

THE J. P. FARLEY INDEX MAG | JUNE 2026

J.P.F.I



A HEALTHY BABY MAY COST EIGHT WEEKLY PAYCHECKS

How to protect the best moments of your employees' lives.

IS YOUR HEALTHCARE PLAN READY FOR THE 40+ ?

Healthcare costs don't grow at the same rate as your revenue; they grow exponentially with your team's age.



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Rethinking How You Fund Healthcare

They tell me double-digit increases are the "new normal." But after decades in this business, I refuse to accept that. To me, those numbers are a threat to the promise you made to your people.

Right now, 45% of CFOs are preparing to do the unthinkable: passing these crushing costs directly onto the backs of their employees. 45%. That's the first instinct according to Mercer's latest research. It breaks my heart to see it.

My goal, and the reason I've decided to go public after so many years in this business, is to make sure your company stays out of that 45%. I want to give you the leverage, the hard questions, and the actual control to fight back.

In 2026, we are all in the foxhole together. Employers, brokers, and TPAs like us have to work harder than we ever have. It's no longer just about hitting "milestones"; it's about holding the line so your workers don't have to choose between their health and their groceries.

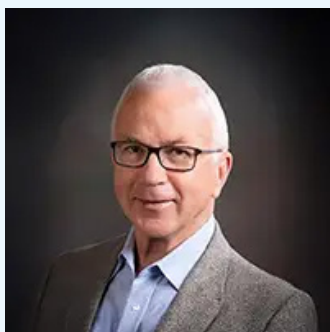
I've lived long enough to know that for many American families, even an extra \$500 a month is the difference between breathing easy and drowning. I won't stand by and let that happen on my watch. Let's do better.

Jim Farley

CEO | J.P.FARLEY

I've been in the employee benefits business since 1972.

I've watched the market change a lot of times. And 2026 feels like one of those years where the rules actually move, again.



A Healthy Baby May Cost EIGHT WEEKLY PAYCHECKS

Ten toes. Ten fingers. A pair of lungs that could rival a tiny opera singer. The pediatrician smiles, hands you a little swaddled burrito of joy, and says the words every new parent holds their breath to hear: “Congratulations. It’s a healthy baby.”

Medically speaking, this is the ultimate win. The mountain-top. The absolute best-case scenario.

Financially speaking? Inside a lot of modern employer health plans, this is the exact moment your company’s “generous benefits package” quietly stops behaving like a safety net, and starts acting like a corporate pickpocket.

Here is the pattern we see play out over and over again in American workplaces. Picture a bright boardroom. A benefits plan is projected onto a screen; it looks perfectly reasonable on a spreadsheet. The premium is deemed “competitive.” The employer contribution looks robust. Hands are shaken, coffees are sipped, and everyone in leadership goes home feeling like they did their job protecting their people.

Then, a “normal life” event actually shows up.

It doesn’t have to be a rare, cinematic medical emergency. It’s just life. It’s a childbirth. It’s a six-year-old who confidently believed he could fly off the monkey bars (spoiler: he could not, hence the broken arm).

It’s a Saturday night ER visit for a weird stomach ache that turns into a routine, run-of-the-mill appendix removal.

Suddenly, your hard-working employee is paying thousands of dollars out of pocket in a painfully short window of time.

It happens because the standard plan design makes ordinary life entirely unaffordable at the exact moment life gets real.



The Physics Of Payroll

Most people don't experience "\$3,000" as a static number. They don't just look at a bill and go, "Ah, yes, a numerical value." They feel that number as time. They feel it as rent. They feel it as three months of groceries (and not just the basics - the good cheese, the fresh berries). They feel it as a car payment, or daycare tuition.

When you get hit with a \$3,000 out-of-pocket medical bill, what you are really feeling is the agonizing weight of two completely empty pay cycles.

Let's look at the math. As of late 2025, average weekly earnings for U.S. private-sector workers hover around \$1,266. For a biweekly payroll, that's roughly \$2,532 of gross pay per paycheck. If a normal, complication-free childbirth episode creates a few thousand dollars in immediate cost-sharing, we aren't having an intellectual debate about "cost-sharing design."

We are deciding how many literal paychecks a new parent has to forfeit to the plan.

The phrase "two paychecks" isn't just a dramatic headline. It is the clearest, most honest translation of what the employee is actually experiencing while they're rocking a baby at 3:00 AM, worrying about how the electricity bill is going to get paid.

