



## ORDER FORM

Account Name: Madison County Board Of Supervisors  
Address: PO Box 608  
City, State Zip: Canton, MS 39046

### *Terms and Conditions of Service:*

1. Term: 1/1/2016 – 12/31/2018
2. General Terms and Conditions of Service: You are purchasing the service(s) listed below and, in doing so, acknowledge and agree to WageWorks' General Terms and Conditions of Service that may be viewed at <https://www.wageworks.com/employers/terms-and-conditions.aspx>. Either party may terminate a service without cause after completion of the initial term of that service upon at least ninety (90) days' prior written notice to the other party.
3. Fees: Client shall pay all Fees via Check. All payments are due net 30 days from the date of invoice.
4. Service Charge: A service charge of 2% per month shall be applied to any overdue amounts.

Service: Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)

### *1. Monthly Service Fees:*

- The COBRA monthly service fee is \$0.76 per eligible per month (PEPM) for the first plan year (or any portion thereof). The PEPM rate is fixed for the entire initial term as set forth in this Order Form, except as set forth below, and is subject to a 5% increase upon each subsequent renewal period. You shall provide a good faith estimate of the total number of eligibles during each plan year's open enrollment period and shall, prior to commencement of each plan year, submit a copy of the health insurance invoices (e.g., medical, dental, vision and/or EAP, if applicable) to substantiate the eligible count. If you do not substantiate the eligible count prior to the commencement of a plan year, the eligible count shall be increased by 20% over the prior plan year. If the eligible count changes by more than 20% during a plan year, you shall promptly notify WageWorks and provide documentation necessary to substantiate such change. WageWorks shall adjust the eligible count as of the first benefit month following receipt of substantiation of the change in eligible count for calculation of fees.

2. *2% COBRA Surcharge:* Retained by WageWorks

3. *COBRA Per Qualifying Event Surcharge Threshold:* 20 % of the plan year eligible count.  
The eligible count is determined on an annual basis as set forth above.

1100 Park Place, San Mateo, CA 94403 646000658-NC



4. *Additional Services:*

<b>Service Name and Description</b>	<b>Price</b>
COBRA Open Enrollment Option 1: Basic Package, which includes the distribution and processing of standard Open Enrollment selection form. The option does not include the distribution of client-provided inserts. Printing and mailing of customized plain paper open enrollment notification to all qualified beneficiaries. Fee per packet/notice.	\$8.00
COBRA Per Qualifying Event Surcharge: Priced per qualifying event in excess of the COBRA Per Qualifying Event Surcharge Threshold.	\$20.38

**Signature:**

**Email:**

**Title:**

**Company:**

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