>Go to your email.<br><br>Find the email from “BASIC” with BASIC Purchaser Details in the Subject line, or whatever you Changed the Subject line to in the previous step.</td>
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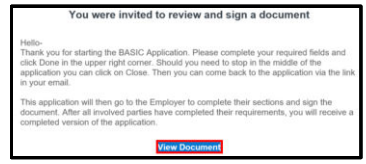
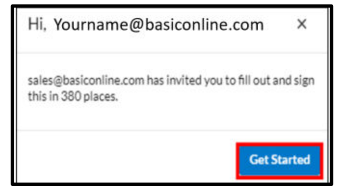
## Sign Now: Initiator to Fills out the Majority of the Application – Create Application

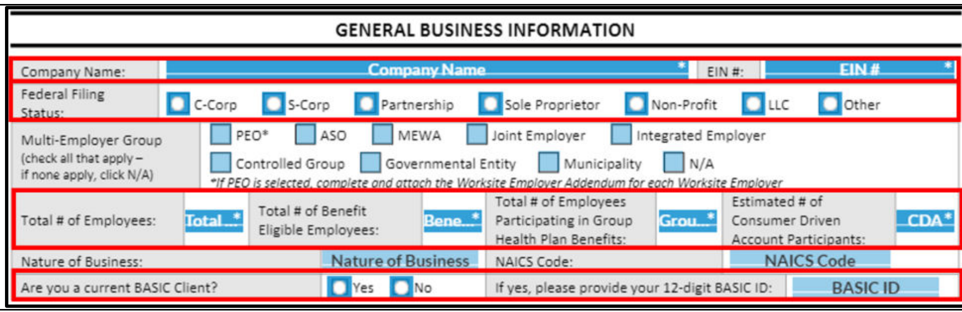
| # | Description | Visuals / Screens |
|---|---|---|
| 6 | From the email received in the previous step,<br><br>• Click, View Document |  |
| 7 | The Application will open<br><br>• Click “Get Started” on the pop-up screen that appears. |  |
| 8 | To begin entering information: Click the “START” button |  |
| **9** | Enter information into the fields provided.<br>Field Coloring Code<br>• **Dark Blue**: Sign-Now Required Fields, must be completed to exit the Application.<br>• **Light Blue:** Additional information. NOTE: Although there are fields that are not required by the Sign-Now application, there are fields that are required to be accepted by the New Business Team based on the product/offering being purchased.<br><br>Navigation: **<u>It is highly recommended you use the scroll bar on the right</u>** as you are work through the application as opposed to the Next button or Tab option. This is done to ensure you have a chance to review all the fields. Using the next button or tabbing through the pages can result in skipping important fields. | |

**<u>Example Below:</u>** Required Fields / Dark Blue are: Company Name, EIN #, Federal Filing Status, Employee counts for each category and Are you a current BASIC Client?

You will also need to be mindful of the fields shaded in the lighter blue as follows:

- **Multi-Employer Group:** If not applicable, mark N/A. Please note that if the client is a PEO, an additional addendum to the USA is required.
- **Estimated # of CDA Account Participants:** If client is not utilizing CDA for a given application, put 0 in the Estimated Number of Consumer Driven Account Participants.
- **Nature of Business and NAICS:** Please provide if known. These fields are required for clients who are purchasing Benefit Continuation Services.

**Important Note:** It is very important that the Company Name match that of the EIN entered in the BASIC Application. BASIC performs an EIN check, as required by the Patriot Act, and any discrepancies will result in a delay in the application being processed. **Please make sure that you enter both the legal entity name and if applicable, the DBA (Doing Business As) associated with the EIN provided in this Application.**


GENERAL BUSINESS INFORMATION

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Company Name: | Company Name | | | | | EIN #: | EIN # |
| Federal Filing Status: | C-Corp | S-Corp | Partnership | Sole Proprietor | Non-Profit | LLC | Other |
| Multi-Employer Group (check all that apply – if none apply, click N/A) | PEO* | ASO | MEWA | Joint Employer | Integrated Employer | | |
| | Controlled Group | Governmental Entity | Municipality | N/A | | | |
| | *If PEO is selected, complete and attach the Worksite Employer Addendum for each Worksite Employer | | | | | | |
| Total # of Employees: | Total... | Total # of Benefit Eligible Employees: | Bene... | Total # of Employees Participating in Group Health Plan Benefits: | Grou... | Estimated # of Consumer Driven Account Participants: | CDA |
| Nature of Business: | Nature of Business | NAICS Code: | NAICS Code | | | | |
| Are you a current BASIC Client? | Yes | No | If yes, please provide your 12-digit BASIC ID: | BASIC ID | | | |

10 Complete Each Section:

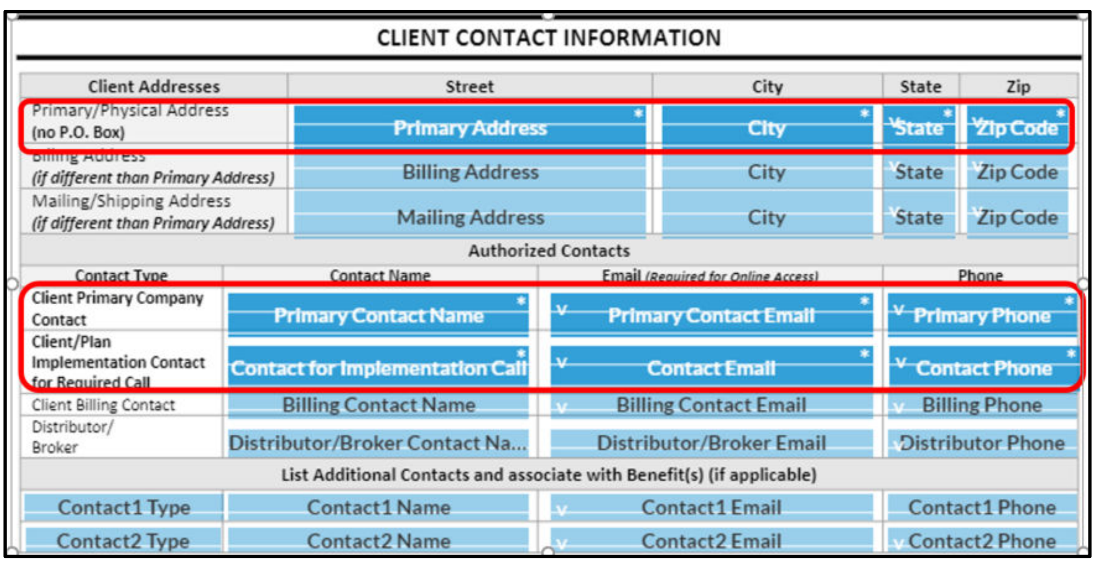
In the Client Contact information section, the required fields are:

