

Employee Participant Requirements – Small Group

Welcome to Florida Health Choices, Inc.'s Marketplace. Your participation in the Florida Health Choices Marketplace ("Program") is conditioned on you accepting, without modification the following policies and procedures contained herein. Your electronic signature below constitutes your acceptance and agreement to all such policies and procedures. If you do not agree to the following policies and procedures, you may not participate in the Program, and may not further access or otherwise use this website.

1. I agree I am eligible to participate in the Program because I am an employee of an Employer enrolled in the program.
2. I agree that my participation in the Program is voluntary.
3. I agree to submit all information required by Florida Health Choices, Inc.
4. I agree to payroll deductions through my employer for any amounts I owe under the Program, or to complete the Program's ACH form so that all such payments may be automatically deducted from the account I designate on the Program's ACH form.
5. I understand that the above policies and procedures may be modified from time to time in the sole discretion of Florida Health Choices, Inc., and that upon notification of modification of such policies and procedures, and that my continued participation in the Program may be conditioned upon my agreement to the modified policies and procedures.
6. I agree to indemnify, defend and hold FHC, and all its officers, directors, agents, employees, information providers, licensors and licensees (collectively, the "Indemnified Parties") harmless from and against any and all liability and costs incurred by the Indemnified Parties in connection with any claim arising out of any breach by me of the foregoing Policies and Procedures, including, without limitation, attorneys fees and costs.
7. I understand that the Program is governed by the laws of the State of Florida, and the United States, including but not limited to Section 408.910, Florida Statutes. I hereby consent to the exclusive jurisdiction and venue of the state and federal courts within Leon County, Florida, for the resolution of all disputes arising out of my participation in the Program. My agreement to the Policies and Procedures for the Program is subject to existing laws and legal process. Nothing herein shall impair FHC's right to comply with law enforcement requests or requirements relating to my participation in the Program.

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I hereby agree to the above Policies and Procedures.

ELECTRONIC SIGNATURE HERE