

Client Name(s): _____ Parent ID: _____
 Address Line 1: _____ Client ID(s): _____
 Address Line 2: _____ Benefits Contact Name: _____
 City: _____ Phone: _____
 State: _____ Zip: _____ Email: _____

New Hire Eligibility Rule: 7-Day Period, FOQM 15-Day Period, FOQM after 30 days 30-Day Period, FOQM after 60 days

Plans Offered: FrankCrum PEO Sponsored Aetna Major Medical FrankCrum PEO Sponsored MetLife Ancillary Plans Client Sponsored Open Market Major Medical Client Sponsored Open Market Ancillary Plans
 Aetna Rate Band: _____

Total Number of Benefit Eligible Employees: _____ Carrier Participation Requirement: _____

Single or Multiple Classes: Single Class Multiple Classes

ELIGIBLE New Hire Eligibility Rule: 7-Day Period, FOQM 15-Day Period, FOQM after 30 days 30-Day Period, FOQM after 60 days
 MANAGEMENT New Hire Eligibility Rule: 7-Day Period, FOQM 15-Day Period, FOQM after 30 days 30-Day Period, FOQM after 60 days
 EXECUTIVE New Hire Eligibility Rule: 7-Day Period, FOQM 15-Day Period, FOQM after 30 days 30-Day Period, FOQM after 60 days
 OWNER New Hire Eligibility Rule: 7-Day Period, FOQM 15-Day Period, FOQM after 30 days 30-Day Period, FOQM after 60 days
 OTHER: _____ New Hire Eligibility Rule: 7-Day Period, FOQM 15-Day Period, FOQM after 30 days 30-Day Period, FOQM after 60 days

Client Effective Date: _____ Deductible Based on: Master Plan Calendar Year Client Sponsored Calendar Year Client Sponsored Policy Year

Eligibility Notification By: Client PEO Payroll Cycle: Weekly Bi-Weekly Semi-Monthly Monthly
 First Deduction Date: _____

Waive the waiting period during the initial open enrollment? Yes No

Aetna Managed Choice:

- OA MC 1,000/80%
- OA MC 1,500/90%
- OA MC 2,000/100%
- OA MC 2,000/80%
- OA MC 3,000/70%
- OA MC 4,000/80%
- OA MC 500/80%
- OA MC 750/90%
- OA MC HDHP 5,000/80%
- OA MC HDHP Copay 3,000/100%
- OA MC HDHP Copay 4,000/100%
- OA MC 6,750/70% UPF ADV
- OA MC Value 6,350/100%

Aetna EPO:

- OA EPO 0/100%
- OA EPO 0/70%
- OA EPO 1,000/70%
- OA EPO 1,500/80%
- OA EPO 2,000/70%
- OA EPO 3,000/100%
- OA EPO 3,000/70%
- OA EPO 4,000/70%
- OA EPO 5,000/100%
- OA EPO 6,350/100%
- OA EPO HDHP 2,500/100%
- OA EPO HDHP 3,500/80%
- OA EPO 6,750/70% UPF ADV
- OA EPO Value 7,150/100%
- OA EPO Value 8,700/80%OA

Aetna Regional (TX):

- ACO Baptist OA MC 1,000/80%
- ACO Baptist OA MC 2,500/80%
- ACO Baptist OA MC HDHP 3,500/90%
- ACO Baptist OA MC 6,500/100%
- ACO MH OA MC 1,000/80%
- ACO MH OA MC 2,500/80%
- ACO MH OA MC HDHP 3,500/90%
- ACO MH OA MC 6,500/100%
- ACO Seton HMO 1,000/70%
- ACO Seton HMO 2,500/70%
- ACO Seton HMO 6,500/100%
- ACO Seton HMO HDHP 3,500/90%
- JV THA OA MC 1,000/80%
- JV THA OA MC 2,500/80%
- JV THA OA MC HDHP 3,500/90%
- JV THA OA MC 6,500/100%

Aetna Out of Area:

- Indemnity 1,000/80%
 - PPO 1,000/80%
 - PPO Value 6,350/100%
- Plans Included with Aetna:**
- Life & AD&D (10K)
 - Health Advocate + EAP

MetLife Dental & Vision:

- Dental DHMO CA
- Dental DHMO FL
- DHMO TX
- Dental High PPO
- Dental High PPO (5ST)
- Dental Low PPO
- Dental Mid PPO
- Vision High
- Vision Low

MetLife Supplemental:

- Accident High
- Accident Low
- Critical Illness 15K
- Critical Illness 30K
- Hospital
- MetLaw

MetLife Vol Life and Disability:

- Voluntary Child Life
- Voluntary Spouse Life
- Voluntary Employee Life
- Voluntary LTD Option 1 (90 days)
- Voluntary LTD Option 2 (180 days)
- Voluntary STD Option 1 (13 weeks)
- Voluntary STD Option 2 (26 weeks)

MetLife ER Sponsored Life and Disability:

- Basic Employee Life & AD&D - 1X (Can't be classed out)
 - Basic Employee Life & AD&D - 2X (Can't be classed out)
- | | ELIGIBLE | MGMT | EXEC | OWNER | OTHER |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Life & AD&D - 10K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Life & AD&D - 25K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Life & AD&D - 50K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LTD Option 1 (90 days) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LTD Option 2 (180 days) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| STD Option 1 (13 weeks) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| STD Option 2 (26 weeks) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PayFlex Spending Accounts:

- Dependent Care FSA
- Health FSA
- Health Savings Account
- Limited Purpose FSA
- Parking and Transit Post-Tax
- Parking and Transit Pre-Tax

PayFlex Health Reimbursement Arrangements:

- HRA
- ICHRA

Norton Identity Theft:

- LifeLock Norton Essential
- LifeLock Norton Premier

Pet Assure Pet Insurance:

- Pet Assure Unlimited
- Pet Assure Unlimited + PetPlus Single
- Pet Assure Unlimited + PetPlus Unlimited
- PetPlus Single
- PetPlus Unlimited

Client Sponsored Medical Carrier:

- United Healthcare
- Blue Cross Blue Shield
- Allstate
- Cigna
- Other: _____
- Minimum Essential Coverage: _____

Client Sponsored Ancillary Carrier:

- United Healthcare
- Blue Cross Blue Shield
- UNUM
- Guardian
- Humana
- Other: _____

Client Sponsored Ancillary Plans:

- Dental
- Vision
- Life
- Disability
- Other: _____

Client Sponsored Renewal Dates:

- Medical: _____
- Dental: _____
- Vision: _____
- Life: _____
- Disability: _____
- Other: _____

COBRA

Note: State Cobra is administered by the health insurance vendor.

Client Sponsored Plan (FC AOR): State (Less than 20 EEs) Federal (20 or more EEs)

Master Plan: Federal # of Current COBRA Participants: _____

AOR Name: _____ AOR Phone: _____

AE: _____ AE Extension: _____

Billing Arrangement /Deduction Model:

- Concurrent – Aetna/Metlife
 - Month in Advance – Aetna/Metlife
 - Broker Service Agreement for \$90 a month or \$ _____
 - Month in Advance – CSP
 - End of Month Billing (ER) – CSP Medical*
 - Binder Check
 - Other*: _____
- Deduction Start Date: _____ *Management approval required.

Invoice Paid By: Client FrankCrum

Invoice Mailed From Carrier To: Client FrankCrum

Initial Open Enrollment Period: _____

Annual Open Enrollment Period: _____

Defined Contributions by Class

ELIGIBLE:

Medical

Lump Sum Contribution: \$ _____

Contribution for Any Plan: \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Contribution by Specific Plan:

Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

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Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Dental

Lump Sum Contribution: \$ _____

Contribution for Any Plan: \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Contribution by Specific Plan:

Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

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Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Vision

Lump Sum Contribution: \$ _____

Contribution for Any Plan: \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Contribution by Specific Plan:

Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

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Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Other Contributions Notes: _____