- Primary Physical address and
- Contact Information Fields

As part of the BASIC New Client Experience, a Client Implementation Manager will conduct a mandatory implementation call with each client to collect the client and plan details needed to establish the BASIC Services. **The contact identified in the field, "Client/Plan Implementation Contact" should be the individual at the client's firm who can provide the operational details of the plans(s) and has the authority to make decisions on behalf of the services being implemented.**

Complete the lighter blue fields to provide additional information as follows:

**Client Billing Contact:** Make sure that in addition to contact name, that you provided the billing contact email address and billing phone number, if the Client Billing Contact is not the same as the Primary Contact.
**Distributor/Broker Name, email address, and phone number:** This information needs to be completed in order for BASIC to interact with the Broker/Distributor on behalf of the employer(client).


CLIENT CONTACT INFORMATION

| Client Addresses | Street | City | State | Zip |
|---|---|---|---|---|
| Primary/Physical Address (no P.O. Box) | Primary Address | City | State | Zip Code |
| Billing Address (if different than Primary Address) | Billing Address | City | State | Zip Code |
| Mailing/Shipping Address (if different than Primary Address) | Mailing Address | City | State | Zip Code |

Authorized Contacts

| Contact Type | Contact Name | Email (Required for Online Access) | Phone |
|---|---|---|---|
| Client Primary Company Contact | Primary Contact Name | Primary Contact Email | Primary Phone |
| Client/Plan Implementation Contact for Required Call | Contact for Implementation Call | Contact Email | Contact Phone |
| Client Billing Contact | Billing Contact Name | Billing Contact Email | Billing Phone |
| Distributor/ Broker | Distributor/Broker Contact Na... | Distributor/Broker Email | Distributor Phone |

List Additional Contacts and associate with Benefit(s) (if applicable)

| | | | |
|---|---|---|---|
| Contact1 Type | Contact1 Name | Contact1 Email | Contact1 Phone |
| Contact2 Type | Contact2 Name | Contact2 Email | Contact2 Phone |

11 **CDA Offering Effective Date:** When tabbing or using the next button, a field for effective date will appear.

Use the pop-up calendar to select the effective date for the offerings being purchased.

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Although this is not a SignNow required field, the effective date must be populated to prevent delays in the processing of the application.
DO NOT “TAB” or USE THE “NEXT BUTTON” following this section. Those functions only stop at required fields.
Use the bar on the right side of the screen to navigate this section.
</td>
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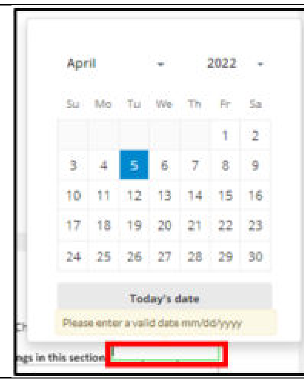
<td>


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CDA Offerings and Fees. Use the bar on the right side of the screen to navigate this section.
NOTE: Because no specific account is required, if using the “Tab” button or the “Next” button, this section and other accounts/services and pricing sections are skipped by the program.”
Use the bar on the right side of the screen to navigate up and down the application to select products and provide pricing.
If applicable, select the clients CDA Account(s) purchased. <u>Click the box in front of the CDA products wanted</u>
A CDA Fee section and Compliance products follow the CDA products. <u>All products selected and their associated fees fields need to be completed on the application.</u>
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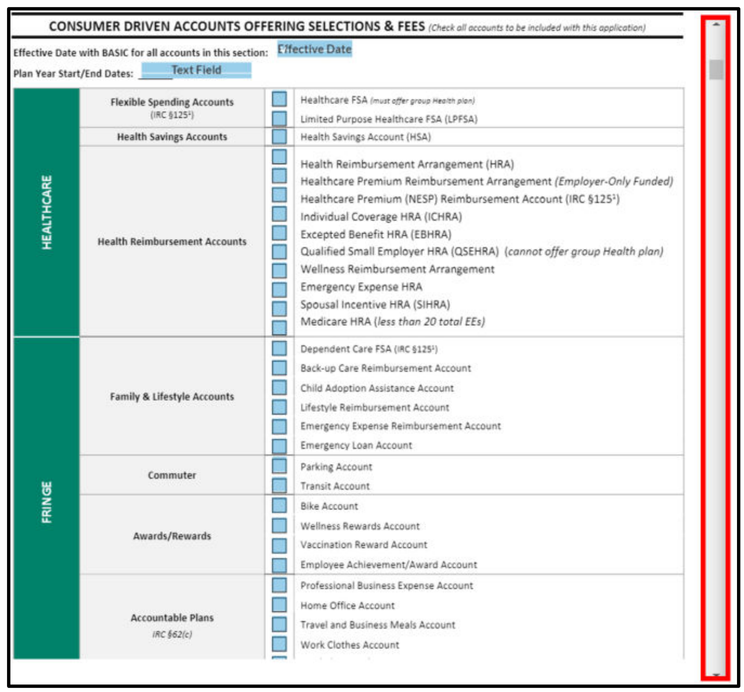
CONSUMER DRIVEN ACCOUNTS OFFERING SELECTIONS & FEES (Check all accounts to be included with this application)
Effective Date with BASIC for all accounts in this section: Effective Date
Plan Year Start/End Dates: Text Field
HEALTHCARE
Flexible Spending Accounts (IRC §125[1]): Healthcare FSA (must offer group Health plan); Limited Purpose Healthcare FSA (LPFSA)
Health Savings Accounts: Health Savings Account (HSA)
Health Reimbursement Accounts: Health Reimbursement Arrangement (HRA); Healthcare Premium Reimbursement Arrangement (Employer-Only Funded); Healthcare Premium (NESP) Reimbursement Account (IRC §125[1]); Individual Coverage HRA (ICHRA); Excepted Benefit HRA (EBHRA); Qualified Small Employer HRA (QSEHRA) (cannot offer group Health plan); Wellness Reimbursement Arrangement; Emergency Expense HRA; Spousal Incentive HRA (SIHRA); Medicare HRA (less than 20 total EEs)
FRINGE
Family & Lifestyle Accounts: Dependent Care FSA (IRC §125[1]); Back-up Care Reimbursement Account; Child Adoption Assistance Account; Lifestyle Reimbursement Account; Emergency Expense Reimbursement Account; Emergency Loan Account
Commuter: Parking Account; Transit Account; Bike Account
Awards/Rewards: Wellness Rewards Account; Vaccination Reward Account; Employee Achievement/Award Account
Accountable Plans IRC §62(c): Professional Business Expense Account; Home Office Account; Travel and Business Meals Account; Work Clothes Account
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<td>13</td>
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Consumer Driven Account: Add-on Packages:
If applicable, select the add-on packages and provide the pricing
<ul>
<li>Click the box in front of the Ad-On packages wanted</li>
<li>Click on the text field aligned with the selected add-on package and enter the fees to be charged for each add on package</li>
<li>Provide the total fees (sum of all fees)</li>
</ul>
Section “A”: If applicable, select the Compliance Documents Add-Ons.
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- **Click** the box in front of the Compliance Documents the client wants
- The total for all Compliance Documents Only fees (number of documents x price per document) should be entered

