



FSA HRA HSA COBRA ERISA Compliance & Administration

Health Savings Account

Employer Name: _____

Mailing Address: _____

City, State, Zip: _____

Physical Address: _____

Phone: _____

Fax: _____

Employer Entity: Corporation S-Corporation
 LLC Partnership LLP Other: _____

Do you currently have an HSA Qualified High Deductible group health plan?
 Yes No

Effective Date of QHDHP: _____

Carrier Name: _____

Does the employer contribute money towards the HSA?
 Yes No

If yes, how much per employee per year? _____

And are there stipulations? ~ Please explain:

Other Benefits:

Is an FSA currently offered? Yes No
Is an HRA currently offered? Yes No

Section 125 Plan:

Do you currently have a Section 125 Plan in place that expressly authorizes pre-tax salary reduction contributions to an HSA?
 Yes No

If NO, would you like Admin America to amend/prepare this document? Yes No

Did Admin America prepare your current Section 125 Plan document? Yes No

If YES would you like us to amend your current document to include the HSA?
(Cost to amend a current document is \$50) Yes No

If NO would you like us to prepare a new Section 125 Plan Document?
(Cost of new Section 125 plan is \$300) Yes No

HSA Signed ACH Authorization Form (enclosed)
 HDHP Participant Census (provided on Excel template)

Prepared and Authorized By:

It is critical that the information in this Abstract is accurate to enable Admin America to provide timely and accurate HSA funding to plan participants. Inaccurate information may result in excess or delayed funding. Excess funding may not be reclaimable. Corrections to the information contained in this Abstract which require account adjustment will result in a Plan Correction Fee equal to the plan's most recent monthly invoice for HSA administrative services.

Primary Contact: _____

Email: _____

Phone #: _____

Billing Contact: _____

Billing Email: _____

Agent Name: _____

Agency: _____

Employer Tax ID Number: _____

Earliest Effective Date of participant HSA Accounts: _____

EE Salary Reductions Taken:

Weekly (52) * Semimonthly (24)
 Biweekly (26) * Monthly (12)

* 1st Pay Date for Salary Deducts: _____

ER Contribution Schedule (If Applicable):

Weekly (52) * Semimonthly (24)
 Biweekly (26) * Monthly (12)
 Annual (1) Other _____

* 1st Pay Date for Salary Deducts: _____

Enrollment Options:

Enrollment file*

*once enrollment file is uploaded, participants will be required to take additional steps to complete enrollment

Transfers:

Do any of your employees have current HSA Accounts?

Yes No

Would you like assistance with Trustee to Trustee Rollovers?

Yes No

Printed Name

Title

Date