

## SIMPLEPAY HEALTH™ PLAN PARTICIPANT AGREEMENT

### VALUE HDHP & ENHANCED HDHP

**HireRight** (“**Employer**”) sponsors a group health plan (the “**Plan**”) for the benefit of its eligible employees and their spouses and dependents. The Plan has engaged SPH, LLC d/b/a SimplePay Health™, including its vendors (together, “**SimplePay Health**”) to assist in the design and vendor coordination for the Plan. As part of the SimplePay Health program, cost-sharing amounts (e.g., out-of-pocket expenses and copays, if applicable) for covered services received by the employee or the employee’s spouse/dependents are consolidated into a monthly statement provided to the employee by SimplePay Health on behalf of the SimplePay Health financing vendor.

For the high deductible health plan design (“**HDHP**”), the Plan has also engaged Vive Benefits, Inc. (“**Vive**”) to administer the employee’s health savings account (“**HSA**”) and provide employees immediate access to funds before the HSA is fully funded by contributions.

In consideration of your participation in the **SimplePay Health Value HDHP or Enhanced HDHP**, by signing below you acknowledge and agree as follows:

- **Completion of the following are requirements for participation in the SimplePay Health Value HDHP or Enhanced HDHP sponsored by Employer to acknowledge the terms by which funds may be advanced by Vive to pay for qualifying medical expenses incurred by you and your covered family members:**
  - (1) **Signing this agreement**
  - (2) **Signing the Vive Loan Agreement (attached)**
  - (3) **Completing the Vive onboarding process, including the Vive Legal Documents, at <https://welcome.vivebenefits.com>**

In the Vive onboarding process you will:

1. Set your password
2. Verify your identity with your Social Security Number, non-expired government-issued ID, and mother’s maiden name
3. Sign the Vive Legal Documents

You will be complete when you see a Congratulations page. Contact [support@vivebenefits.com](mailto:support@vivebenefits.com) with any questions. Failure to complete this step by the end of your benefits enrollment period may result in your ineligibility for enrollment in the SimplePay Health Plan.

- **HSA Auto-Pay Authorization:** You hereby authorize SimplePay Health and Vive to charge all cost-sharing amounts (sometimes referred to as “SimplePays” or “SimplePay amounts”) for covered services to your Vive HSA, or your Vive line of credit if your HSA funds are insufficient, as claims for such covered services are processed.
- **Using Another Payment Method for Auto-Pay:** Although this agreement and the Vive Legal Documents are required for enrollment in the Plan, you may opt out of using your HSA as your payment account for auto-pay at any time at [http://acap.secureconduit.net/hsa\\_opt\\_out/new](http://acap.secureconduit.net/hsa_opt_out/new) and provide an alternative form of payment (bank account, credit card, or debit card). Such alternative payment method will be automatically charged your cost-sharing amounts due in full on a monthly billing cycle (approximately the 10<sup>th</sup> of each month). The Plan and SimplePay Health and its vendors are not liable for any additional fees charged to you by your banking institution, such as interest or overdraft fees. In the event your alternative form of payment fails when charged, your HSA Auto-Pay Authorization will immediately and automatically go back into effect.
- Cost-sharing amounts you are responsible for are governed by the terms of your Plan, and any dispute relating to cost-sharing amounts billed by SimplePay Health is subject to the Plan’s claims and appeal procedures outlined in the Plan’s Summary Plan Description.
- Your obligation to pay for cost-sharing amounts extends to amounts owed for care received by you or any individual covered by the Plan because of his/her relationship with you, such as your spouse and/or dependents (including adult dependents).

- Neither SimplePay Health nor the Plan is loaning or extending credit to you, your spouse, or your dependents. The consolidated billing of cost-sharing obligations is a billing/payment practice implemented by the Plan as part of the SimplePay Health program and financed by a separate third party vendor, Vive.
- You hereby acknowledge that this agreement is entered into freely by you in order to allow the efficient repayment of monies owed in relation to cost-sharing amounts incurred by you or your dependents.
- **Any failure to pay minimum cost-sharing amounts due may result in SimplePay Health forwarding your account to collections.**
- You accept the terms of the SimplePay Health Privacy Policy available at [www.simplepayhealth.com](http://www.simplepayhealth.com).
- You accept the terms of the Vive Benefits Privacy Policy available at [www.vivebenefits.com/privacy](http://www.vivebenefits.com/privacy).
- You consent to SimplePay Health and Vive contacting you through the methods outlined at [www.vivebenefits.com/ecomms](http://www.vivebenefits.com/ecomms).

More information about these payment and financing terms is available by contacting SimplePay Health at 800-606-3564 or [healthpro@simplepayhealth.com](mailto:healthpro@simplepayhealth.com).

**By signing below, I acknowledge and agree to the terms in this SimplePay Health Plan Participant Agreement, and I have completed the Vive onboarding process at <https://welcome.vivebenefits.com>.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth