

## HR Support Center Enrollment Form and Acceptance of Terms

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

<b>A</b>	<b>Employer Information</b>												
<table border="0" style="width:100%"><tr><td colspan="2" data-bbox="71 401 1052 426">Employer Name</td><td colspan="2" data-bbox="1057 401 1503 426">Concordia Plan Services Employer ID</td></tr><tr><td data-bbox="71 470 824 495">Employer Address</td><td data-bbox="829 470 1078 495">Employer City</td><td data-bbox="1083 470 1312 495">Employer State</td><td data-bbox="1317 470 1503 495">Employer Zip Code</td></tr><tr><td colspan="2" data-bbox="71 539 1214 564">Employer Phone Number</td><td colspan="2" data-bbox="1219 539 1503 564">Employer FEIN</td></tr></table>		Employer Name		Concordia Plan Services Employer ID		Employer Address	Employer City	Employer State	Employer Zip Code	Employer Phone Number		Employer FEIN	
Employer Name		Concordia Plan Services Employer ID											
Employer Address	Employer City	Employer State	Employer Zip Code										
Employer Phone Number		Employer FEIN											
<b>B</b>	<b>System User Information</b>												
<p data-bbox="71 653 854 678"><i>The individual at the ministry who will be accessing the HR Services Site.</i></p> <table border="0" style="width:100%"><tr><td data-bbox="71 751 516 777">First Name</td><td data-bbox="521 751 954 777">Last Name</td><td data-bbox="959 751 1503 777">Job Title</td></tr><tr><td colspan="2" data-bbox="71 821 873 846">Email Address</td><td data-bbox="878 821 1503 846">User Phone Number</td></tr></table>		First Name	Last Name	Job Title	Email Address		User Phone Number						
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Email Address		User Phone Number											
<b>C</b>	<b>HR Support Center Services and Fees</b>												
<p data-bbox="71 926 1503 989">Concordia Plan Services offers <b>HR Support Center with HR On Demand</b> (the “Services”) to Employer. The Services include tools, information, training and any pages registered on the myhrsupportcenter.com domain and the HRProMobile mobile application.</p> <p data-bbox="71 1020 1118 1052">The cost of HR Support Center with HR On Demand is a flat fee per user ID of \$49.00 per month.</p> <p data-bbox="71 1083 1403 1146">Payments will be debited from the Employer’s bank account beginning the month following initial enrollment in the Services (see HR Support Center ACH Authorization Form).</p>													
<b>D</b>	<b>Terms and Conditions</b>												
<p data-bbox="71 1220 1520 1283">Concordia Plan Services (“Sponsoring Company” or “CPS”), has established a relationship with a provider of virtual Human Resources (HR) services developed for small to mid-sized businesses.</p> <p data-bbox="71 1314 826 1346">Employer may use the Services on the following terms and conditions:</p> <ol style="list-style-type: none"><li data-bbox="71 1377 1520 1472">1. <u>Terms of Use</u>: Employer acknowledges that, before using the Services, Employer will be required to accept the Terms of Use set forth at <a href="https://myhrsupportcenter.com/terms">https://myhrsupportcenter.com/terms</a> (“Terms of Use”). Employer further acknowledges that the Terms of Use are incorporated into this HR Support Center Enrollment &amp; Acceptance of Terms Form (together, the “Agreement”).</li><li data-bbox="71 1503 1503 1598">2. <u>Commencement of Services</u>: Services will not commence until Company (as defined in the Terms of Use) and CPS receive all documents and information needed and Company and CPS are able to process the documentation and activate the Services (“Effective Date”).</li><li data-bbox="71 1629 1520 1724">3. <u>Payment of Fees</u>: For access to the Services, Employer agrees to pay CPS the fees set forth in Section C (“Fees”). Fees are subject to change upon thirty (30) days written notification to Employer. All fees will be debited via ACH on the 5th or 20th of each month (see HR Support Center ACH Authorization Form).</li><li data-bbox="71 1755 1520 1881">4. <u>Term</u>: Services shall commence on the Effective Date and shall continue for a minimum of six months (the “Initial Term”). Thereafter, this Agreement shall automatically renew on a month-to-month basis and may be terminated by either party upon 30 days’ advance written notice. Provided, however, if the business relationship between CPS and Company ceases for any reason, CPS may immediately terminate this Agreement.</li><li data-bbox="71 1913 1427 1944">5. <u>Employer’s Default</u>: In the event of Employer default, CPS may terminate this Agreement upon 30 days’ notice to Employer.</li></ol>													

**E** **Employer Representative Signature**

The Authorized Employer Representative named below warrants that he/she possesses full power and authority to sign this Enrollment. By signing below, Employer agrees to the terms of and conditions of this Enrollment, including the Terms of Use, and accepts the offer of Services..

**X**

\_\_\_\_\_  
Signature of Authorized Employer Representative

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Printed Name of Authorized Employer Representative

\_\_\_\_\_  
Title or Office Held

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Daytime Phone Number

Please return this Enrollment and Authorization Form to Concordia Plan Services:

Via mail: PO Box 229007  
St. Louis, MO 63122

Via fax: 314-996-1127

Via secure email: [info@ConcordiaPlans.org](mailto:info@ConcordiaPlans.org)

If you need a secure email, you can email [info@ConcordiaPlans.org](mailto:info@ConcordiaPlans.org) and request a secure email be sent to you. Concordia Plan Services will send you a secure email that you can reply to and ensure your information is sent securely.

**Concordia Plan Services**  
**HR Support Center ACH Authorization Form**

EMPLOYER DATA:

Employer Name \_\_\_\_\_

Employer Number \_\_\_\_\_

Address Line 1 \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Contact Email Address \_\_\_\_\_

I, \_\_\_\_\_ (printed name), authorize Concordia Plan Services to initiate ACH debit entries for HR Support Center fees on the  5th  20th of each month (check one) directly from the following bank account:

Bank Name \_\_\_\_\_

Bank City, State \_\_\_\_\_

Bank ABA/Routing \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Account Type (check one)     Checking     Savings

**X**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this Enrollment and Authorization Form and a voided or canceled check for the amount described above to Concordia Plan Services:

Via mail:            PO Box 229007  
                         St. Louis, MO 63122

Via fax:             314-996-1127

Via secure email: [info@ConcordiaPlans.org](mailto:info@ConcordiaPlans.org)

If you need a secure email, you can email [info@ConcordiaPlans.org](mailto:info@ConcordiaPlans.org) and request a secure email be sent to you. Concordia Plan Services will send you a secure email that you can reply to and ensure your information is sent securely.

The employer agrees to inform its bank of Concordia Plan Services' (CPS's) rights to initiate ACH transactions on behalf of the employer. The employer shall (a) execute with its bank such agreements to allow CPS to initiate ACH debits from the employer account, (b) immediately notify CPS if any unforeseen circumstances arise that could impact the collection of sufficient funds from the employer's account. Note: CPS ACH Company ID is 2710986725. In order to keep the HR Services program cost-effective please note that CPS does not intend to mail individual monthly bills for the service; instead they will process the ACH deduction transaction on a monthly basis. If a bill or a receipt is required by a ministry, they can be requested by contacting [info@ConcordiaPlans.org](mailto:info@ConcordiaPlans.org).