



# Premium Only Plan Agreement

**Initial Setup Fee \$200; Annual Renewal Fee \$150**

*Clients of PacificSource Health Plans receive a discounted Initial Setup Fee of \$150*

## Group Information

Effective Date \_\_\_\_\_ Renewal Date \_\_\_\_\_ Tax ID No. \_\_\_\_\_

The first plan may run 12 or fewer months. Subsequent plans will run 12 months.

Group Name (including DBA) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Admin Name \_\_\_\_\_ Admin Email \_\_\_\_\_ Admin Phone \_\_\_\_\_

# of Eligible Employees \_\_\_\_\_ Three-digit Plan Number \_\_\_\_\_ Admin County \_\_\_\_\_

Agency Name \_\_\_\_\_

Agent \_\_\_\_\_ Agent Email \_\_\_\_\_ Agent Phone \_\_\_\_\_

Medical Carrier(s) \_\_\_\_\_ Renewal Date \_\_\_\_\_

Dental Carrier(s) \_\_\_\_\_ Renewal Date \_\_\_\_\_

Other Carrier(s) \_\_\_\_\_ Renewal Date \_\_\_\_\_

**Do you allow employees the choice to revoke their election under their Premium Payment Component if they meet the conditions specified under "Reduction in hours in service" or "Enrollment in a Qualified Health Plan"? Default is no.**

*Additional Information: [New Rules for Mid-Year Election Changes](#)*

Yes, Allow      No, Dis-allow

**Type of Legal Entity (select one box):**    C Corp    S Corp\*\*\*    Nonprofit    LLP\*\*\*    Municipality    Gov't Entity  
Limited Partnership    Partnership\*    Sole Proprietorship\*    LLC\*\*\*\*    Taxed as \_\_\_\_\_

### Plans Offered (select all that apply):

**Group Sponsored Premiums:** Eligible group sponsored insurance premiums include the premiums paid for medical and hospitalization insurance, major medical insurance, dental insurance, vision insurance, and/or other qualified benefits under Section 125, made available by the Employer. The insurance premium may cover you, your spouse, and/or any eligible dependent children. (A policy that is income replacement is not in the employee's best interest to take pre-tax.)

**Premiums for Health Savings Accounts (HSA)**

## Service Agreement

Employer Name Printed \_\_\_\_\_ Title \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

*Upon receiving the POP Agreement and setup fee, an email providing an operational overview and enrollment materials will be sent to the admin contact indicated above. Plan Documents and Nondiscrimination Testing will be provided approximately 60 days after the payment's received. The Plan Document will indicate the effective date you've requested, and premiums may be taken pretax beginning on or after that effective date.*

**Please sign and return this form to the address below, and include a check for the first year's fees.**

\*Sole Proprietors and Partners in a Partnership are not eligible to participate but may be covered indirectly through an Employee/Spouse.\*\*Partners in an LLP or Limited Partnership who receive guaranteed payments are not eligible to participate, including pre-tax insurance premiums, but may be covered indirectly through an Employee/Spouse.\*\*\*Owners in an S Corporation or LLC with 2% or more ownership, their spouses, children, parents and grandparents are not eligible to participate, including pre-tax insurance premiums. \*\*\*\*Owners of an LLC cannot participate, unless the LLC has elected to be taxed as a C Corporation. Owners of an LLC with more than 2% ownership, their spouses, children, parents, and grandparents are not eligible to participate if the LLC is taxed as an S Corporation.