Health **R**eimbursement **A**rrangement

Employer Application

The company named in this application adopt the Internal Revenue Code Section 105 plan. The plan is a medical expense reimbursement tool as provided by the Internal Revenue Code Sec. 105.

Company Information:

Company Name:____

Company Contact:____

Contact e-mail:____

Mailing Address:____

City:_________________ State:_________ Zip:_____________________

Telephone:_____________________ Fax:____________________________

Employer Tax ID #:____

Nature of Business/Industry:_____________________________________

Company Type: Sole Proprietor LLP or LLC

C Corporation S Corporation

Number of covered employees:____________

Requested Effective Date:________________

Plan Information:

Plan Type: Defined Benefit– please attach plan description

Defined Dollar:

How much per employee will be put into the plan? $___________

Per: Month Year

Will HRA allow rollover?

Yes- $___________ will rollover to the next plan year.

No

Script Care Prescription Card:

Yes– Deposit amount $___________

No

By electing the prescription drug card plan the employer will be required to sign the Script Care application and send a deposit check to set up a prescription claims fund. The employer will also need to supply RP Riley Management Group, Inc. with the policy number and claims address for their insurance company. This will be needed to send the prescription claims to the insurance company for credit to the deductible. It is important that the employer notify RP Riley Management Group, Inc. of new and terminated employees on a timely basis so the drug card can be activated/deactivated. RP Riley Management Group, Inc. is not responsible for claims that are processed after an employee has terminated if RP Riley is not properly notified.

Plan Participation:

Employees who are regularly scheduled to work____hours.

Employees may elect to participate effective the first day of the month following ____days of employment.

Does FMLA apply? Yes No

Non-FMLA Leaves of Absence Benefits Continue No Benefits Continue

Administration Information:

Claims register to be sent:

Monthly

Twice Monthly (1st & 15th)

Weekly– Day of week___________

How will claim register be sent:

Mail

Fax

E-mail

Claim reimbursement checks to be sent:

Employee

Employer for issue

Run out option:

Yes No

Should the employer terminate the MERP/HRA contract at the end of a plan year, the group has the option to have RP Riley Management Group, Inc. continue to administer the plan for any incoming claims from the contracted year. RP Riley Management Group, Inc. fee is equal to 3 months administration cost and is to be paid in one sum.

Special Requests:

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Authorized Signature (employer)

The employer herby adopts the plan and agrees to comply with the rules and regulations stated in the Master Plan Document. We understand that this is NOT an insurance contract, and the employer is liable for the claims fund. RP Riley Management Group, Inc. pays claims only after the employer funds the claim register. We also understand that should a check be returned for insufficient funds, the employer named in this application will be responsible for bank fees incurred by RP Riley Management Group, Inc.

___________________________________ ______________

Authorized Signature **Date**

RP Riley Management Group, Inc. Approval:

This application and the Mater Plan Document may be used ONLY with the written approval of RP Riley Management Group, Inc. The employer will NOT have legally adopted the plan without written approval and receipt of the payment of the set-up fees or renewal fees by RP Riley Management Group, Inc. If the contract with RP Riley Management Group, Inc. is terminated for any reason the plan document will no longer be valid.

___________________________________ _____________

Authorized Signature **Date**

Agent Information:

Agent Name:____

Agency Name:____

Address:____

City:___________________ State:_____________ Zip:_______

Telephone:__________________ Fax:____________________

E-mail:____

Tax ID #________________________