

Group Name: _____ **Group Number:** _____

It has been our pleasure to serve as your personal spending account administrator. We are sorry you will be terminating one or all the products you have with us. The following information is required to disband your group or product. This information will ensure claims are processed correctly and will provide you with the information your employees or new administrator will need going forward.

Why are you leaving Further? (Check all that apply)

- Participation is too low
- Changing health plans
- Merger or acquisition (Company Name): _____
- Pricing of products
- Service (please describe): _____
- Further does not offer my desired product or service (please describe): _____
- Other: _____

Are you leaving Further and moving to another administrator? Yes No
 If Yes, please note your new Administrator's name: _____

Would you need a bulk transfer of HSA funds? Yes No

Disband and Runout Information

- **Disband Date:** defined as the last day you would expect an employee to incur expense for reimbursement while active under group plan. The date must be an end of month date.
- **Runout Months:** defined as the time allowed after disband for claims to be received by Further. Runout may incur additional fees billed by calculating number of participants with account balance x monthly fee x number of runout months.
- **Transportation and Cobra Products:** Disband form must be received by Further 75 days before last date you intend Further to provide services (Disband date).

Which product(s) will you be disbanding?

- All Products**
 Disband Date (if the same date for all products): _____
 Runout months (if applicable and the same for all products): _____
- One/Some Products**
 If you are disbanding some products and not others or if you have different disband or runout months based on product, please indicate on second page of form below.

Indicate Disband Dates and Runout Months

Plan Type	Disband Dates	Runout Months
Health Savings Account (HSA):	_____	
Premium Only Plan (POP):	_____	
Medical Flexible Spending Account (FSA):	_____	Runout Months: _____
Dependent Care Spending Account (DCAP):	_____	Runout Months: _____
Premium Reimbursement Account (PRA):	_____	Runout Months: _____
Health Reimbursement Account (HRA):	_____	Runout Months: _____
Voluntary Employee Benefits Arrangement (VEBA):	_____	
Transportation (TRA):	_____	
Cobra Administrative Services (COBRA):	_____	
Adoption Assistance Program (AAP):	_____	

Claims Appeals

Note: This section is only for disbanded FSA, HRA, or PRA products. If you are not disbanding FSA, HRA, or PRA products, please skip this section.

Members have the right to appeal claim denials 180 days after a denied claim was processed.

Select one option:

- New account administrator will process appeals/adjustments for members.
- Further will process appeals/adjustments for members.

Signature

Claims billed are valid through processing date by Further.

I have read and understand the choices within this form and the information is, to the best of my knowledge, accurate.

Group Contact Name (please print): _____

Group Contact Signature: _____

Group Contact Email Address: _____

Date: _____

Questions? **Call Group Leader Services at 1-888-460-4013.**

Send via secured email only:

Further.Sales.Support@HelloFurther.com

Fax to:

866-231-0214

Mail to:

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