

## **Exhibit B—Plan Sponsor Adoption Agreement for Personify Health Program Third Party Files**

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### **Part 1 – General Information (please print)**

Plan Sponsor Name \_\_\_\_\_ UMC Employer # \_\_\_\_\_

Date \_\_\_\_\_

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### **Part 2 – Third Party Vendor File Transfers**

Some conferences work with third party vendors to provide additional rewards, track aggregate data and learn more about participant’s experience in the program. Plan sponsor agrees to pay for any additional charges that may occur due to the additional file transfers, and to indemnify Wespath for any damages occasioned by any such additional file transfers.

If you need to have Personify Health send a file to a different location, complete the following information:

File from Personify Health to \_\_\_\_\_ (organization name)

Contact person \_\_\_\_\_

Contact person address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact person phone number \_\_\_\_\_ Contact person e-mail address \_\_\_\_\_

Information needed on file \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Frequency of File (please check one):     Monthly     Quarterly     Annually

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### **Part 3 – Plan Sponsor Contact (Who will be working with Personify Health and Third Party Vendor)**

Contact person \_\_\_\_\_

Contact person address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact person phone number \_\_\_\_\_ Contact person e-mail address \_\_\_\_\_