



2-50 Employer's Statement of Understanding

Application Attachment when selecting:

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

Employer Group Name: _____

Group Number: _____

Employer's Statement

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

- a) All HSA-compatible plans are intended to be used as standalone high-deductible health plans or alongside a Health Savings Account (HSA) banking arrangement, and that Anthem Blue Cross does not endorse the use of their products with any "wrapping" or self-funded arrangement (i.e. via a section 105 or FSA arrangements). The existing Anthem Blue Cross EPO plan is the only exception to this rule;
- 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 product or program, now or in the future.

Company Officer Signature _____ Please Print _____

Title _____ Date _____