

**Home Builders Association of St. Louis and Eastern Missouri
Home Builders Benefit Plan Access Fee Billing Notice**

As outlined in the Employer Participation Agreement which you signed in order to enroll in the Home Builders Benefit Plan ("the Plan"), each Employer Member participating in the Plan is responsible for paying an Access Fee in advance of \$5 per enrolled employee per month (PEPM) directly to the Home Builders Association of St. Louis and Eastern Missouri (HBA) for providing access to the Plan.

Per the Employer Participation Agreement, an "Employer Member" means a member of the HBA of St. Louis and Eastern Missouri in good standing, and an employer of one or more non-spouse employees that is found to be eligible to be enrolled in the Plan. An Employer Member is no longer eligible to participate in the Plan if it does not comply with the terms and conditions of the Employer Participation Agreement.

It is important that you pay the Access Fee solely out of your company's general assets, i.e., the funds that belong to your business and not funds attributable to Participant Contributions. No Participant Contributions can be used to fund the Access Fee. Your participation in the Plan means that you agree to this requirement.

Payment of the Access Fee will be due in full ten (10) days prior to the initial effective date of coverage and annually ten (10) days prior to renewal of coverage. The initial Access Fee amount will be determined based on the number of employees that initially enroll. The renewal Access Fee amount will be based on the number of employees who will be enrolled at the time of renewal. No adjustments will be made to the amount of the access fee, either up or down, based on an increase or decrease in the number of enrolled employees throughout the year. Failure to pay by the due date will result in notification of the insurance carrier by the HBA that the Employer Member is not in compliance with the Employer Participation Agreement and coverage through the Plan will be terminated.

If coverage in the Plan ceases for any reason other than non-payment of premiums, prorated refunds of the Access Fee will be made by the HBA.

A grace period of 31 days will be granted for any renewal Access Fee not received by the due date. During the grace period, your participants' coverage under the Plan will continue in force but will not extend beyond the termination of the Employer Participation Agreement. You are liable for the Access Fee amount due during the grace period. If the HBA receives written notice from you to terminate the coverage during the grace period, the HBA will adjust the Access Fee amount so that it applies only to the number of days coverage was in force during the grace period. Coverage terminates as described in the Termination of Coverage section of the Employer Participation Agreement if the grace period expires and the Access Fee remains unpaid.

Brokers: Please complete this form and e-mail to hbbp@hbastl.com along with a signed copy of the Employer Participation Agreement.

Employers: Payment Remittance Options / Instructions

> Credit Cards - Complete the credit card form on the next page.

Email to hbbp@hbastl.com OR Fax to (314) 432-7185

> Checks - Payable to HBA or Home Builders Association of St. Louis & Eastern Missouri.

Mail check to 10104 Old Olive Street Rd., St. Louis, MO 63141

Company Name:

SIC Code:

Access Fee Due for 2020 Effective Date:

of Employees enrolled in the Home Builders Benefit Plan in 2020

\$5 Per Employee Per Month (PEPM) x 12 Months

X _____

TOTAL DUE:

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Employer Member Initials:

(print form and initial)

**HOME BUILDERS BENEFIT PLAN
ACCESS FEE
CREDIT CARD AUTHORIZATION FORM**

Today's Date:

(automatic date field - do not edit)

Company Name:

Day Phone #:

(please include the area code)

Name on Card:

**If different than name on credit card, who is authorizing
this payment?**

Billing Address for Credit Card (this is where the billing statement is received):

Street Address:

City, State & Zip:

Type of Card:

(Select one of the following from the drop down box)

Credit Card Number:

Expiration Date:

(month/year)

CSC Code:

(3 or 4 digit # on back of credit card)
AMEX is on front of card above their cc#

Amount to charge:

Charge Description:

Email Address for Receipt:

**RETURN COMPLETED CREDIT CARD FORM
Email to hbbp@hbastl.com OR Fax to (314) 432-7185**