



Employer's Statement of Understanding

Application Attachment when selecting:

- Small Group PPO 2400 or 3500 (HSA-Compatible) Plans
- Any Small Group BeneFits Plans

Date of Application: _____

Name of Employer Group: _____

Employer's Statement:

I have selected one or more of the following plans, and understand that:

- a) the PPO 2400 (HSA-Compatible) Plan and PPO 3500 (HSA-Compatible) Plan are intended to be used only as stand alone high-deductible health plans or alongside a health savings account banking arrangement; or
- b) the Small Group BeneFits plans are intended to be used only as stand alone plans.

I also understand that these plans are not intended to be used in conjunction with any partially self-funded Section 105 wraparound product, now or in the future.

Company Officer Signature

Please Print

Title

Date