Protecting The Best Moments Of Their Lives

Decision-makers are simply not forced to convert plan design into human terms. When you make \$250K+, a \$500 surprise cost is annoying. When you make \$40K, it's panic. Next time leadership sits down in that bright boardroom to renew the company health plan, someone needs to kindly, but firmly, change the conversation.

When we start designing benefits around the reality of human cash flow, we stop punishing our teams for living their lives.



Don't ask "Is our deductible competitive?"

Ask, "How many paychecks does a normal life cost our people?"

The Business Of Birth: How The Healthcare Industry Prices A New Life

Behind the delivery room doors, the modern healthcare system often treats a newborn not just as a new life, but as a brand new billable entity.

The financial shock usually hits when the first hospital bills arrive. Most expectant parents assume that having a baby is a single medical event. However, insurance plans routinely charge one deductible for the mother and an entirely separate deductible for the newborn.

Take a typical employee earning \$75,000 a year, bringing home roughly \$5,000 a month. They might plan for a \$2,500 deductible and the accompanying coinsurance, expecting the out-of-pocket cost for a standard delivery to land around \$3,600. Instead, because the infant is classified as a separate patient, that bill can easily balloon to \$6,000 or more. For families already navigating the financial stress of a new child, this "double deductible" is a heavy and unexpected blow.

But the financial mechanics of childbirth start long before the final bill is tallied, often influencing the medical decisions made in the delivery room itself.

When adding a baby to a work insurance plan, parents must often pay an average \$4,500 deductible, and up to \$9,200 overall, before the insurance fully pays the bills.

It's quite easy to see how certain medical decisions are driven just as much by convenience and money as they are by what the patient actually needs.

The statistics are out there: hospitals in affluent areas do way more C-sections than hospitals in less affluent ones. Sure, some moms want to schedule it, but there's a huge convenience factor for the doctors, too.

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If it's three o'clock on a Friday afternoon, and it doesn't look like mom is ready to go yet, the doctor and the whole staff are looking at staying until midnight. So what do they do? They use a closing argument. They look at the parents and say: **"Well, we probably ought to do a C-section. It's safer for the baby."** What mother is going to argue with that? Of course she wants her baby to be safe! It's a powerful sales pitch, and it works, even if the real reason is just wanting to clear the weekend schedule.



And this doesn't stop once the baby is born. Hospitals employ pediatricians now, and they put the exact same financial pressures on them that they put on primary care doctors.

It's all about the revenue stream. People don't like to think about it, but it's true. These doctors are incentivized to do more - more tests, more time under the jaundice lights, more days in the hospital. More isn't necessarily better. It's just more.

The toll all of this takes on a family is just brutal. You've got a new mother dealing with the physical recovery of birth, and suddenly we're piling on the financial stress of huge hospital bills and the anxiety of all these extra medical tests. It's no wonder postpartum depression is so high - one in four women deal with it. When you're stressing over a massive bill or paranoid that something is wrong with your baby because the hospital keeps pushing tests, it takes a lot of the joy out of the experience.

So what do we do about it? Well, if you're an employer, you can actually step up and fix this.

The system is what it is, but employers have a real opportunity to step in, take away that stress, and make sure having a baby stays the joyous event it's supposed to be.

If the insurance company says, "Hey, we don't do it that way, there are two deductibles," how about you just write the family a check to cover the baby's deductible? If you've got a 100-500 employees, we're talking about pennies a month. It's really nothing to the company, but it changes everything for that family's financial health.

Beyond that, get them **a nurse navigator**. Give that new mom an independent expert - someone who doesn't work for the hospital or the insurance company - to talk to. When a mom is panicking or a doctor is pushing for more tests, that navigator can give her an objective opinion and help her keep her feet on the ground. Throw in some affordable mental health telehealth, and you've got a benefit that actually changes lives.

As an employer, you have the rare power to hand that peace right back to them. When you step up and remove that financial burden, you aren't just paying a bill. You are giving a mother the space to just breathe, heal, and bond with her child. You're giving a family the **freedom to focus on the only thing that actually matters - bringing their baby home.**

And let me tell you, you cannot put a price tag on that kind of impact.

Is Your Healthcare Plan Ready For The Forty Plus?