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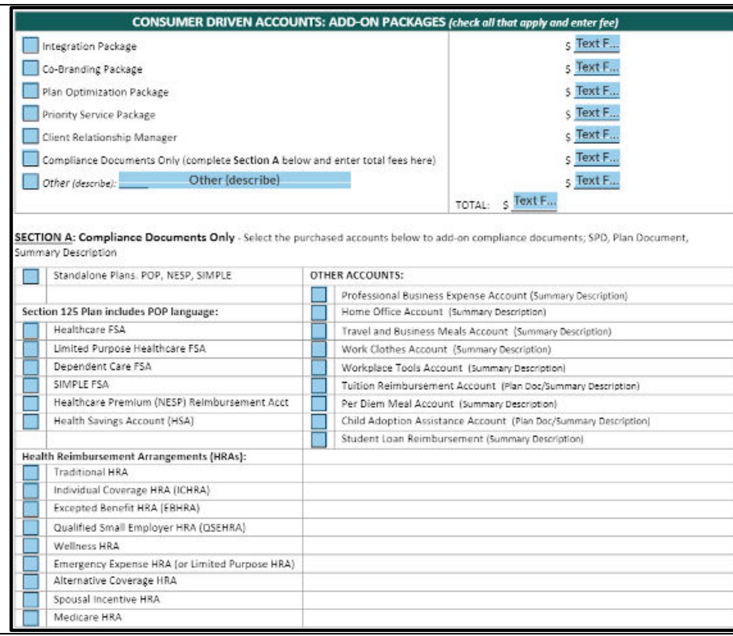

**CONSUMER DRIVEN ACCOUNTS: ADD-ON PACKAGES** *(check all that apply and enter fee)*

| | |
|---|---|
| Integration Package | $ Text F... |
| Co-Branding Package | $ Text F... |
| Plan Optimization Package | $ Text F... |
| Priority Service Package | $ Text F... |
| Client Relationship Manager | $ Text F... |
| Compliance Documents Only (complete Section A below and enter total fees here) | $ Text F... |
| *Other (describe):* Other (describe) | $ Text F... |
| TOTAL: | $ Text F... |

SECTION A: **Compliance Documents Only** - Select the purchased accounts below to add-on compliance documents; SPD, Plan Document, Summary Description

| | |
|---|---|
| Standalone Plans: POP, NESP, SIMPLE | **OTHER ACCOUNTS:** |
| | Professional Business Expense Account (Summary Description) |
| **Section 125 Plan includes POP language:** | Home Office Account (Summary Description) |
| Healthcare FSA | Travel and Business Meals Account (Summary Description) |
| Limited Purpose Healthcare FSA | Work Clothes Account (Summary Description) |
| Dependent Care FSA | Workplace Tools Account (Summary Description) |
| SIMPLE FSA | Tuition Reimbursement Account (Plan Doc/Summary Description) |
| Healthcare Premium (NESP) Reimbursement Acct | Per Diem Meal Account (Summary Description) |
| Health Savings Account (HSA) | Child Adoption Assistance Account (Plan Doc/Summary Description) |
| | Student Loan Reimbursement (Summary Description) |
| **Health Reimbursement Arrangements (HRAs):** | |
| Traditional HRA | |
| Individual Coverage HRA (ICHRA) | |
| Excepted Benefit HRA (EBHRA) | |
| Qualified Small Employer HRA (QSEHRA) | |
| Wellness HRA | |
| Emergency Expense HRA (or Limited Purpose HRA) | |
| Alternative Coverage HRA | |
| Spousal Incentive HRA | |
| Medicare HRA | |

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Consumer Driven Account Fee Summary **(Required fields)**

- Enter the level and the fees based on the products purchase

**Note: If CDA is not selected as a product offering by a client, please put NA in each field.**

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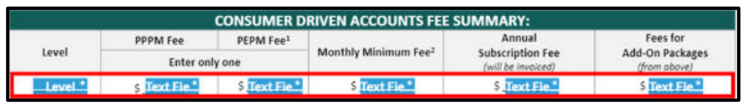

**CONSUMER DRIVEN ACCOUNTS FEE SUMMARY:**

| Level | PPPM Fee | PEPM Fee[1] | Monthly Minimum Fee[2] | Annual Subscription Fee *(will be invoiced)* | Fees for Add-On Packages *(from above)* |
|---|---|---|---|---|---|
| | Enter only one | | | | |
| Level | $ Text Fie | $ Text Fie | $ Text Fie | $ Text Fie | $ Text Fie |

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Review other sections and complete the services and fees sections per your agreement with the client/broker.

Sections to review include:

A. Continuation Offerings

B. Compliance Offerings

C. Documents Only Offerings

Similar to CDA, if applicable, select the offerings and provide the effective and pricing for the offering.

- **Click** the box in front of the offering(s) wanted.
- **Click** on the text field aligned with the selected offering and enter the fee.

