



Claim-Based Funding Agreement

Fill out the form and submit completed application to PartnerSupport@NueSynergy.com

Set up will take approximately 5 business days from receipt of a completed application. Confirmation will be provided that completed application has been received and once set up has been completed.

Section A: Employer Information

Employer Name: _____ Tax ID: _____

Employer ID: _____ Effective Date: _____

Number of Benefit Eligible Employees: _____

Estimated Number of Participants: _____

Check the box for all plans and services included for claim based funding

Health Reimbursement Arrangement

Flexible Spending Account

Commuter - Transit and Parking

Please indicate the Employer contacts that should receive online access and be set up to receive settlement notifications

Main Contact Name: _____ Main Contact Title: _____

Main Contact Email: _____ Main Contact Phone: _____

Secondary Contact Name: _____ Secondary Contact Title: _____

Secondary Contact Email: _____ Secondary Contact Phone: _____

Section G: Prefunding and Frequency of Replenishment for Accounts

Please indicate preferred billing method for claims and debit card utilization. We will initiate an ACH debit for prefunding and ACH debit on frequency selected below:

Daily, 0% prefund required Weekly, 5% prefund required Monthly, 10% prefund required

- The Employer agrees that all funds are solely Employer's Funds, are part of Employer's general assets, and do not include any employee/beneficiary contributions.
- The Employer appoints NueSynergy or its subcontractor as agent to hold funds for the sole purpose of satisfying Employer payment obligations.
- An initial prefund is required which will be debited approximately three to four weeks prior to the plan start date. If elections are not available to calculate reserve by the 15th of the month prior to effective date, reserve will be calculated using an estimate.
- The prefund is calculated by using the formula: Total Annual Election x % prefund selected rounded up to nearest \$500.
- If the amount of employees enrolled increases month to month, we reserve the right to recalculate the prefund amount and request additional funds.
- If claim utilization during the week exceeds the reserve on hand, additional funds will be requested off-cycle to cover the shortage.
- The employer is required to have sufficient funds in the bank account designated to cover the activity on the account or all the activity will be frozen. If reserve funds have not been received prior to effective date, cards will not work and claims will not be reimbursed.



Section H: Bank Account

Employer HEREBY authorizes NueSynergy or its agents to initiate ACH transfer entries for the following depository:

Bank Account Number: _____ Routing Number: _____

Bank Name: _____ Type of Account: Checking Saving

Name of Authorized Signature: _____ Title of Authorized Signature: _____

Signature: _____

Email Contact for daily settlement notifications: _____

Please note there is a \$1 non-refundable pre-note to ensure the account can be opened. If there is a filter preventing unauthorized bank entries, please see the filters to add below.

ACH FILTER INFORMATION FOR NUESYNERGY

For Pre-Note and Debit Card Settlement

Bank Name: BMO Harris Bank N.A.

Routing Number: 075000051

Origin ID: 07500005

ACH Company Name: MEDIBANK

ACH Company ID: 1383261866

For Manual Claim Direct Deposit Settlement

Bank Name: Bank of Blue Valley

ACH Company Name: Client Name

Company ID: 1(Followed by Client Tax ID)

For Manual Claim ACH Settlement

Bank Name: Bank of Blue Valley

Routing Number: 101101950

Tax ID: 46-0553674

ACH Company Name: NueSynergy, Inc.

Company ID: 1460553674

Section I: Signature Section

Name: _____ Title: _____

Signature: _____ Date: _____