
Appendix B: Section 1 - Prepaid Plan Configuration

This form constitutes an amendment for Prepaid PHSP Plans as Appendix B to the PHSP agreement. Use this form to select funding options and establish initial configuration for your Prepaid PHSP.

Business Name (Planholder): _____

General Configuration Selections (Complete All Questions)

1. Benefit Year Anniversary Date for the Plan

This will be the date when Covered Employees accrue their "new" annual allotment. The common selection is either January 1 or the start of your fiscal year. However, any date in the year may be selected. This choice does not affect delivery of your tax documentation.

Select the Benefit Year Anniversary Date for the Plan _____

2. Employee Coverage Allotment (**Start-Up Year ONLY**)

The Business Owner (Planholder) can open a PHSP on any day in the year. It may not coincide with the preferred operating dates of the PHSP. As such the Planholder selects how much coverage is provided to employees during the year in which the plan starts. The 3 choices are:

- a. A pro-rated amount for each employee based on the number of days from their eligibility date to the selected Plan Benefit Year Anniversary Date (above). Brock Health will calculate the amounts based on the Coverage Class of each employee.
- b. Provide each employee with a full allotment for their respective class to use in their startup year as though it were a full benefit year. Brock Health will enter these amounts from the Registration Form and Appendix A.
- c. Specify a fixed amount for each employee. This is often used if transferring your PHSP from another provider where employees may have already made partial claims towards their allotments for this year. Please attach a list for this option.

Select: Pro-rated Full Amount Specified Amount (attach listing)

3. Employee Coverage Allotment (**in Subsequent Years after the Startup Year**)

The Business Owner (Planholder) chooses when employees will have access to their full Coverage Allotment. The two choices are:

- a. The full allotment is available on the first day of each new Benefit Year (above).
- b. One twelfth of the annual amount can be accrued to the employee's accounts on the 1st of each month. Since a PHSP is a "Use it or Lose It" concept, employees will need to manage their large submissions into the last month of the benefit year. This selection should only be applied if expected staff turnover is an issue.

Select: Full Allotment on First Day Accrued Monthly

Appendix B: Section 2 - Prepaid Plan Funding

This form constitutes an amendment for Prepaid PHSP Plans as Appendix B to the PHSP agreement. Use this form to select funding options and establish initial configuration for your Prepaid PHSP.

Business Name (Planholder): _____

Prepaid Funding Options

Brock Health Prepaid Threshold Payment Plan

This plan offers a minimum financial commitment with advantages of privacy & monthly statements. You open the plan with an Initial Deposit on account with Brock Health. You choose the amount; we recommend no more than about one-tenth of your expected claim costs for the year. Your employees can then submit their claims directly to Brock Health relieving the administrative workload on your staff. Privacy concerns of employees are eliminated.

As your employees submit their claims, they will draw down that balance until reaching a Threshold Trigger Amount. You also decide this Threshold amount in advance and are free to change it after the plan has been running. Once that trigger is reached, Brock Health will include a "refill" invoice with your next statement.

You also predetermine the Refill Invoice Amount. Any negative balances caused by additional employee claims during the period are added to the Refill Invoice without interest or penalty. The account is refilled and the cycle repeats.

Initial Deposit Amount: _____

Threshold Trigger Amount: _____

Refill Invoice Amount: _____