



# ASSURE BANKING ARRANGEMENT

In order to facilitate the Claims Funding in connection with Employer’s obligations under the Network Health Assure Administrative Services Agreement, \_\_\_\_\_, hereafter the “Employer” and Network Health Administrative Services, hereafter the “Third Party Administrator” agree to the following terms and conditions:

Third Party Administrator will establish a Bank Account in the name of the Employer and under the Employer’s taxpayer identification number. The Third Party Administrator shall maintain records for the funds designated for the Bank Account for the benefit of the Employer, including a reconciliation of the bank account and all financial transactions.

1. Employer agrees that it shall remit to Third Party Administrator the monthly amount billed by Third Party Administrator under the terms of the Assure Administrative Services Agreement. Upon receipt of payment, Third Party Administrator shall remit the portion of such payment that was calculated for the Claims Funding Amount to the Bank Account.
2. Third Party Administrator shall disburse funds from the Bank Account for the purpose of satisfying Claims, paying certain deferred Plan administration fees of Third Party Administrator set forth in the Assure Administrative Services Agreement.
3. Third Party Administrator will be responsible for the financial reconciliation of the Bank Account activity.
4. While the Assure Administrative Services Agreement is in effect, the Employer and Third Party Administrator may agree in writing to change this Banking Arrangement. Any such change will not affect the Employer’s continuing obligations under the Agreement or the Employer’s liability for amounts authorized for payment of Claims incurred as provided in this Agreement, or any due and agreed upon balance requirements in effect prior to the effective date of the change.
5. Employer agrees to the terms of the Third Party Administrator’s designee’s Banking Agreement.

IN WITNESS WHEREOF, each of the undersigned has caused this Banking Arrangement to be duly executed in its name and on its behalf effective as of the Effective Date set forth above.

NETWORK HEALTH  
ADMINISTRATIVE SERVICES LLC

EMPLOYER \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_