



EMPLOYER			
Company Name: _____		Tax ID Number: _____	
Street Address: _____		Company Website: _____	
City: _____	State: _____	ZIP Code: _____	

CONTACT INFORMATION			
Primary Contact: _____		Phone Number: _____	
Title: _____		E-mail Address: _____	
Second Contact: _____		Phone Number: _____	
Title: _____		E-mail Address: _____	

CONSUMER DRIVEN HEALTH PLAN (CDHP) SELECTIONS			
Flexible Spending Account (FSA)	New Plan	Renewal	Make Changes
Dependent Care Account (DCA)	New Plan	Renewal	Make Changes
Health Reimbursement Arrangement (HRA)	New Plan	Renewal	Make Changes
Health Savings Account (HSA)	New Plan	Renewal	Make Changes
Premium Only Plan (POP)	New Plan	Renewal	Make Changes
Effective Date: _____			

PLEASE NOTE:

Additional information is required to implement or renew all CDHP plan selections above. A member of the Vimly CDHP Team will be reaching out to the contact provided above to obtain the necessary information.

EMPLOYER ACKNOWLEDGEMENT	
Printed Name: _____	
Title: _____	
Signature: _____	Date: _____