

**Section 125 Plan
Flexible Spending Accounts
Health Savings Accounts
Health Reimbursement Arrangements**



EFFECTIVE DATE REQUESTED: _____

COMPANY INFORMATION

Company Name:		
Contact Person:		
Address:		
City:	State:	Zip:
Phone:	Fax:	E-Mail:

HEALTH INSURANCE AGENT INFORMATION

Health Insurance Agent Name:		
Health Insurance Agent Address:		
City:	State:	Zip:
Phone:	Fax:	E-Mail:
Are you enrolled in an SBAM-sponsored BCBSM / BCN plan? <input type="checkbox"/> No <input type="checkbox"/> Yes Group/Suffix # _____		

PLEASE INDICATE THE PROGRAM(S) YOU'RE ENROLLING IN:

ADMINISTRATION CHOICES	COST
<input type="checkbox"/> SELF-ADMINISTERED PREMIUM-ONLY PLAN (POP)	<input type="checkbox"/> One-time Fee for Templates \$109.00
<input type="checkbox"/> FULLY ADMINISTERED PREMIUM-ONLY PLAN (POP)	<input type="checkbox"/> GREEN ACH OPTION Monthly Fee \$27.50 <input type="checkbox"/> Monthly Fee \$35.00
<input type="checkbox"/> FLEXIBLE SPENDING ACCOUNT (FSA) ADMINISTRATION Full Premium Only Plan Administration FSA Medical and Dependent Care Administration	<input type="checkbox"/> GREEN PAPERLESS SERVICE \$5.25 Per Participant, Per Month (\$52.50 monthly minimum) <input type="checkbox"/> \$6.00 Per Participant, Per Month (\$75 monthly minimum) Debit Card Included - No Additional Charge Enter Total Number of Participants _____

<input type="checkbox"/> HEALTH REIMBURSEMENT ARRANGEMENT (HRA) ADMINISTRATION Full Premium Only Plan Administration HRA Medical and Dependent Care Administration	<input type="checkbox"/> GREEN PAPERLESS SERVICE \$5.25 Per Participant, Per Month (\$52.50 monthly minimum) <input type="checkbox"/> \$6.00 Per Participant, Per Month (\$75 monthly minimum) Debit Card Included - No Additional Charge Enter Total Number of Participants _____
<input type="checkbox"/> SELF-ADMINISTERED HEALTH REIMBURSEMENT ARRANGEMENT (HRA) DOCUMENT	<input type="checkbox"/> One-time Fee for Templates \$109.00
<input type="checkbox"/> HEALTH SAVINGS ACCOUNT ADMINISTRATION (HSA) Full Premium Only Plan Administration and HSA Administration	<input type="checkbox"/> GREEN PAPERLESS SERVICE \$4.25 Per Participant, Per Month (\$52.50 monthly minimum) <input type="checkbox"/> \$5.00 Per Participant, Per Month (\$75 monthly minimum) Debit Card Included - No Additional Charge Enter Total Number of Participants _____

SELECT YOUR PAYMENT OPTION

Payment Method:

One-time POP/HRA check enclosed made payable to SBIS.

Please Mail Monthly Invoice.

If **Green Paperless Service** is selected, check this box and complete the information below:

Name of Financial Institution: Checking Savings

Routing Number: Account Number:

I hereby authorize Kushner & Company (“Kushner”) to initiate debit (withdrawal) or credit (deposits) transactions from our account indicated above at the depository financial institution named above (“Depository”), and to debit/credit the same to such account. By my signature below we acknowledge that the origination of ACH transactions from and to our account must comply with the provisions of U.S. law. We also agree to pay any and all transaction charges to Kushner if a properly initiated transaction causes a reversal due to insufficient funds. This authorization is to remain in full force and effect until Kushner has received written notification from me of its termination in such time and in such manner as to afford Kushner and Depository a reasonable opportunity to act upon it.

Signature: _____

Date: _____

Please submit completed enrollment form to:

The Small Business Association of Michigan (SBAM)
Attention: Kellie Neiryck
120 N Washington Square, Suite 1000
Lansing, MI 48933
kellie.neiryck@sbam.org