



# 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)
- Minimum Essential Coverage (MEC)
- 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 # \_\_\_\_\_ \*required field

**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 \_\_\_\_\_