Is your office filled with high-performing 30-somethings? Well, you're currently in the "Goldilocks Zone." Healthcare costs don't grow at the same rate as your revenue; they grow exponentially with your team's age. The "Brutal Math" is simple: an employee at age 45 is roughly 40% more expensive to insure than one at 30. By 55, that cost doubles. If your healthcare strategy is on autopilot, you might be ignoring a mandatory corporate pay cut that arrives every time your team has a birthday

The "Hospital Funnel" Trap

Most CEOs treat an \$8 million healthcare spend as an unavoidable tax. But would you manage any other multi-million dollar vendor with zero oversight?

The reason your premiums are skyrocketing isn't just age; it's the Hospital Trap. Those sleek, branded urgent care centers on every corner aren't there for convenience - they are high-efficiency funnels.

Once your employee walks in for a simple cough, they are locked into a closed ecosystem:

- **The Markup:** An MRI that costs \$600 at an independent facility can skyrocket to \$3,000+ inside the hospital network.

- **The Five-Minute Visit:** Doctors are pressured to "churn" patients to meet corporate quotas, spending more time on a computer than with your employee.

- **The Insurance Secret:** Under the "85/15" rule, insurance carriers keep a percentage of the total spend. If your costs go down, their profit shrinks. They are literally incentivized to let you overpay.



Your insurance carrier isn't incentivized to save you money. Under the 85/15 rule, the more you spend, the more they make.

The Pivot: Going Independent

When you steer your workforce toward independent primary care physicians, the economics flip. These doctors aren't feeding a corporate machine; they are treating humans.

Time: They spend 30 minutes with a patient, not five.

Prevention: They focus on managing chronic conditions before they turn into \$100,000 ER visits.

Cost: They use independent labs and imaging centers that charge fair market prices, not "hospital-system" prices.

To keep your team healthy for the next decade, you need doctors who treat people, not doctors who serve a computer system. Employers have been conditioned to feel helpless about healthcare costs. You are completely capable of fixing this. Put the time in, put the effort in, and take control of your financial future and the health of your aging workforce..

If you have 500 employees and you spend \$8 million a year on your healthcare plan, what other \$8 million expense do you manage without a dedicated full-time expert?

Transitioning to a self-funded model isn't an overnight fix; it is a multi-year commitment. But if you dedicate the time and resources to it, the payoff is immense.

If you plan on still being in business five years from now, start educating and training your employees to use independent, private practitioners today. Down the road, your health plan is going to save a gigantic amount of money.

But the bottom line isn't just financial. The most important thing is that your employees are going to be happier and healthier, because they are finally being truly looked after and treated. And ultimately, a resilient, fully present workforce drives the bottom line better than any short-term cost-cutting measure ever could.



NEWS

45% Of CFOs Plan To Raise Deductible In 2027

With healthcare costs climbing, 45% of finance leaders are choosing the same old fix: raising employee deductibles (according to Mercer's latest research). Calling this "cost control" misses the point. It doesn't lower the cost of care; it just forces your team to pay more of it. There is a better way to manage your plan without leaving your people behind.

Right now, health benefit cost growth is running at about double the rate of general inflation. This year alone, the average health benefit cost per employee is expected to top an staggering \$18,500.

In a recent Mercer survey of 161 CFOs and finance professionals - **The CFO Perspective on Health** - the anxiety surrounding these numbers is clear. Three-fourths of CFOs indicate that healthcare costs are now a top-five operating concern, and for 33%, they rank in the top three. While inflation for other goods and services has largely subsided over the past year, the relentless climb of health benefit costs has raised massive red flags in C-suites across the country.

But it is how these financial leaders plan to handle this crisis that should concern us all.

When asked what types of "cost controls" they would like to see implemented over the next few years, 45% of CFOs favored a strong emphasis on plan design changes, specifically, raising deductibles.

Another 38% support heavily raising employees' premium contributions, a move that shrinks every worker's paycheck whether they actually use the healthcare system or not.

Despite genuine concerns about healthcare affordability, the prevailing boardroom consensus seems to be that passing additional costs down to employees is simply an unavoidable reality in the current environment. They call this cost control.

I have to state it plainly: I could not disagree more.

Taking the rising cost of healthcare off the company's ledger and dumping it onto the shoulders of the American worker is not cost control. It is cost shifting. It does not do a single thing to actually lower the price of a prescription drug or a hospital stay. It merely penalizes the very people who make our companies successful.



