



## Employer's Statement of Understanding

Application Attachment when selecting:

- Small Group PPO 2400 or 3500 (HSA-Compatible) Plans
- Any Small Group Benefits Plans

Date of Application: \_\_\_\_\_

Name of Employer Group: \_\_\_\_\_

### Proprietary Statement

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

- a) the PPO 2400 (HSA-Compatible) Plan and PPO 3500 (HSA-Compatible) Plan are intended to be used only as stand alone high-deductible health plans or alongside a health savings account banking arrangement; or
- b) the Small Group Benefits plans are intended to be used only as stand alone 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

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date