

## BASE SOLUTION

We are pleased to provide your employer groups with ThinkHR's People Risk Management solution to reduce workplace risks and increase employee engagement. People Risk Management includes a convenient mobile app that allows access to ThinkHR's resources on the go and unlimited access to:

- ✔ **LIVE** - senior, certified advisors to provide trustworthy guidance to prevent and resolve challenging people situations and compliance issues.
- ✔ **LEARN** - learning management system to deliver courses on a variety of topics employees and organization need to adhere to compliance mandates, improve safety, foster professional development, and improve engagement.
- ✔ **COMPLY** - an extensive resource library including insightful guides, comprehensive checklists, and other invaluable resources to navigate HR, compliance, safety, and People Risk Management issues.
- ✔ **LIVING HANDBOOK** - a federal and state level compliant handbook builder that allows the incorporation of unique company policies and delivers policy update alerts as regulations change.

## OPTIONAL SOLUTIONS

Variables such as your size, state(s), industry, and culture may create the need for additional solutions. As your partner, we've arranged access to the following enhancements at prices below standard market rates:

- **WORKPLACE HARASSMENT PREVENTION** - sexual harassment prevention content, including policies and training courses for managers and employees that adhere to the unique requirements mandated by each state and/or city.
- **TELL US** - provides an anonymous way for employees to report workplace issues while giving leaders the tools to receive, review, and resolve reports before they become serious problems.
- **LIVING HANDBOOK PLUS** - additional features to the Living Handbook, including one multi-state handbook, electronic delivery and signature tracking, and one-click Spanish translation.

## ThinkHRServices

ThinkHR will provide you with access to a BenefitMall branded portal to set up your account and access your solutions. Pricing for each solution and a sign up form to get started are below. Once this page is complete, please submit to your BenefitMall Sales Representative along with the complete ACH form for processing.

### Base Solutions Rates:

\$50 per group per month

\$50 + Learn \$6 PEPM

### Optional Solutions Rates:

Workplace Harassment Prevention (federal + mandated states) - \$2.25 PEPM

Tell Us (anonymous reporting) - \$3.00 PEPM

Living Handbook + (multistate + Spanish) - \$2.25 PEPM

## Employer Group Sign Up Form

Group Name

Tax ID

Number of Employees

Primary Contact

Address

Phone

Email

Requested Effective Date *(Must Be First of the Month)*

Broker Name

Address

Phone

Email

Sales Representative Name

BenefitMall will generate the client's premium statement on or about the 7th of the month prior to the due date. All payments are required to be made via Automatic Clearing House (ACH). The client's first ACH payment will be processed on the first of the month following the activation date and bill each month for 12 months. For alternate billing arrangements, please contact [BMS@benefitmall.com](mailto:BMS@benefitmall.com).

## ACH Authorization Form

I, \_\_\_\_\_ hereby authorize BenefitMall Auto Billing, Company ID #1521691146, to initiate ACH (Mather Strohl) fund transfers from my financial institution listed below and if necessary, initiate adjustments for any transactions credited/debited in error. If a transaction is returned for insufficient funds, a \$35.00 fee will be assessed for each attempt. This authority will remain in effect until BenefitMall is notified by me, in writing, to cancel it in such time as to afford BenefitMall a reasonable opportunity to act on it.

The purpose of these funds is to pay my group insurance coverages. The monthly transfer of funds will be deducted from my account on the first of the month (adjusting for weekends and holidays) for that month's coverage.

Group Name: \_\_\_\_\_

Group Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Effective Month for ACH Debit: \_\_\_\_\_

BenefitMall Group #: \_\_\_\_\_ Division(s) #: \_\_\_\_\_ or All \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

**Please email this completed form, a copy of a voided check (if available), to [BMS@BenefitMall.com](mailto:BMS@BenefitMall.com)**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_ Company & Authority: \_\_\_\_\_