



Please email this form to: section125@flexfacts.com

POP Client Application

Employer's Legal Name: _____

Address: _____
Street Address _____ Suite/ Unit # _____

City _____ State _____ ZIP Code _____

Phone: _____ Fax: _____

HR Contact Name: _____ E-mail: _____

Finance Contact Name: _____ E-mail: _____

Federal Tax ID #: _____ Type of Legal Entity: _____ # of Employees: _____

Agent/ Broker Name: _____ E-mail: _____

Please list any affiliate companies adopting this plan: _____

Plan Year Start: _____ Plan Year End: _____ Short Plan Year? (Y/N) _____

Check each benefit that is included under your POP plan:

Group Medical Insurance	Voluntary Benefit(s)	Accidental Death and Dismemberment Insurance
Group Dental Insurance	Personal Sickness Indemnity	Critical Illness Insurance
Group Vision Insurance	Specified Health Event	Hospital Indemnity Insurance
HSA Contributions	Individual Medical Insurance under ICHRA	Cash In Lieu of Benefits
Group Term Life	Long-Term Disability Insurance	Intensive Care Insurance
Cancer Insurance	Short-Term Disability Insurance	

Employee Elections (select one):

Election Required First Year Only Election Required Each Plan Year No Election Required, May Opt-Out

Allow Change of Status if employee Full-Time status drops below 30 hours? (Y/N) _____

Allow Change of Status if employee is eligible for a Special Enrollment or Annual Open Enrollment Period in a qualified Health Plan within a Marketplace? (Y/N) _____

Include FMLA Language? (Y/N) _____

Bank Name: _____ Routing Number: _____

Account Number: _____ Account Type: _____

Invoice Payment: **Auto Pay**

Please debit the bank account above for the plan document fee. A paid invoice will be sent to Finance Contact listed above.

We authorize Flex Facts to originate debit entries to and from the bank account provided above. We understand a surcharge of \$35 will be assessed to accounts in which funds were not available at time of draw and service will be placed on hold until the payment is able to be collected.

Employer Signature: _____ Date: _____