

PO Box 1320 Concord, NH 03302-1320 Fax: 1 603 224-4256

Phone: 1 603 227-2000

Request for Flexible Benefit Solutions

Please complete and return this form to marketingadmin@csONE.com if you would like csONE Benefit Solutions to provide you with a quote for flexible benefits.

Employer & Producer Data:	
Employer Name & Address:	Producer Name & Address:
Employer Contact Name:	
E-mail:	E-mail:
Phone:	_ Phone:
Who would you like us to email the proposal to:	
Requested Effective Date:	_
Type of Proposal Requested:	
Type(s) of plan(s) the employer is interested in:	
 Wrap Document (Wrap SPD and Wrap Plan I Flexible Spending Plan (FSA) Includes HealtI Health Reimbursement Account (HRA) Health Savings Account (HSA) Qualified Transportation Account (QTA) aka 	h FSA & Dependent Care FSA & Premium Conversion Plan
Does the employer have any of these plans in place alrea	dy?
Please list:	
Would you be interested in a quote for COBRA Compliance	ce Administration as well? Yes No
Please Submit Request to: marketingadmi	in@csONE.com
csONE's flexible benefit system is state-of-the-art and our interfaces to make managing reimbursement accounts significant to the country of	rteam is top-notch. The system provides many automated mple for employers and employees.
Our team can assist with plan designs, training materials a implementation with continued great support. It's part of	and enrollment meetings. Our goal is to provide a smooth four performance guarantee!
If you would like to learn more about our flexible benefits Services at acassin@csONE.com or 1 603 227.2021.	, please contact Amy Cassin, Manager of Administrative
Form Completed By	 Date