

INVOICE

Benefits Administration Services

BILL TO

INVOICE DETAILS

Invoice Date:

Invoice #:

Customer ID:

Billing Period:

SERVICE DESCRIPTION (ANNUAL PROGRAM)	QTY	UNIT RATE	TOTAL
Annual Base Benefits Administration Fee			
Annual Open Enrollment Support & System Setup			
Carrier Connection & EDI Feed Integration (Annual)			
FSA/HSA Account Administration Services			
COBRA Administration Annual Base Fee			

Subtotal:

Tax / Regulatory

Fees:

Total Due:

PAYMENT TERMS & NOTES

Thank you for your business.