At J.P. Farley, we have spent on testing, and refining multiple strategies for one specific real employers in a position where down their benefits just to ba

"When you realize that saving an employee \$150 is enough to earn a standing ovation, you quickly understand why simply raising deductibles is a failure of leadership."

One of the stories that comes to mind perfectly captures the reality of this disconnect. An employee at one of our client companies needed a medical procedure and fully expected to hand over a \$150 copay. Instead, they called their J.P. Farley Nurse Navigator, who seamlessly found a top-tier facility where the out-of-pocket cost was zero.

The next morning, the employee arrived at the office in a glowing mood. Standing around the water cooler, they shared the real victory with their coworkers: because they didn't have to write that \$150 check for their healthcare, they were able to treat their spouse to a beautiful, unexpected dinner at a restaurant the night before.

**It's never
"just" \$150**



That single water cooler story was all it took. Almost overnight, everyone in the company started utilizing the Nurse Navigator service. A few months later, we brought the specific nurse who handles their account into the office for a company-wide meeting.

When she walked into the room, she received a standing ovation from a room full of people whose out-of-pocket costs she had helped eliminate.

In the C-suite, a plan adjustment is just math, but to a working family, it is never just \$150. It is a long-overdue date night, a saved vacation fund, and the profound relief of knowing someone is finally in your corner.

decades designing,
true cost-control
son: to avoid putting
they have to water
balance the books.



LIVE WEBINAR

THE FLAT RENEWAL CHECKLIST FOR FULLY INSURED AND ASO PLANS

WEDNESDAY
JULY 1 | 2026
3 PM EST TIME
12 PM CST TIME

RSVP now - **seats are limited.**
For CEOs, CFOs, HR leaders, and their benefit consultants



For too long, employers with Fully Insured and ASO (Administrative Services Only) plans have been told that without access to their own claims data, there is nothing they can do but accept their annual rate increase. That simply isn't true.

Insurers desperately want you to forget about your healthcare plan until the fourth quarter. **They want your broker to drop a dense renewal document on your desk just 60 days before your January 1st start date.**

Why? Because when you are backed against a looming deadline, your leverage drops to zero. In Q4, you do not have the runway to negotiate, audit, or restructure. Your only realistic option is to sign on the dotted line, swallow the double-digit premium hike, and pass the financial pain down to your employees.

That Q4 scramble is not an accident - it is a business model. And it is time to break out of it.

SECURE YOUR SPOT TODAY

jpfarley.com/events

Join J.P. Farley for an exclusive, tactical webinar designed to help you take back leverage before the Q4 renewal cycle traps you again.

WHAT WE WILL COVER:

Every participant will receive our proprietary Flat Renewal Checklist, a comprehensive guide we will walk through live on the webinar. Topics include:

Immediate Actions: What levers you can pull today, even without full claims transparency.

The Transition Blueprint: How to use the second half of 2026 to prepare your finance team and employees for a smooth, effective transition to self-funding in 2027.

Avoiding Cost-Shifting: How to protect your employees from rising deductibles and out-of-pocket costs.

This session is designed for employers ready to move from passive paying to active management.





Still humans at J.P.Farley

Machines are built to follow scripts. But life doesn't always stick to the script. When a real issue arises, an automated system can only lead you to a programmed dead end.

We know what's on the line when it comes to your healthcare.

That's why J.P.Farley doesn't rely on bots.

Your plan is managed by real experts who are accessible during the working hours, and they listen, adapt, and truly understand your situation.

440.250.43.00
jpfarley.com

LIVE WEBINAR

THE FLAT RENEWAL CHECKLIST FOR SELF-FUNDED HEALTHCARE PLANS

WEDNESDAY
JUNE 24 | 2026
3 PM EST TIME
12 PM CST TIME

RSVP now - **seats are limited.**
For CEOs, CFOs, HR leaders, and their benefit consultants



Most self-funded employers still treat their healthcare plan as if it were fully insured. When a fully insured carrier hands you a double-digit rate increase, you're often stuck with a "take it or leave it" decision. But in a self-funded environment, a high renewal isn't a mandate. Usually it's a data problem you can actually solve.

After all, you made the leap to self-funding for one reason: control. Control over your data, control over your plan design, and most importantly, control over your costs.