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| OTHER OFFERINGS & FEES | | | |
|---|---|---|---|
| Selected Offerings | One Time Set-Up Fee[1] | Admin Fees | Additional Services and Fees |
| **Continuation Offerings** | | | |
| ☐ COBRA[2]<br>Plan Year Start Date: Date Fie...<br>Plan Year End Date: Date Fie...<br>Effective date with BASIC: Date Fie...<br>☐ Check if State Continuation Only (Mini COBRA)<br>☐ Check if Per Notice Admin Only | $ Text Fie... | $ Text F... Per Health Eligible Per Month<br>$ Text F... Minimum Monthly Fee<br>$ Text F... Annual Fee | ☐ Per QE Notice $ Text F...<br>☐ Initial Notice $ Text F...<br>☐ Open Enrollment Packet Mailing Service $ Text F...<br>☐ Carrier Eligibility Notices $ Text F... (PS EOS Required<br>☐ QB Takeover Fee $ Text F... |
| ☐ Retiree Billing[2]<br>Plan Year Start Date: Date Fie...<br>Plan Year End Date: Date Fie...<br>Effective date with BASIC: Date Fie... | $ Text F... | $ Text F... Per Retiree Per Month<br>$ Text F... Minimum Monthly Fee<br>$ Text F... Annual Fee | ☐ Open Enrollment Fee $ Text F... |
| ☐ Leave of Absence (LOA)<br>Plan Year Start Date: Date Fie...<br>Plan Year End Date: Date Fie...<br>Effective date with BASIC: Date Fie... | $ Text F... | $ Text F... Per Employee Per Month | $ Text F... |
| **Compliance Offerings** | | | |
| ☐ FMLA Fundamentals[3]<br>Plan Year Start Date: Date Fie...<br>Plan Year End Date: Date Fie...<br>Effective date with BASIC: Date Fie... | N/A | $ Text F... Annually | |
| ☐ Absence Management<br>Plan Year Start Date: Date Fie...<br>Plan Year End Date: Date Fie...<br>Effective date with BASIC: Date Fie... | $ Text F... | $ Text F... Per Employee Per Month<br>$ Text F... Monthly Minimum Fee | ☐ Additional IVR Language: $ Text F... |
| ☐ FMLA Ease<br>Plan Year Start Date: Date Fie...<br>Plan Year End Date: Date Fie...<br>Effective date with BASIC: Date Fie... | $ Text F... | $ Text F... Per Employee Per Month<br>$ Text F... Monthly Fee | |
| ☐ FMLA Ease Plus<br>Plan Year Start Date: Date Fie...<br>Plan Year End Date: Date Fie...<br>Effective date with BASIC: Date Fie... | N/A | $ Text F... Per Employee Per Month<br>$ Text F... Monthly Minimum Fee | ☐ Additional IVR Language: $ Text F... |
| ☐ FMLA Ease Plus with Absence Mgmt<br>Plan Year Start Date: Date Fie...<br>Plan Year End Date: Date Fie...<br>Effective date with BASIC: Date Fie... | N/A | $ Text F... Per Employee Per Month<br>$ Text F... Monthly Minimum Fee | ☐ Additional IVR Language: $ Text F... |
| ☐ ERISA Essentials (Full Administration)[3]<br>Plan Year Start Date: Date Fie...<br>Plan Year End Date: Date Fie...<br>Effective date with BASIC: Date Fie... | $ Text F... | $ Text F... Annually | ☐ Medicare Part D Notice $ Text F...<br>☐ PPACA & ERISA Notices $ Text F...<br>☐ Wrap Document–Individual/ Separate Affiliated Employer $ Text F...<br>☐ Late 5500 Filing: $ Text F...<br>☐ PCORI – no additional fees |
| ☐ Stand-Alone Wrap SPD<br>Plan Year Start Date: Date Fie...<br>Plan Year End Date: Date Fie...<br>Effective date with BASIC: Date Fie... | $ Text F... | N/A | |
| ☐ Dependent Eligibility Verification<br>Plan Year Start Date: Date Fie...<br>Plan Year End Date: Date Fie...<br>Effective date with BASIC: Date Fie... | $ Text F... | $ Text F... Per Audited EE<br>$ Text F... Minimum Audit Fee | ☐ Ongoing ☐ One-Time<br>☐ Spousal Verification per EE<br>$ Text F... |
| ☐ Vaccination Verification<br>Plan Year Start Date: Date Fie...<br>Plan Year End Date: Date Fie...<br>Effective date with BASIC: Date Fie... | $ Text F... | $ Text F... Annually Per Tracked Individual<br>$ Text F... Minimum Annual Fee | $ Text F... |
| ☐ HR Assist Lite<br>Plan Year Start Date: Date Fie...<br>Plan Year End Date: Date Fie...<br>Effective date with BASIC: Date Fie... | N/A | $ Text F... Per Month Flat Fee | |
| **Document Only Offerings** | | | |
| ☐ Premium Only Plan (POP)[3]<br>*(must offer group Health plan)*<br>Plan Year Start Date: Date Fie...<br>Plan Year End Date: Date Fie...<br>Effective date with BASIC: Date Fie... | $ Text F... | $ Text F... Annually | |
| ☐ Self-Administration FSA[3]<br>*(must offer group Health plan)*<br>Plan Year Start Date: Date Fie...<br>Plan Year End Date: Date Fie...<br>Effective date with BASIC: Date Fie... | $ Text F... | $ Text F... Annually | |

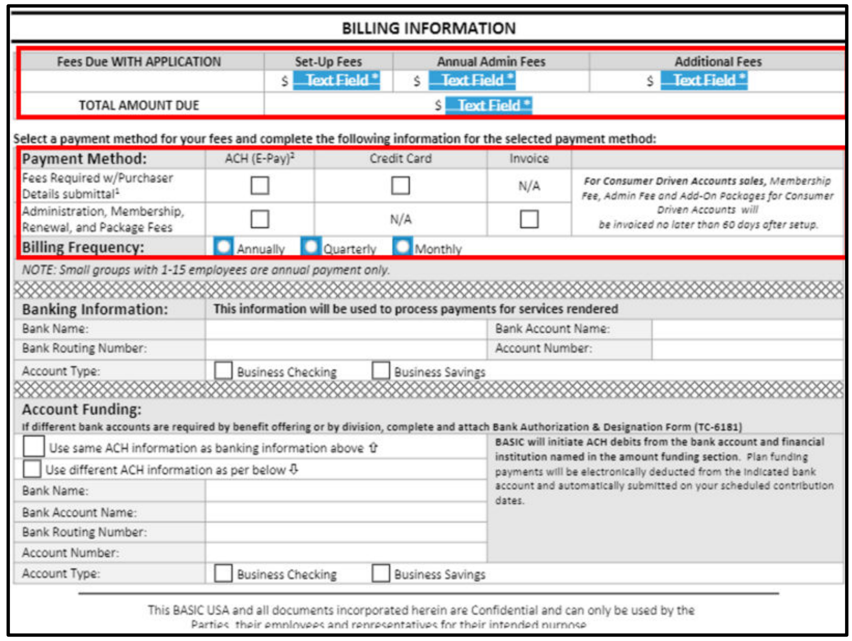
| | | |
|---|---|---|
| 16 | **Billing Information Section:** Fees Due with Application. Based on the fee schedule and potentially negotiations | |

- **Click** the text field aligned with each fee and enter the dollar amount as follows:
  - **Set-Up Fees:** sum of all set-up fees in the CDA, Benefit Continuation and Compliance sections of the application
  - **Annual Admin Fees:** sum of only the annual admin fees in the CDA, Benefit Continuation and Compliance sections of the document. *Monthly minimums and per participants charges are <u>not</u> to be included in the Annual Admin fee total.*
  - **Additional Fees:** sum of all additional fees in the CDA (including CDA Add-On fees), Benefit Continuation and Compliance sections of the application

- Click on the "Total Amount Due" and all the fees due with this application in the field provided. The Total Amount Due is the sum of the Set-Up Fees, Annual Admin Fees, and Additional Fees identified in this section.

