



## Order Form

### Employer:

Brazoria County  
237 East Locust St #203  
Angleton, TX 77515

Effective Date\*: 10/1/2025  
Initial Term End Date: 9/30/2028

Payment Method: Wire / ACH Credit  
Payment Terms: Within 30 days of receipt of invoice  
Service Charge on Overdue Amounts: 2% Per Month

Table 1 - Aflac Paid Services Fees:

Service Name	Fee Type	Fee	Description
FSA	Admin Fee	\$2.50 PPPM	Per Participant Per Month

Table 2 - Employer Paid Services Fees:

Service Name	Fee Type	Fee	Description
Balance Transfer - Previous TPA	Additional Service Fee	\$0.00	Balance transfer from previous TPA. During plan year (mid-year transitions), HQY will work with the Employer's previous administrator to obtain election amounts and balances. At the start of their plan year and after the Grace Period, HQY will work with the previous administrator to take over balances.
Plan Documents - Initial	Additional Service Fee	\$0.00	Administrative fees are waived for initial Plan Document and Summary Plan Description (SPD) (while employer is in implementation). Ongoing Plan Document and SPD service must be requested separately.
Non-Discrimination Testing - Initial	Additional Service Fee	\$0.00	Administrative fees are waived for initial nondiscrimination testing. Ongoing nondiscrimination testing session must be requested separately (fees may apply).

### Terms and Conditions:

- This Order Form is subject to HQY's General Terms and Conditions of Service that may be viewed at [https://resources.healthequity.com/Documents/Employer/General\\_Terms\\_and\\_Conditions\\_All\\_Accounts.pdf](https://resources.healthequity.com/Documents/Employer/General_Terms_and_Conditions_All_Accounts.pdf), and all terms defined therein shall have the same meaning in this Order Form unless otherwise specified herein.
- \*This Order Form shall be effective as of 10/1/2025 (unless this Order Form is incomplete or does not match our records). Billing shall commence upon start of Service(s) or next billing period following the effective date, whichever is later.



- Table 1 Fees: Employer represents and warrants that Aflac has agreed to pay all Table 1 Fees set forth in this Order Form on behalf of Employer, except for NVAS Fees. Notwithstanding the foregoing, if Aflac fails to timely pay such Table 1 Fees, Employer shall be responsible for the payment of all Table 1 Fees.
- Table 2 Fees: Employer agrees to pay any fees for additional services set forth on Table 2, if applicable.
- NVAS Fees: Employer shall be solely responsible to pay for the Per Participant Per Month (PPPM) Table 1 Fees set forth in this Order Form for Services provided to participants who reside in a state ("NVAS State") that prohibits Aflac from paying fees for such Services ("NVAS Fees") in accordance with the terms and conditions set forth in this Order Form. Each participant's state of residence shall be determined based upon the current address on file with HQY at the time of invoice, and the Employer acknowledges that HQY shall be entitled to rely upon such information provided by the Employer and shall not be liable for any acts or omissions taken based on HQY's reliance upon such information provided by Employer. Further, the Employer agrees to update participant's residence if participant moves to a NVAS State at any time.
- Employer acknowledges and agrees to give Aflac the authority to unilaterally negotiate Table 1 Fee updates with HQY on Employer's behalf and Employer agrees to pay any fee changes negotiated on its behalf if Aflac fails to pay such fees timely.

For Employer:

Signature:

Name (print):

Title:

Employer:

Date: