

Part 4: Wellness Incentive Frequency - (Please check one)

<input type="checkbox"/>	Beginning of Following Plan Year	Will Unused Wellness Balances Rollover To Next Plan Year
<input type="checkbox"/>	Periodically Throughout The Year <i>State Frequency (Ex: Monthly, Quarterly, Semi-Annually, etc.):</i> _____	

Part 5: Debit Cards

Would you like to offer Debit Cards: Yes No

Who would you like to offer Debit Cards to: Employee Spouse Children

Part 6: Deductible Information

What is your deductible cycle: Calendar Year Plan Year

Does your family deductible accumulate on an aggregate basis: Yes No

Part 7: Previous Plan Information

Do you want HRA Administrator to pay runout claims from your previous plan year: Yes No

Do you want HRA Administrator to apply any deductible credits to current plan year: Yes No

Part 8: Claim Funding Bank Account

Name of Financial Institution	Bank Account #	Routing #
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Part 9: HRA Agreement

1) I understand that London Health Administrators is the administrator of the HRA, and that funding of the HRA is provided by the employer.
2) I understand that the company named in Part 1 of this agreement is responsible for paying the deductible and/or copay amounts stated.
3) I authorize London Health Administrators to withdraw funds from the bank account named in Part 8 for my employees' eligible HRA expenses.
4) I certify that the information in this agreement is true and complete.

Signature of Authorized Executive	Title	Date
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Please Send Completed Form To:
CDH Administration
40 Commercial Way, East Providence, RI 02914
Email: dedicated@londonhealthusa.com
Phone: 401-435-4700
Fax: 401-435-3937