Payment Method/Payment frequency

- Click in the boxes provided to select the Payment Method and the frequency.



BILLING INFORMATION

| Fees Due WITH APPLICATION | Set-Up Fees | Annual Admin Fees | Additional Fees |
|---|---|---|---|
| | $ Text Field * | $ Text Field * | $ Text Field * |
| TOTAL AMOUNT DUE | $ Text Field * | | |

Select a payment method for your fees and complete the following information for the selected payment method:

| Payment Method: | ACH (E-Pay)[2] | Credit Card | Invoice | |
|---|---|---|---|---|
| Fees Required w/Purchaser Details submittal[1] | ☐ | ☐ | N/A | *For Consumer Driven Accounts sales, Membership Fee, Admin Fee and Add-On Packages for Consumer Driven Accounts will be invoiced no later than 60 days after setup.* |
| Administration, Membership, Renewal, and Package Fees | ☐ | N/A | ☐ | |
| Billing Frequency: | Annually | Quarterly | Monthly | |

*NOTE: Small groups with 1-15 employees are annual payment only.*

| Banking Information: | This information will be used to process payments for services rendered | | |
|---|---|---|---|
| Bank Name: | | Bank Account Name: | |
| Bank Routing Number: | | Account Number: | |
| Account Type: | ☐ Business Checking ☐ Business Savings | | |

**Account Funding:**

If different bank accounts are required by benefit offering or by division, complete and attach Bank Authorization & Designation Form (TC-6181)

☐ Use same ACH information as banking information above ⇧

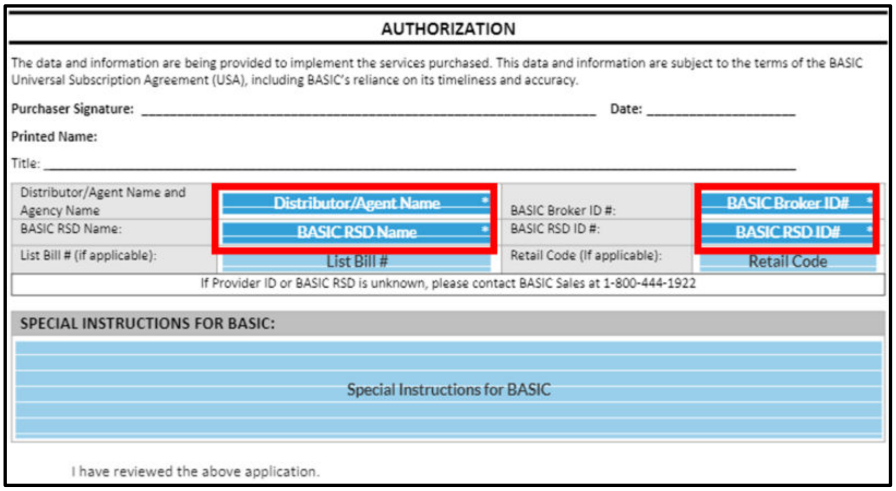
☐ Use different ACH information as per below ⇩

BASIC will initiate ACH debits from the bank account and financial institution named in the amount funding section. Plan funding payments will be electronically deducted from the indicated bank account and automatically submitted on your scheduled contribution dates.

| | |
|---|---|
| Bank Name: | |
| Bank Account Name: | |
| Bank Routing Number: | |
| Account Number: | |
| Account Type: | ☐ Business Checking ☐ Business Savings |

This BASIC USA and all documents incorporated herein are Confidential and can only be used by the Parties, their employees and representatives for their intended purpose.

| | |
|---|---|
| 17 | Authorization: Provide the Distributor and RSD Information in this section. BASIC Provider ID# and RSD # are required fields. Please note, that although not a SignNow Required Fields, the List Bill # and appropriate Retail Code is required to be entered if the Client fees are to be billed to the Distributor. |


AUTHORIZATION

The data and information are being provided to implement the services purchased. This data and information are subject to the terms of the BASIC Universal Subscription Agreement (USA), including BASIC's reliance on its timeliness and accuracy.

Purchaser Signature: ______ Date: ______

Printed Name:

Title: ______

| | | | |
|---|---|---|---|
| Distributor/Agent Name and Agency Name | Distributor/Agent Name | BASIC Broker ID #: | BASIC Broker ID# |
| BASIC RSD Name: | BASIC RSD Name | BASIC RSD ID #: | BASIC RSD ID# |
| List Bill # (if applicable): | List Bill # | Retail Code (If applicable): | Retail Code |

If Provider ID or BASIC RSD is unknown, please contact BASIC Sales at 1-800-444-1922

SPECIAL INSTRUCTIONS FOR BASIC:

Special Instructions for BASIC

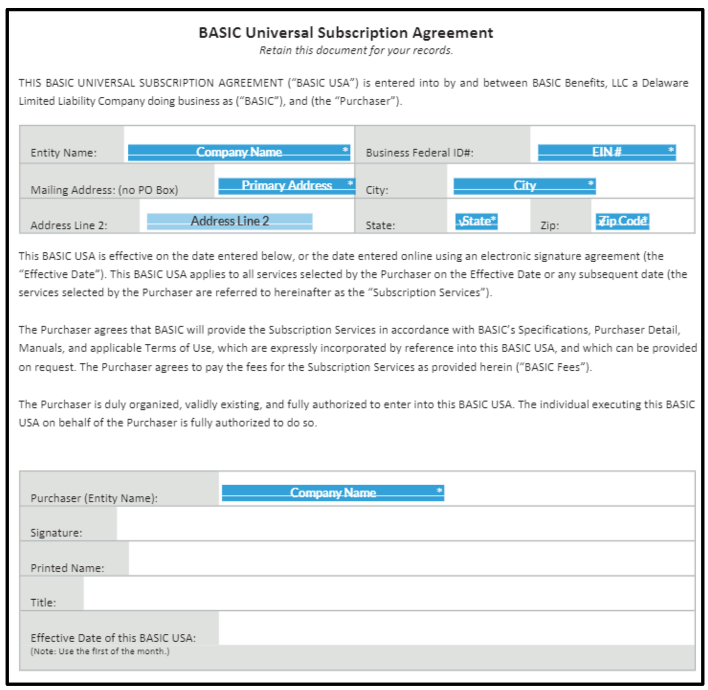
I have reviewed the above application.