But if you are still bracing for a double-digit increase and hoping your stop-loss carrier doesn't laser your highest-risk employees, you still have room for improvement

Join J.P. Farley for an exclusive, tactical webinar designed to help you **take back leverage before the Q4** renewal cycle traps you again.

SECURE YOUR SPOT TODAY

jpfarley.com/events

Flat-renewal discipline starts with visibility. In a typical 100-life group, roughly 85% of your total spend is driven by just 15 people. Managing your renewal isn't about making broad benefit cuts that frustrate your entire workforce; it's about having the clinical and financial discipline to manage those 15 cases.

WE WILL WALK THROUGH:

The 150-Day Audit: Why your renewal strategy must start five months early with a deep dive into claims visibility.

Clinical Redirection

The Site-of-Care Shift

Employee Incentives: How to use "zero-deductible" steering to make the lower-cost path the obvious choice for your members.

This session is designed for employers ready to move from passive paying to active management.



The Myth Of A \$20 TPA

Why the "Cheapest" Health Plan on the Spreadsheet is Costing a Fortune.



Description	Qty	Rate	Amount
TPA Service Provided	1	\$20.00	\$20.00
Total Due:			\$20.00
Amount Due:			\$20.00

Between office space, specialized staff, and the tech required to process claims, it costs more than \$20 just to keep the lights on. TPAs aren't charities. If they aren't getting a fair price from you on the front end, they are harvesting it from you on the back end.

The Spreadsheet Deception

Brokers have been spreadsheeting health plan deals for 50 years. They walk into your office, lay out the numbers, and promise they've found the absolute lowest administrative fee. I know how this works because I sit on the other side of the table.

If a TPA tells you they only need \$20 per employee per month (PEPM) to run your plan, you need to ask yourself a very simple question: How are they staying in business?

I've had brokers tell me directly that their entire job is to beat me down on price just so they can look flawless on paper. So, a Third Party Administrator (TPA) comes in at \$20 per employee per month. You see the savings. You sign the contract.

Let me introduce you to the reality of that transaction: TPAs are businesses. We have payroll, office space, and technology costs. It costs significantly more than \$20 a head just to keep the lights on and do the work. If a TPA is taking a loss on their administrative fee, they are absolutely making up that deficit somewhere else.

The Hidden Revenue Machine

The "missing" money is baked into the system. You pay for it through undisclosed revenue streams, kickbacks, and backdoor deals. Everyone is getting a piece of the action, and you are footing the bill.



The entire fundamental purpose of self-funding is to align incentives and stop the system from profiting off your financial bleeding. But commission-based compensation completely destroys that premise.

The PBM Shell Game. I once asked a Pharmacy Benefit Manager if they would lower their fees for my clients if I stopped taking my cut of the drug claims. They answered immediately: "Yes, we will, because we just add that on." They inflate your bill to pay the middleman. So I refused to let my clients fund that shell game, so I decided to remove that revenue stream from my operations.

Stop-Loss Padding. Carriers regularly bake a 15% commission into your stop-loss premium to pay the broker or TPA. Years ago, I asked a carrier to remove that commission so I could charge a transparent flat fee instead. The carrier dropped the client's cost by 21%. The system literally penalizes you just for moving the money around. I realized how backward that was, so I made the conscious choice to strip stop-loss commissions out of my operations.

Insurance companies are required to spend 85% of premiums on claims, leaving 15% for profit and overhead.

They desperately want your claims to be as high as possible so their 15% slice grows. When your plan costs go up, the carrier wins. And because the broker's commission is tied to the total premium, the broker gets a raise, too.

At J.P. Farley, we decided to walk away from that conflict of interest entirely.

A Transparent Path Moving Forward

New fiduciary responsibility and revenue disclosure rules are taking effect. The era of undocumented commissions is ending. Soon, employers will be held legally liable for signing off on these hidden revenue schemes. You are managing your employees' money, and you can no longer afford to ignore where those dollars are actually going.

I went on a ski trip a few years ago and spent a lot of time thinking about how pervasive this corruption had become.

I get 50 vendor calls a week, and they all start by telling me exactly how much they'll pay me to push their product onto my clients.

In the fully insured world, we all know the score.

