



Plan Sponsor Set Up Form and Agreement

Agent Referral Code: **A95F0**

Plan Sponsor Name: _____ Requested Effective Date: _____

Plan Sponsor Contact Name: _____ Title: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Phone: _____ Fax: _____

Billing Address (if different than mailing address): _____

Billing Contact Name (if different than plan sponsor contact name): _____

Plan Sponsor Contribution %: _____ Members must work _____ hours to be eligible.

Plan Price Per Participant: \$ 19.95 # of employees on plan at start date: _____

Would you like to receive a paper or electronic invoice (via email): Electronic: _____ Paper: _____

REQUIREMENTS FOR SUBMISSION - Along with this form, the following items must be submitted.

1. First month payment from plan sponsor made payable to Connect2Docs, LLC

2. Check Number: _____ Check Amount: \$ _____ -

AGREEMENT TERMS & CONDITIONS/SIGNATURES

1. This agreement shall be from month - to - month, and can be terminated by either party by providing 30 days written notice to the other party.
2. All necessary administrative information concerning the Members and their dependents (if applicable), shall be furnished timely to Connect2Docs by Plan Sponsor in the form of a paper application or via an electronic file format that is acceptable to Connect2Docs, LLC.
3. Plan Sponsor will report timely any additions and terminations of participating Members to Connect2Docs, LLC so that the billing and services provided can be adjusted accordingly.
4. Plan Sponsor must pay Connect2Docs, LLC the applicable monthly service fees on or before the 25th of the month if the renewal date is on the 1st of the following month, and on or before the 10th of the month if the renewal date is on the 15th of the month for services to be continued for the following month. Failure to pay said fees by the renewal date of the 1st or 15th of the month may result in discontinuation of services.
5. All services will be provided in accordance with the plan that has been selected by the Plan Sponsor, as well as subject to the Terms of Use, HIPAA Statement, Privacy Notices, and any other notices that may be provided to the Plan Sponsor or its Members or that are posted on the Connect2Docs, LLC web site. The terms and conditions may be changed at the discretion of Connect2Docs, LLC. The Connect2Docs, LLC membership is not health insurance or intended to replace health insurance.

Plan Sponsor
 Date Signed: _____
 Authorized Signature: _____
 Printed Name: _____
 Title: _____

Connect2Docs, LLC
 Date Accepted: _____
 Authorized Signature: _____
 Printed Name: _____
 Title: _____

Mail To:

Connect2Docs, LLC
 Attention: Billing
 1460 Rosina Drive
 Miamisburg, OH 45342

Powered By