Defined Contributions by Class

MANAGEMENT:

Medical

Lump Sum Contribution: \$ _____

Contribution for Any Plan: \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Contribution by Specific Plan:

Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

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Dental

Lump Sum Contribution: \$ _____

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Vision

Lump Sum Contribution: \$ _____

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Other Contributions Notes: _____

Defined Contributions by Class

EXECUTIVE:

Medical

Lump Sum Contribution: \$ _____

Contribution for Any Plan: \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Contribution by Specific Plan:

Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

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Dental

Lump Sum Contribution: \$ _____

Contribution for Any Plan: \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Contribution by Specific Plan:

Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

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Vision

Lump Sum Contribution: \$ _____

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Contribution by Specific Plan:

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Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Other Contributions Notes: _____

Defined Contributions by Class

OWNER:

Medical

Lump Sum Contribution: \$ _____

Contribution for Any Plan: \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Contribution by Specific Plan:

Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

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Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Dental

Lump Sum Contribution: \$ _____

Contribution for Any Plan: \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Contribution by Specific Plan:

Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

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Vision

Lump Sum Contribution: \$ _____

Contribution for Any Plan: \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Contribution by Specific Plan:

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Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Other Contributions Notes: _____

Defined Contributions by Class

OTHER:

Medical

Lump Sum Contribution: \$ _____

Contribution for Any Plan: \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Contribution by Specific Plan:

Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

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Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Dental

Lump Sum Contribution: \$ _____

Contribution for Any Plan: \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Contribution by Specific Plan:

Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

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Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Vision

Lump Sum Contribution: \$ _____

Contribution for Any Plan: \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Contribution by Specific Plan:

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Plan: _____ \$EE: _____ ES: _____ EE+Domestic Partner: _____ EC: _____ FAM: _____ FAM+Domestic Partner: _____

Other Contributions Notes: _____

FrankCrum Benefits Team:

Benefits Account Executive **Name:** _____ **Phone:** _____ **Email:** _____

Benefits Implementation Specialist **Name:** _____ **Phone:** _____ **Email:** _____

Benefits Specialist **Name:** _____ **Phone:** _____ **Email:** _____

Virtual Employee Benefits Orientation Requested: Yes No

First Month Billing Arrangement Notes: _____

Additional Notes: _____

Important Information: When an employee does not receive a paycheck, the client may be billed for the employee’s missed deduction and the employee reimburses client through payroll deduction upon return. Termination of employment must be communicated by client to PEO Benefits Department in writing within 48 hours of termination. Late notification regarding an employee’s termination may result in premium being charged to client by carrier. PPACA nondiscrimination testing and compliance regulations are based upon the worksite employer’s contribution for their employees.

Texas Clients: Per Texas State Law, an employer is not allowed to retroactively terminate an employee's health insurance coverage. There is no grace period unless the coverage termination date is on a weekend or holiday. You must notify the FrankCrum Benefits Department in writing regarding the termination no later than 48 hours in advance of the date of coverage termination. Failure to notify will result in the client paying for an additional month or more of premium.

Legal Notice: This Benefit Administration Summary (BAS) is issued by FrankCrum to the above-named Client pursuant to Service Agreement, and all capitalized terms not defined in this BAS have the meanings set forth in the Client Service Agreement.

The person signing this BAS as Authorized Client Representative warrants to FrankCrum that (1) Client has requested the benefits administration service as set forth in this BAS and agrees with the selections and details as set forth above; (2) Client acknowledges that Client is ultimately responsible for payment of all premiums or costs associated with any benefit program selected on this BAS, and any breach by Client of the terms of this BAS constitutes a breach of the Client Service Agreement and subject to the remedies stated therein; (3) Client has full authority to accept this BAS and comply with its terms, and the terms of this BAS constitute a valid and binding obligation of Client; and (4) the person executing this BAS on behalf of Client has full legal authority to bind the Client to this BAS, and such execution has been duly authorized by all necessary corporate or organizational action of Client.

Client Representative Printed Name

Email Address

Client Representative Signature

Date