

Employer's Statement of Understanding



Application Attachment when selecting:

- Any HSA-Compatible plan(s)
- Any plan in the Group Benefits portfolio

Date of Application: _____

Name of Employer Group: _____

Group Number: _____

Employer's Statement

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

- All HSA-compatible or high-deductible PPO plans are intended to be used as standalone high-deductible health plans or alongside a health savings account banking arrangement; or
- 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 _____

Please Print _____

Title _____

Date _____