

# Employer's Statement of Understanding



Attach this completed form to the application when selecting:

- Any HSA-Compatible plan(s)
- Any plan in the Group Benefits portfolio

Date of application	Name of employer group	Group no.
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## EMPLOYER'S STATEMENT

I have selected one or more of the following plans, and understand that:

- a) All HSA-compatible or high-deductible PPO plans are intended to be used as standalone high-deductible health plans or alongside a health savings account banking arrangement; or
- b) The plans in the Group Benefits portfolio are intended to be used as standalone plans.

I also understand that these plans are not intended to be used in conjunction with any partially self-funded Section 105 wraparound product, now or in the future.

Company officer signature <b>X</b>	Title
Company officer printed name	Date