

HEALTHJOY CLIENT PROGRAM ORDER FORM

Signature Date: _____, 2020

Sponsor: The Horton Group

Client Information

Client Name: _____

Client Address: _____

Billing Contact:	Name:	If different from Client address above:
	Title:	Street
	Email:	City:
	Phone:	State:
	Fax:	Zip:

HealthJoy App Target Start Date: 4/6/2020/

HealthJoy Offering and Applicable Fee (Per Employee Per Month):

HealthJoy Platform: \$6.50
 HealthJoy Behavioral Health Telemedicine: \$0.50
 HealthJoy EAP: \$1.50 with 3 sessions per employee included
 HealthJoy Rewards: \$1.00

Paying Party: The following party will be responsible for payment of the fees:
 Client Benefits Associate Other _____

Invoice Responsibility: HealthJoy Self-billing

If self-billing, the following party will be responsible for the self-billing:
 Benefits Associate: _____
 Other: _____
 If self-billing, the payment and associated report will be issued each month on the: _____

Payment Terms: The Paying Party shall pay an initial invoice equal to 3 months of the estimated subscription fee (“Initial Invoice”). The Initial Invoice will be dated as of the Signature Date. The Initial Invoice will be calculated based on the applicable PEPM(s) above multiplied by the Estimated Number of Eligible Employees. Thereafter, an additional invoice will be issued every 3 months during the Term (each, a “Subsequent Invoice”). A true-up will be conducted at the time of each Subsequent Invoice by comparing the actual number of eligible Employees for the period covered for the prior invoice versus the estimated number of eligible Employees paid for in the prior invoice and either providing a credit or billing for the additional eligible Employee(s), as applicable. All invoices hereunder will be due and payable within 30 days their date.

Estimated Number of Eligible Employees:

HealthJoy Platform: _____ Employees
HealthJoy Behavioral Health Telemedicine: 0 _____ Employees
HealthJoy EAP: 0 _____ Employees
HealthJoy Rewards: 0 _____ Employees

Client Plan Renewal Date:

MM/DD/YYYY

Program Term:

The initial term will be 2 year(s) from the date that the Program goes live (“Launch Date”) and is made available to substantially all of Client’s eligible employees (“Initial Term”). Thereafter, the Agreement shall automatically renew for additional one-year periods on each anniversary of the Launch Date, unless a Party provides written notice to the other Party of its intent to terminate the Agreement at least sixty (60) days prior to the end of the applicable term (collectively, the “Term”).

By signing this HealthJoy Program Order Form, the parties agree that they have reviewed the terms and conditions located at <https://healthjoy.com/client-terms-conditions/> (“HealthJoy Terms and Conditions”) and that this HealthJoy Program Order Form is subject to such HealthJoy Terms and Conditions. This HealthJoy Program Order Form together with the HealthJoy Terms and Conditions shall be known as the “Agreement”.

IN WITNESS WHEREOF, this Agreement has been duly executed and delivered by the duly authorized representatives of the parties herein as of the Signature Date.

HEALTHJOY, LLC

CLIENT

By: _____

By: _____

Name: Doug Morse-Schindler

Name: Rebecca Grill

Title: President

Title: _____