



# TPAPartner LLC

## Third Party Administrator Work Order

Company Name	
Contact Name	
Client Address	
Contact Phone Number	
Contact Email Address	
Effective Date	
Distributor ID	
Distributor Name	

	Financials
Monthly Service Access Fee per household	\$

**Work Order Notes**

**Processing Overview**

- TPA will provide the Marketer bundled product including Teladoc and a medical discount card to employees of company identified above
- TPA will generate and distribute a Monthly list bill invoice to the Company identified in this Work Order
- TPA will track and distribute commissions as defined above – Commissions will be paid monthly on or before the 15<sup>th</sup> based on Membership fees collect during the prior month
- TPA required an EFT Deposit Form and W9 for each entity receiving a commission distribution

By signing below, the Authorized Representative of Youngevity and TPA acknowledge: 1) that they have reviewed the Work Order and any related Statement of Work, and 2) that they understand the requirements of said documents and do hereby agree to be bound by the terms and conditions embodied therein.

Please print and sign the completed copies of this Work Order and provide to the TPA representative for processing. Our countersigned copy will be sent back to you.

Youngevity Distributor	TPAPartner, LLC Company
Signature	Signature Steve A Johnson
Print Name	Print Name COO
Title	Title
Date	Date