

**Evangelical Presbyterian Church
Board of Benefits
HDHP/HSA Health Plan Agreement – Opt Out Form**

Please fax this form to EPC Billing Office (cbs administrators) at (412-224-4465)

Whereas, the Board of Benefits of the Evangelical Presbyterian Church has established effective January 1, 2008, a High Deductible Health Plan with a Health Savings Account as an option to the Evangelical Presbyterian Church Health Plans, and:

Whereas, the Board of Benefits as a requirement to participate in the High Deductible Health Plan requires the Church to fund 37% of the deductible for either an individual or his family, (consistent with whichever coverage the participant has enrolled) to be funded on a minimum of at least 1/12th each month, and;

Whereas, there may be Churches who wish to establish a Health Savings Account with a vendor other than the Highmark Blue Account HSA;

Therefore, be it resolved that the Board of Benefits agrees to enroll _____ Church in the High Deductible Health Plan with a Health Savings Account in consideration of the following:

_____ Church agrees to furnish to the EPC Billing Office (cbs administrators), the third party administrator, sufficient documentation at least, on a quarterly basis, that the 37% funding requirement to the outside vendor's Health Savings Account for the participants has been met, and,

Further, the _____ Church understands and agrees that failure to meet the minimum funding requirements to the outside vendor's Health Savings Account on a timely basis will result in the termination of coverage of all participants in the High Deductible Health Plan, and,

The _____ Church will initiate preparation and submission of the subject information to the EPC Billing Office (cbs administrators) office for delivery no later than April 21st, August 21st, November 21st, and January 21st of every calendar year.

Agreed this ____ day of _____, Year _____.

_____ Church

By church officer:

Name

Title