CAREFIRST FSA PROPOSAL REQUEST

FURTHER℠
Formerly SelectAccount®

Requested Effective Date

Anticipated Decision Date

Number of Employees Eligible for Plan

REQUESTOR INFORMATION

Name:

Firm Name:

Street Address:

City:

State: DC

Zip Code:

Phone:

Email Address:

CLIENT INFORMATION

Name:

Street Address:

City:

State:

Zip Code:

Contact Name:

Phone:

Email Address:

Type of Corporation

Is this a headquarters location?

PRODUCTS

Products To Be Quoted

- ☐ Medical FSA
- ☐ Dependent Care FSA
- ☐ TRA

Do you currently offer a Flexible Spending Account?

If yes, what products do you offer, and how many employees are currently enrolled?

Who is the current FSA Administrator?

ADDITIONAL INFORMATION

Are there any current pain points for which the client is seeking a solution? If yes, please outline.

Additional Comment/Questions?

PLEASE SUBMIT THE COMPLETED QUESTIONNAIRE TO CAREFIRSTSALES@HELLOFURTHER.COM
THE FINAL PROPOSAL WILL BE SENT TO YOU ELECTRONICALLY

THANK YOU FOR CONSIDERING FURTHER.