

# Employer's Statement of Understanding

Attach this completed form to the application when selecting:

- Any HSA-compatible plan(s)
- Any plan in the group BeneFits portfolio

Date of application	Name of employer group	Group no.
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## EMPLOYER'S STATEMENT

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

- a) Applies to HSA Compatible and any high deductible plans with the exception of the EPO, Elements Hospital, Elements Hospital Preferred and Elements Hospital Plus plans and are intended to be used as stand alone high-deductible health plans or alongside a Health Savings Account banking arrangement.
- b) The plans in the group BeneFits portfolio are intended to be used as standalone 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 <b>X</b>	Title
Company officer printed name	Date