Items to include in the Special Instructions section:

- EDI (Electronic Data Interface), with the vendor identified (i.e. EASE, Employee Navigator)
- 5500 Due Dates (particularly if dates are closer than a 15 day window)
- Any other information that the New Business Team needs to know to ensure a timely and smooth implementation.

18 BASIC USA

- Click on the fields provided and they will autofill form the information provided earlier in the application.


BASIC Universal Subscription Agreement

*Retain this document for your records.*

THIS BASIC UNIVERSAL SUBSCRIPTION AGREEMENT ("BASIC USA") is entered into by and between BASIC Benefits, LLC a Delaware Limited Liability Company doing business as ("BASIC"), and (the "Purchaser").

| | | | | | |
|---|---|---|---|---|---|
| Entity Name: | Company Name | Business Federal ID#: | EIN # | | |
| Mailing Address: (no PO Box) | Primary Address | City: | City | | |
| Address Line 2: | Address Line 2 | State: | State | Zip: | Zip Code |

This BASIC USA is effective on the date entered below, or the date entered online using an electronic signature agreement (the "Effective Date"). This BASIC USA applies to all services selected by the Purchaser on the Effective Date or any subsequent date (the services selected by the Purchaser are referred to hereinafter as the "Subscription Services").

The Purchaser agrees that BASIC will provide the Subscription Services in accordance with BASIC's Specifications, Purchaser Detail, Manuals, and applicable Terms of Use, which are expressly incorporated by reference into this BASIC USA, and which can be provided on request. The Purchaser agrees to pay the fees for the Subscription Services as provided herein ("BASIC Fees").

The Purchaser is duly organized, validly existing, and fully authorized to enter into this BASIC USA. The individual executing this BASIC USA on behalf of the Purchaser is fully authorized to do so.

| | |
|---|---|
| Purchaser (Entity Name): | Company Name |
| Signature: | |
| Printed Name: | |
| Title: | |
| Effective Date of this BASIC USA: (Note: Use the first of the month.) | |

19 Business Associate Agreement.

<table>
<tr>
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- Click on the fields provided and they will autofill form the information provided earlier in the application.

</td>
<td>


BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement, is entered into as of Date Fie..., by and between Company Name Health Plan (the "Plan" or "Covered Entity"); and BASIC Benefits, LLC, a Delaware Company (the "Business Associate").

WITNESSETH:

WHEREAS, the Covered Entity has entered into an agreement (the "Agreement") with the Business Associate, whereby the Business Associate has agreed to provide certain services to the Plan;

WHEREAS, to provide such services to the Plan, the Business Associate must have access to certain protected health information ("Protected Health Information" or "PHI"), as defined in the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Standards") set forth by the U.S. Department of Health and Human Services ("HHS") pursuant to the Health Insurance Portability and Accountability Act of 1996, ("HIPAA") and amended by the Health Information Technology for Economic and Clinical Health Act ("HITECH Act"), part of the American Recovery and Reinvestment Act of 2009 ("ARRA"), the Genetic Information Nondiscrimination Act of 2008 ("GINA"), and the final regulations to such Acts promulgated in January 2013;

WHEREAS, to comply with the requirements of the Privacy Standards, the Covered Entity must enter into this Business Associate Agreement with the Business Associate.

NOW, THEREFORE, in consideration of the mutual covenants and agreements hereinafter contained, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and intending to be legally bound hereby, the parties hereto agree as follows:
</td>
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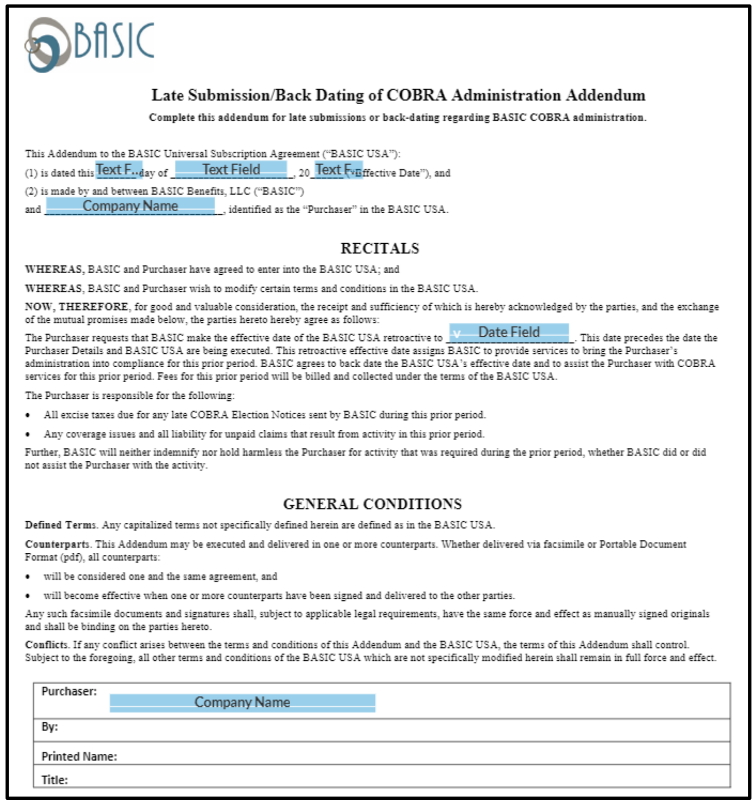
<td>20</td>
<td>

BASIC COBA Administration: Late Submission or back-dating Addendum

- If applicable, complete the fields in the form.
- Company Name will auto-fill when the field is selected.

</td>
<td>


Late Submission/Back Dating of COBRA Administration Addendum

Complete this addendum for late submissions or back-dating regarding BASIC COBRA administration.

