



Universal Employer Application

Administration for the following new service(s):

- COBRA (Federal)
- Health Reimbursement Arrangement (HRA)
- Health Savings Account (HSA)
- Medical Expense Reimbursement Plan (MERP)
- San Francisco HCSO Compliance
- Section 132 (Commuter Benefits)
- Section 125: Flexible Spending Arrangement (FSA)
- Premium Only Plan (POP)
- Self-Funded Dental
- Self-Funded Vision

Please complete the set-up forms for the administration of the new services indicated above.

Entity Type (Please check one):

- Sole Proprietor
- Non-Profit Corporation
- Partnership
- Government Entity
- Professional Service Corp
- Limited Liability Company**
 - Partnership or Sole Proprietor
 - Corporation
 - S-Corp
- Corporation**
 - C-Corp
 - S-Corp

Fiscal Year End (mm/dd): ____ / ____

Please provide the following information:

NAME OF CONTRACTING ENTITY _____

Group Address _____
Street City State Zip

Group Contact Person _____ Contact Email _____

HIPAA Privacy Officer _____ Contact Email _____

Group Phone # _____ Group Fax # _____ Total Number of Employees: _____

Federal Tax ID # _____

BROKER/AGENCY NAME _____

Broker Address _____
Street City State Zip

Broker Contact Person _____ Contact Email _____

Broker Tax ID # _____ Broker Phone # _____ Broker Fax # _____

Please check here if multiple brokers for different lines of coverage _____

(Broker/Agency Name)

Is ASi currently administering any other types of plans for your group? YES NO

→ If yes, please indicate what plans we are administering _____