



INVOICE

BENEFIT ADMINISTRATION SERVICES

PROVIDER INFORMATION

Company

Address

City, State, Zip

Contact Email

CLIENT INFORMATION

Client Name

Address

City, State, Zip

Account Number

INVOICE NUMBER
INVOICE DATE
BILLING PERIOD
PAYMENT DUE DATE

DESCRIPTION OF BENEFIT ADMINISTRATION SERVICES	QUANTITY / PEPM	UNIT RATE	TOTAL
COBRA Administration Services			
Flexible Spending Account (FSA) Administration			
Health Savings Account (HSA) Administration			
Commuter / Transit Benefit Administration			
Annual Enrollment Platform Setup Fee			
Subtotal			
Tax / Regulatory Fees			
Total Due			

PAYMENT TERMS & INSTRUCTIONS

Authorized Signature