



TO: THE FINANCIAL OR OTHER ORGANIZATION NAMED ON THE REVERSE SIDE.

In consideration of your paying checks and drafts drawn or purported to be drawn by the undersigned on the checking account of any of your depositors, undersigned hereby agrees that:

- (1) It will indemnify you against and hold you harmless from any and all liability, loss, damage and expense which may be incurred by your because of your payment or dishonor of any such checks so drawn or purported to be drawn whether the payment or dishonor was intentional or through inadvertence, and will further indemnify and hold you harmless from any liability to any persons making claims under any Agreement with respect to which checks are drawn. We will refund you any amount erroneously paid by you on any such check;
- (2) It will refund to you any amount erroneously paid by your to undersigned on any such check if claim is made therefore by you within 3 months from the date of payment; and
- (3) Either you or undersigned may terminate this agreement by ten (10) days prior written notice by either to the other or the agreement will be immediately terminated on the closing of the depositor's account or by the revocation by the depositor of authorization, but any such termination shall not affect undersigned's obligations and liabilities hereunder with respect to any such checks or dishonored by your prior to termination.

**Humana/CompBenefits Corporation**



Chief Operating Officer \_\_\_\_\_

<b>Contribution Rates</b>			<b>+</b>	<b>Monthly Bank Draft</b>		<b>+</b>	<b>One-Time Non-Refundable Enrollment Fee</b>	
				<b>(if applicable)</b>				
1 member	Monthly	Annually		\$1.00 administrative fee monthly for pre-authorized bank draft (waived if paying annually)			\$35.00	
2 members	\$13.18	\$158.16						
3 members	\$22.50	\$270.00						
4 members	\$30.52	\$366.24						
5+ members	\$38.37	\$460.44						
	\$45.65	\$547.80						
<p><b>Send your completed application with payment to:</b></p> <p>CompBenefits Enrollment Services  P.O. Box 769649  Roswell, GA 30076-8225</p>								
<p>First month's payment must include monthly or annual contribution plus enrollment fee. Payment is drafted during the month prior to the month of coverage. Please be sure include a BLANK, VOIDED CHECK if you would like to have your payment deducted from your bank account.</p>								