The incentives have been crystal clear for ages. You pay a massive premium, the carrier takes on the risk, and the brokers get their cut. Everyone knows there is padding. Everyone knows there is fog. When costs go up year after year, no one is truly shocked because the entire fully insured machine is openly designed to run on volume and spending. It's a rigged game, but at least it's a game we can all see..

But here is the real tragedy: an employer gets fed up with double-digit renewals, and a broker swoops in promising salvation through a self-funded plan. They slide a spreadsheet across the desk highlighting the absolute cheapest Third-Party Administrator (TPA) and the lowest administrative fees.

You sign the papers, thinking you've finally escaped the mess. Instead, you've walked blindly into a more sophisticated trap.

That bargain-bin spreadsheet is a mirage. The front-end fees are cheap because everyone is making a killing on the back end. Through hidden commissions baked into stop-loss insurance and pharmacy contracts, the toxic engine remains exactly the same. Everyone in the system still benefits from you paying more.

If you design a system where a broker or a vendor earns higher commission throughout the year when your spend rises, constant cost increases are guaranteed. They aren't failing at their jobs; they are succeeding at a business model designed to siphon your money.

**“ -----
Show me the
incentives
and I'll show you
the outcome.**

-Charlie Munger

Many years ago, I've decided not to participate in this process. So I ditched commissions and built our model around a simple, fixed fee. No games, no surprises.

\$40.

What Is J. P. Farley Expected To Do?

SERVICE

- Dedicated call center
- Multi-audience assistance (member, provider, plan sponsor)
- Multi-channel communication (phone, web portal, mobile app, vendor support, etc.)
- Assist with claim status, benefit questions, prior auth, etc.
- Manage or support patient advocacy efforts
- Manage or facilitate patient navigation services
- Assist in vendor benefit communication and/or referral
- Ongoing account management and coordination with broker/advisor

ELIGIBILITY AND ENROLLMENT

- Eligibility & enrollment record maintenance
- Open enrollment and qualifying events
- Plan ID cards
- Coordination of benefits and COBRA
- Eligibility data management and exchange of the feeds

PHARMACY BENEFIT MANAGEMENT SUPPORT

- Support PBM benefit and eligibility
- Assist with referrals to specialty services

PLAN DESIGN AND DOCUMENTATION

- Plan document drafting
- Medical benefits schedule (SPDs & SBCs)
- Prescription drug benefits schedule
- Establish and manage defined terms
- Plan exclusions
- Provide education, clarification, and guidance on plan

STOP-LOSS MANAGEMENT

- Manage policy shopping with qualified carriers
- Negotiate rates
- Stop loss placement and contract review
- Audit policy regularly ensuring all applicable claims qualify
- Monitor individual claimant and aggregate thresholds
- Stop loss claim filing and recording
- Provide education, clarification and guidance on policy
- Plan renewal strategy analysis and support

CLAIMS ADMINISTRATION

- Receive & process claims via proper procedures for all plan types
- Fee schedule management
- Out-of-network management and processing
- Adjudicate claims according to plan document terms
- Issue explanation of benefits (EOB)
- Detect & investigate fraud and abuse.

VENDOR COORDINATION

- Outside vendor coordination & billing
- Outside vendor downloads
- Assistance in applicable plan communication efforts
- Investigate & establish partnerships to enhance member experience & facilitate plan sponsor goals
- Contact management

CARE MANAGEMENT SUPPORT

- Support pre-certification and utilization review
- Interface with chronic, high-risk and specialty programs

DATA AND REPORTING

- Ongoing monthly and quarterly reporting
- Ad hoc and custom reporting
- Cost trend and utilization analytics
- Coordination and/or integration of vendor reporting
- Renewal package reporting
- Annual reporting and analysis

FINANCIAL MANAGEMENT

- Third-party recovery and subrogation
- Funding and payment of benefits
- Plan funding management
- Reconciliations and reporting

COMPLIANCE

- COBRA continuation
- HIPAA privacy notices and HIPAA data security
- ERISA rules and requirements
- Timely and accurate data delivery of required disclosures
- Assistance with certain plan sponsor / employer compliance requirements



\$40

440.250.43.00

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* The \$40 TPA fee covers J.P. Farley's administrative services only.
Additional fees apply for PPO networks, telemedicine, and other third-party vendors.



J.P.Farley Corp

THIRD-PARTY ADMINISTRATOR | SINCE 1979

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