

CLIENT INFORMATION FORM - *San Francisco HCSO HRA*

Company Profile

Legal Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Executive Officer: _____ Title: _____

Telephone: _____ Fax: _____

Email Address: _____ Company URL: _____

Business Activity: _____ Under Laws of (State): _____

Employer Fed Tax ID#: _____ Date of Incorporation: _____

Tax Year Start Date: _____ End Date: _____

Affiliated Employers (if any): _____

Organization Type (please check):

- | | |
|---|---|
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Partnership/LLP* | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> LLC (Limited Liability Company)* | <input type="checkbox"/> Sole Proprietorship* |
| <input type="checkbox"/> Sub-chapter "S" Corporation* | <input type="checkbox"/> Sub-chapter C-Corporation* |

* **Note:** Subchapter S Corporation shareholders above the 2% level **may not** participate, but they may sponsor a plan for their employees. In addition, family members and close relatives of these shareholders **may not** participate.

C-Corporation owners can participate and sponsor a plan.

LLC, LLP and Sole Proprietors **may not** participate, but may sponsor a plan for their employees. However, if the spouse is a bona fide employee of the firm, he or she may participate and use the benefit for the entire family.

Primary Contact Information

HR Contact: _____ Title: _____

Telephone: _____ Email: _____

Authorized for access to HR website? Yes No Backup Contact: _____

Payroll Contact: _____ Title: _____

Telephone: _____ Email: _____

Authorized for access to HR website? Yes No Backup Contact: _____

Finance Contact: _____ Title: _____

Telephone: _____ Email: _____

Authorized for access to HR website? Yes No Backup Contact: _____

Billing Contact (for invoices): _____ Title: _____

Telephone: _____ Email: _____

Authorized for access to HR website? Yes No Backup Contact: _____

Bank Draft Paired with Direct Deposit to Participant:

Manual claims will be reimbursed once a week, the funds will be drafted from your authorized bank account and will be directly deposited to the participant's authorized bank account. These drafts will display on the employer's bank statement on Wednesdays labeled as American Benefits Group Claim Pmt with a company ID of **9165530001**.

By signing below you are confirming that your bank will allow transactions made by American Benefits Group with **ID: 9165530001** labeled as: Claim Pmt .

Signature of Authorized Signer on Bank Account

Printed Name

Check Reimbursements:

In the event that all of your reimbursement account participants will not be providing Direct Deposit Authorization for manual claim reimbursements, you can agree to have American Benefits Group issue these reimbursements as checks. These checks will be issued from your authorized bank account using the signature of your authorized signer and available starting check numbers that you provide in section below. American Benefits Group provides the check stock needed for writing these checks, you may find a sample in the **Administrator's Guide**. In the case that an employee loses or destroys a check, American Benefits Group will contact you, it is the Employer's responsibility to stop payments on lost or damaged employee checks. Once the check payment has been stopped, ABG will issue the employee a new check.

An image of the signature entered in the box to the right, will be printed on all checks issued pursuant to this agreement. Checks will be issued using the following starting check number . . .

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Signature of Authorized Signer on Bank Account

Printed Name

Either the Company or the Client may terminate this agreement at any time by a notice in writing, mailed to or delivered at the last known address of the other party, and that any payments due at the date of such termination, or thereafter falling due, shall be payable by the Client in accordance its obligations as Administrator under its Reimbursement Plan(s).