

NEW CLIENT SET- UP FORM

This information is used to establish your account and provide your Login and Password for access to your Company Information for completion online:

Company Information:

Contract Effective Date _____

Company Name (include dba) _____

Company Contact and Title _____

Email Address _____

Company Payroll Contact Person _____

Email Address _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different from above) _____

Mailing City, State and Zip Code _____

Telephone (____) _____ Fax (____) _____ Provide confidential fax if available.

Do you currently outsource your payroll? _____ If yes, with what company? _____

HRA Setup Information:

Waiting Period: ___30days ___60days ___90days Waive waiting period for existing full time employees on HRA Plan Effective Date: ___Yes ___No.

Schedule of Reimbursements for HRA eligible expenses:

Option 1: All Full Time Employees: \$_____ per month Are Part time eligible ___Yes ___No Monthly Amount \$_____

Option 2: Scheduled based on Employee Coverage selected: List below by class the maximum reimbursement per Month.

Employee:\$_____ Emp & Spouse: \$_____ Emp & Child(ren) \$_____ Emp & Family: \$_____

Option 3: Is the HRA plan allowing for additional reimbursement for HIPPA Compliant Plans (usually these are the plans for those individuals that do not qualify for a standard individual major medical policy) ___Yes ___No.

If "Yes" Monthly amount: \$_____

Monthly Maintenance Administration fee per employee: Payroll and Benefits Administration - *\$25/employee

Benefits Only Administration - *\$15/per employee ***Special services/processing needs will be priced separately.**

Special Instructions: _____

I authorize American Administrative Processor, Inc. (AAP) to establish an account in our name for the purpose of processing payroll and benefit administration for our HRA plan. I will be provided with a login and password to access my account which will be used for processing and administration of Company Name.

AMERICAN ADMINISTRATIVE PROCESSING, INC.

COMPANY:

Fed. I.D. # _____

By: _____
Duly Authorized Agent Duly Authorized Agent

By: _____
Duly Authorized Agent Duly Authorized Agent

Signature

Signature

DATE: _____

DATE: _____

Name of Agent: _____

Agent # _____