

# Employer Access Program

## Letter of Agreement

GuideStone Financial Resources of the Southern Baptist Convention (“GuideStone”) makes available the Employer Access Program (the “EAP”) for use by the employer in administering its insurance, retirement and deferred compensation plans serviced by GuideStone. By using the EAP, the employer accepts the terms and conditions set forth below and such additional terms and conditions as may be specified from time to time by GuideStone in subsequent notices to the employer.

1. The employer shall designate one or more of its employees as its duly authorized agent(s) (referred to as “EAP Administrators”) for purposes of access by its employees to any and all employer plan records and information made available through the EAP (the “EAP Information”). The EAP Administrator(s) must be specified on the form provided for such purposes by GuideStone. The initial designation of the EAP Administrator(s) and any subsequent addition or deletion of EAP Administrators by the employer shall not be effective unless and until the form required by GuideStone for such purposes is completed by the employer and actually received by GuideStone.
2. GuideStone may rely on any and all communications and directions from the EAP Administrators and shall not be responsible for inquiring into their authority or power to act on behalf of the employer, except that GuideStone shall confirm that the EAP Administrators are specified on the form provided for such purposes by GuideStone and that such form has been completed by the employer and actually received by GuideStone.
3. The employer agrees to adhere to security procedures established by GuideStone from time to time, including but not limited to the use by its employees of User IDs, passwords, or other access requirements.
4. GuideStone and the employer acknowledge and agree that the EAP Information is confidential and sensitive in nature and should be handled appropriately by GuideStone and the authorized employees of the employer; provided, however, that making available the EAP Information to the employer through the EAP shall be considered an appropriate use of such information by GuideStone.
5. The employer agrees that it shall be fully responsible for any and all actions of the EAP Administrators and shall indemnify, hold harmless and release GuideStone, its officers, trustees, employees and affiliates (collectively, the “Releasees”) from any and all liabilities, losses, costs and expenses of any nature whatsoever that arise from such actions of the employer’s EAP Administrators regarding the Administrators’ access to or use of EAP Information.

Very truly yours,

  
Jeffrey P. Billinger

Chief Financial Officer

GuideStone Financial Resources of the Southern Baptist Convention

**Agreed and Accepted**, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the undersigned as an authorized officer of the employer.

Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

By: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_



*Do well. Do right.™*

**Continued on other side**

**Employer Access Program  
Southern Baptist Employers  
Designation of Employer Access Program Security Administrator(s)**

**SECURITY ADMINISTRATORS**

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Full name: \_\_\_\_\_

Title: \_\_\_\_\_ Employer number: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Work telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

This authorization is for:  Insurance  Retirement  Plan documentation

Full name: \_\_\_\_\_

Title: \_\_\_\_\_ Employer number: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Work telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

This authorization is for:  Insurance  Retirement  Plan documentation

Full name: \_\_\_\_\_

Title: \_\_\_\_\_ Employer number: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Work telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

This authorization is for:  Insurance  Retirement  Plan documentation

**AUTHORIZATION**

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The undersigned, as a duly authorized officer of the employer named below, specifies the individual(s) listed above as Employer Access Program Security Administrator(s) (EAP security administrator(s)) for the Employer Access Program in accordance with the letter of agreement between GuideStone Financial Resources of the Southern Baptist Convention and the employer.

Name of employer: \_\_\_\_\_

Printed name of employer's authorized officer: \_\_\_\_\_

Signature of employer's authorized officer: \_\_\_\_\_

Date of signature\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Designation shall be effective upon receipt of form by GuideStone Financial Resources of the Southern Baptist Convention.

Return this form to: Retirement Operations  
GuideStone Financial Resources, SBC  
2401 Cedar Springs Road  
Dallas, TX 75201-1498