This Addendum to the BASIC Universal Subscription Agreement ("BASIC USA"):<br>
(1) is dated this Text F... day of Text Field, 20 Text F... ("Effective Date"), and<br>
(2) is made by and between BASIC Benefits, LLC ("BASIC")<br>
and Company Name, identified as the "Purchaser" in the BASIC USA.

RECITALS

**WHEREAS**, BASIC and Purchaser have agreed to enter into the BASIC USA; and

**WHEREAS**, BASIC and Purchaser wish to modify certain terms and conditions in the BASIC USA.

**NOW, THEREFORE**, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by the parties, and the exchange of the mutual promises made below, the parties hereto hereby agree as follows:

The Purchaser requests that BASIC make the effective date of the BASIC USA retroactive to Date Field. This date precedes the date the Purchaser Details and BASIC USA are being executed. This retroactive effective date assigns BASIC to provide services to bring the Purchaser's administration into compliance for this prior period. BASIC agrees to back date the BASIC USA's effective date and to assist the Purchaser with COBRA services for this prior period. Fees for this prior period will be billed and collected under the terms of the BASIC USA.

The Purchaser is responsible for the following:

- All excise taxes due for any late COBRA Election Notices sent by BASIC during this prior period.
- Any coverage issues and all liability for unpaid claims that result from activity in this prior period.

Further, BASIC will neither indemnify nor hold harmless the Purchaser for activity that was required during the prior period, whether BASIC did or did not assist the Purchaser with the activity.

GENERAL CONDITIONS

**Defined Terms**. Any capitalized terms not specifically defined herein are defined as in the BASIC USA.

**Counterparts**. This Addendum may be executed and delivered in one or more counterparts. Whether delivered via facsimile or Portable Document Format (pdf), all counterparts:

- will be considered one and the same agreement, and
- will become effective when one or more counterparts have been signed and delivered to the other parties.

Any such facsimile documents and signatures shall, subject to applicable legal requirements, have the same force and effect as manually signed originals and shall be binding on the parties hereto.

**Conflicts**. If any conflict arises between the terms and conditions of this Addendum and the BASIC USA, the terms of this Addendum shall control. Subject to the foregoing, all other terms and conditions of the BASIC USA which are not specifically modified herein shall remain in full force and effect.

Purchaser: Company Name<br>
By:<br>
Printed Name:<br>
Title:
</td>
</tr>
<tr>
<td>21</td>
<td>

The application is now complete.

- Click "Done" in the upper right corner when all needed fields and signatures are complete.

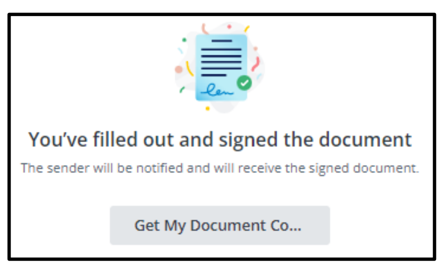
</td>
<td>


</td>
</tr>
<tr>
<td>22</td>
<td>

After clicking done, you will receive this screen.

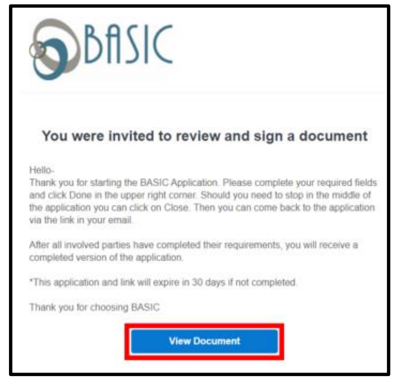
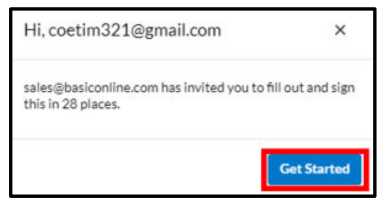
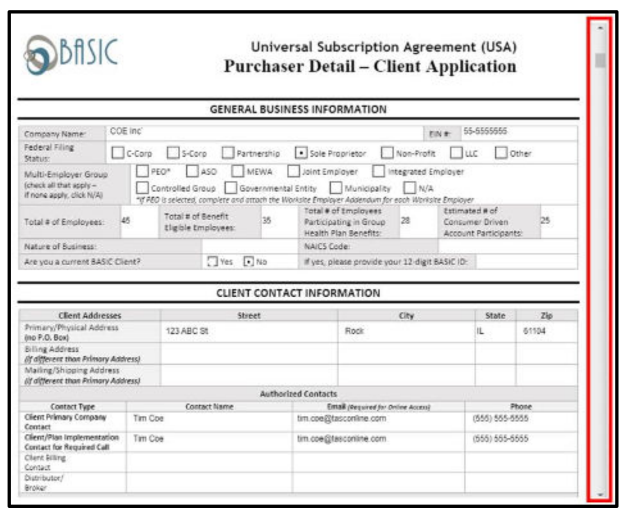
The application is now on its way to the client.

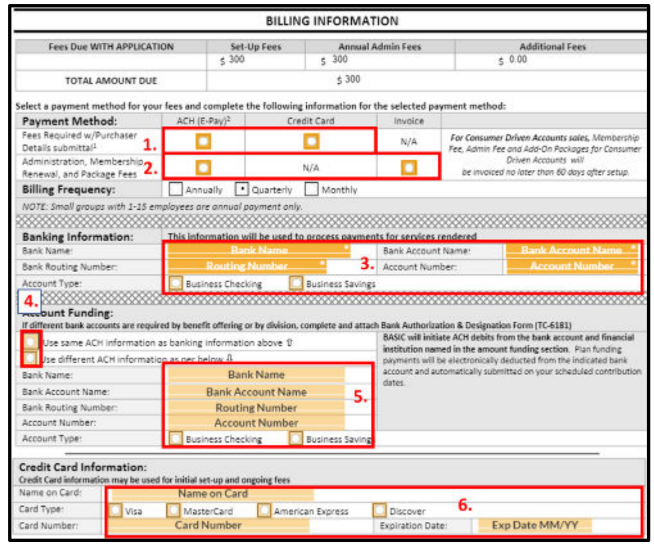
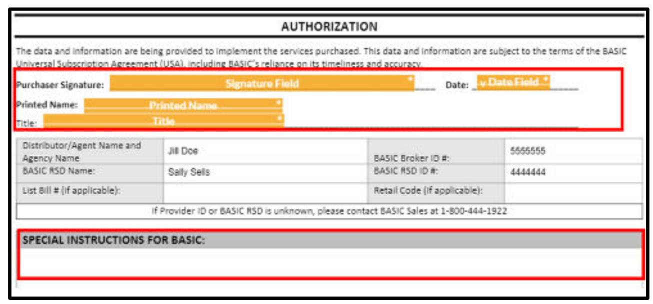
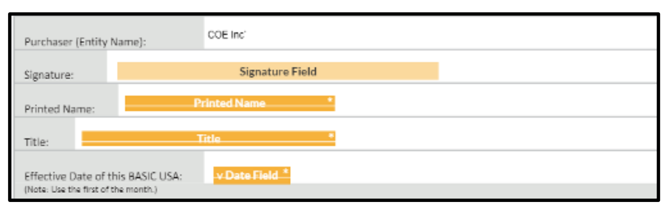
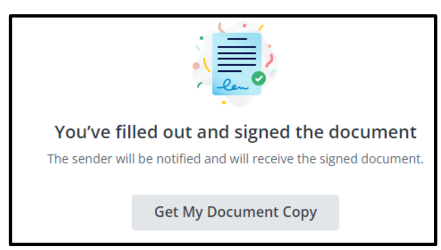
**Close this browser: <u>Do not click</u> the "Get My Document button."**

