

Please provide the following information after reviewing the SHPS Invoicing Procedural Process document:

Agency:	Contact Name:
Phone Number:	Fax Number:
Email:	Mailing Address:

Will your agency be paying FSA fees on behalf of your employees?

YES (Please complete the remainder of this form)

NO (Please sign and return form. You do not have to complete the sections below)

Choose one method listed below for receiving the Invoice from SHPS:

Preferred Method of Invoice Receipt <input type="checkbox"/> Email
Email Address for invoice to be sent:
Preferred Method of Invoice Receipt <input type="checkbox"/> Regular Mail
Mailing address for invoice to be sent:

Choose one method listed below to indicate how you will remit payment to SHPS:

<input type="checkbox"/> Check Payment	<input type="checkbox"/> ACH Payment	<input type="checkbox"/> Wire Payment
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Signature

**Please sign and fax form to Jennifer Hirschmann at 202/606-2023
All agencies must respond no later than June 27, 2003**