



SERVICE AGREEMENT

SERVICE PROVIDER:

This service agreement authorizes Vantage Flex, LLC., 2012 10th Street, Menominee, MI 49858, hereafter known as the Service Provider with the above listed primary business address, to perform the duties of Co-Administrator as specified in the Adoption Agreement for the Client Company's Plan.

CLIENT COMPANY:

SERVICES REQUESTED

- Medical - Flexible Spending Account (MFSA)
- Dependent Care - Flexible Spending Account (DFSA)
- Health Reimbursement Account (HRA)
- Premium Only Plan (POP)
- Section 132 Transportation plan
- Direct Dental Reimbursement Plan
- Direct Vision Reimbursement Plan
- Health Savings Account (HSA) Claim Verification

CONTRACT CLAUSES:

- It is agreed that the Service Provider shall perform the services requested as indicated above for the Client. All employee census data, and related benefit information shall be furnished to the Service Provider by the Client. This data must be submitted within two (2) months after the signing of this agreement. This time may be extended should each extension meet with the mutual agreement of both the Client and the Service Provider. If the time limit is not met and an extension is not obtained, this agreement may be canceled by the Service Provider. It is further agreed that the client gives permission to the Service Provider to use them as a reference.
- The Service Provider agrees to exercise reasonable care and caution in reporting all data contained in the Plan. However, the Service Provider makes no expressed or implied guarantees as to the accuracy of the reports if inaccurate data is supplied. The Client, therefore, agrees to check all data supplied for content and accuracy.
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- The Service Provider agrees to maintain at its principal administrative office, books and records of all transactions under the service contract in accordance with generally accepted accounting principles or as required by ERISA.
- The Service Provider, in connection with the above selected plans shall provide the Client with Plan Documents giving the details of the plan. The Client agrees to distribute a copy of the Summary Plan Description to each eligible employees within 60 days following their eligibility date.

Client Company: _____

CONFIDENTIALITY STATEMENT:

All data obtained by the Service Provider from the Client shall be held in confidence and shall not be made known to other persons, parties, or businesses without written permission from the Client.

TERMS:

The Balance Due will be based on the actual number of employees participating and/or eligible with the Company. Any down payment is non-refundable. All billings are Due within 30 days from billing date. If payment is not received within 30 days, Interest will be compounded at a rate of 1.5% monthly.

Fees:

Setup Fee (First Year Annual Fee) \$ _____

Annual Renewal Fee \$ _____

Monthly per Participant Fee \$ _____

5500 Preparation Fee \$ _____

Enrollment Fee \$ _____

Authorized by: _____ Date: _____

Agent Signature: _____ Date: _____