</td>
<td>


</td>
</tr>
</table>

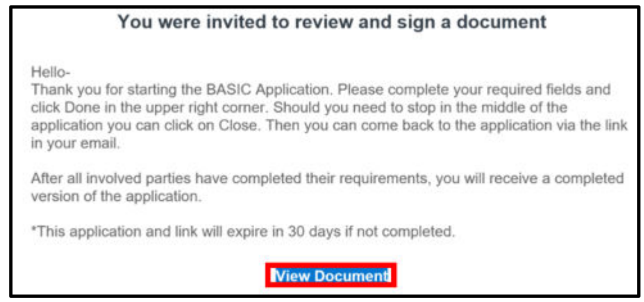
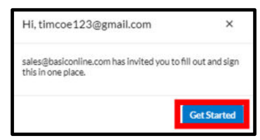
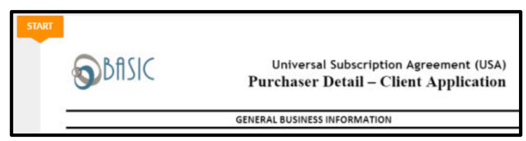
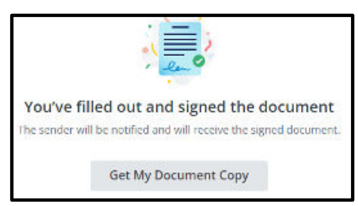
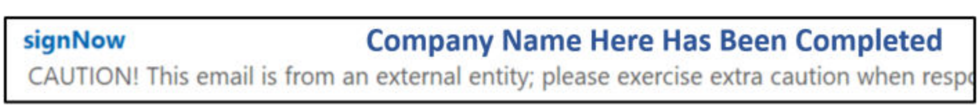
The Client’s Screen

| # | Description | Visuals / Screens |
|---|---|---|
| 1. | Client Receives and email from BASIC. |  |
| 2. | Open email and click “View Document.” |  |
| 3. | The screen will change and a pop up window will appear.<br><br>Click “Get Started” in the pop-up window. |  |
| 4. | The Application will appear.<br><br>**<u>Navigation Options:</u>**<br>To view and review information on the application, you can use the scroll bar on the right side of the screen to move up and down the application.<br><br>To go directly to the first required field, click “Next” in orange in the upper left corner<br><br>After entering requested information in a field;<br>• **<u>Click Next</u>** to move from required field to required field, or<br>• **<u>Use Tab</u>** to click from field to field, or<br>• **<u>Click on any field</u>** to access that field<br><br>Enter information into the fields provided.<br><br>Field Coloring Code<br>• **Dark Orange: Required Fields, must be completed**<br>• **Light Orange: Optional additional information** |  |

| | | |
|---|---|---|
| 5 | Scroll down to “Billing Information” section.<br><br>1. Click the box for ACH Payment or Credit Card to identify how fees with the application are paid.<br>2. Identify haw administration and annual renewal fees are to be paid.<br>3. Complete the banking information section<br>4. Identify if additional bank accounts will be used<br>5. If yes, Complete addition banking information<br>6. If a credit card is being used for charges complete the credit card information. |  |
| 6 | Complete the Authorization section. (Someone who is authorized to sign for the organization must complete.)<br><br>• Click “Signature” a wizard will pop up to help with providing a signature.<br>• Date: provide the date the document is being signed.<br>• Type in the printed name associated with the signature and that person’s title.<br>• If special instructions are needed, provide here.<br>• Tab, Click the “Next” button or scroll to the next section. |  |
| 7 | BASIC Universal Subscription Agreement.<br><br>• Click on each orange field.<br><br>They will all auto-fill based on information provided previously. |  |
| 8 | The Client has completed the application<br><br>Click “Done” in the upper right corner when fields are complete and signatures provided. |  |
| 9. | Screen Shown, close browser.<br><br>Upon submission, you will see the field to the right.<br><br>**Close this browser: <u>Do not click</u> the “Get My Document button.”** |  |

# The Broker or BASIC RSD

This person was not the initiator. They are being notified of the application.
Only One field to check: Review the document

<table>
<tr><th>#</th><th>Description</th><th>Visuals / Screens</th></tr>
<tr><td>1.</td><td>RSD (or Broker) Receives an email from BASIC.</td><td>
</td></tr>
<tr><td>2.</td><td>Open email and click “View Document.”</td><td>
</td></tr>
<tr><td>3.</td><td>The screen will change and a pop up window will appear.<br><br>Click “Get Started” in the pop-up window.</td><td>
</td></tr>
<tr><td>4</td><td>Navigating to the one field<br><br>Click the “Start button.</td><td>
</td></tr>
<tr><td>5</td><td>Review the document<br><br>RSD (or Broker) is to review the document and check the box; “I have reviewed the above application.”</td><td>
</td></tr>
<tr><td>6</td><td>Click “Done” in the upper right corner</td><td>
</td></tr>
<tr><td>7</td><td>The RSD (Broker) will get this screen<br>1. An option to get a copy of the application is available if wanted. Broker can either download or receive one via email.<br><br>Close this browser: <u>Do not click</u> the “Get My Document button.”</td><td>
</td></tr>
<tr><td colspan="3">NOTE: <u>The RSD, Client and Broker</u> will then all receive an email linking to the completed and signed application.<br>
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</table>