

Mineral Essential Enrollment Form and Acceptance of Terms

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

A	Employer Information		
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Employer Name	Concordia Plan Services Employer ID		
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Employer Address	Employer City	Employer State	Employer Zip Code
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Employer Phone Number	Total Employee Count	Employer FEIN	
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B	System User Information		
<i>The individual at the ministry who will be accessing the HR Services Site.</i>			
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First Name	Last Name	Job Title	
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Email Address	User Phone Number		
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C	Mineral Platform Services and Fees		
<p>Concordia Plan Services offers Mineral Essential Platform (the “Services”) to Employer. The Services include tools, information, training and any pages registered on the trustmineral.com domain.</p> <p>The cost of Mineral Essential Platform is a flat fee per user ID of \$49.00 per month.</p> <p>Payments will be debited from the Employer’s bank account beginning the month following initial enrollment in the Services (see HR Services ACH Authorization Form).</p>			
D	Terms and Conditions		
<p>Concordia Plan Services (“Sponsoring Company” or “CPS”), has established a relationship with a provider of virtual Human Resources (HR) services developed for small to mid-sized businesses.</p> <p>Employer may use the Services on the following terms and conditions:</p> <ol style="list-style-type: none"><u>Terms of Use</u>: Employer acknowledges that, before using the Services, Employer will be required to accept the Terms of Use set forth at trustmineral.com/terms-of-service/ (“Terms of Use”). Employer further acknowledges that the Terms of Use are incorporated into this Mineral Platform Enrollment & Acceptance of Terms Form (together, the “Agreement”).<u>Commencement of Services</u>: Services will not commence until Company (as defined in the Terms of Use) and CPS receive all documents and information needed and Company and CPS are able to process the documentation and activate the Services (“Effective Date”).<u>Payment of Fees</u>: For access to the Services, Employer agrees to pay CPS the fees set forth in Section C (“Fees”). Fees are subject to change upon thirty (30) days written notification to Employer. All fees will be debited via ACH on the 5th or 20th of each month (see HR Services ACH Authorization Form).<u>Term</u>: Services shall commence on the Effective Date and shall continue for a minimum of six months (the “Initial Term”). Thereafter, this Agreement shall automatically renew on a month-to-month basis and may be terminated by either party upon 30 days’ advance written notice. Provided, however, if the business relationship between CPS and Company ceases for any reason, CPS may immediately terminate this Agreement.<u>Employer’s Default</u>: In the event of Employer default, CPS may terminate this Agreement upon 30 days’ notice to Employer.			

E	Employer Representative Signature
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The Authorized Employer Representative named below warrants that he/she possesses full power and authority to sign this Enrollment. By signing below, Employer agrees to the terms of and conditions of this Enrollment, including the Terms of Use, and accepts the offer of Services.

X

Signature of Authorized Employer Representative

Date (MM/DD/YYYY)

Printed Name of Authorized Employer Representative

Title or Office Held

Email Address

Daytime Phone Number

Please return this Enrollment and Authorization Form to Concordia Plan Services:

Via mail: PO Box 229007
 St. Louis, MO 63122

Via fax: 314-996-1127

Via secure email: info@ConcordiaPlans.org

If you need a secure email, you can email info@ConcordiaPlans.org and request a secure email be sent to you. Concordia Plan Services will send you a secure email that you can reply to and ensure your information is sent securely.

Concordia Plan Services
HR Services ACH Authorization Form

EMPLOYER DATA:

Employer Name _____

Employer Number _____

Address Line 1 _____

City, State, Zip Code _____

Contact Name _____

Contact Phone Number _____

Contact Email Address _____

I, _____ (printed name), authorize Concordia Plan Services to initiate ACH debit entries for HR Services fees on the 20th of each month directly from the following bank account:

Bank Name _____

Bank City, State _____

Bank ABA/Routing _____

Bank Account Number _____

Account Type (check one) Checking Savings

Signature

Date

Please return this ACH Authorization Form and a voided or canceled check for the account described above to Concordia Plans, c/o Ministry Solutions:

Via mail: PO Box 229007
 St. Louis, MO 63122

Via fax: 314-996-1127

Via secure email: Info@ConcordiaPlans.org

If you need a secure email, you can email Info@ConcordiaPlans.org and request a secure email be sent to you. Concordia Plan Services will send you a secure email that you can reply to and ensure your information is sent securely.

The employer agrees to inform its bank of Concordia Plan Services' (CPS's) rights to initiate ACH transactions on behalf of the employer. The employer shall (a) execute with its bank such agreements to allow CPS to initiate ACH debits from the employer account, (b) immediately notify CPS if any unforeseen circumstances arise that could impact the collection of sufficient funds from the employer's account. Note: CPS ACH Company ID is 2710986725.

In order to keep the HR Services program cost-effective please note that CPS does not intend to mail individual monthly bills for the service; instead they will provide an invoice by email and process the ACH deduction transaction on a monthly basis.