

# Health Savings Account (HSA) Employer Set-up Form



Producers: Please complete this form and submit an electronic copy to your Health Plan along with the new business or renewal paperwork.

Health Plans: Please return a copy of this form to [flexhsa@flexiblebenefit.com](mailto:flexhsa@flexiblebenefit.com).

The Flex Implementation Team will reach out to the Producer and/or the Employer to begin the implementation process after receiving a copy of this form from the Health Plan. For questions, please contact the Flex Implementation Team at 888-345-7990, Option 2.

**Required fields are asterisked:**

Health Plan Name*	
Health Plan Customer ID*	
Health Plan Account Executive/Manager*	
Health Plan Account Executive/Manager* <u>Email &amp; Phone Number</u>	
Broker Name, Email and Phone Number	

**General Employer Information (Required fields are asterisked)**

Employer Name*	
Employer Federal Tax ID*	
Employer Contact Name *	
Employer Contact E-mail *	
Employer Contact Phone*	
Employer Address – Line 1*	
Employer Address – Line 2	
Employer City*	
Employer State*	
Employer ZIP Code*	

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High Deductible Health Plan Effective Date *	
Number of Eligible Employees*	
Expected Number of HSAs*	

Fees (Optional):

Employers may choose to pay the HSA monthly administration fees associated with each employee's account. If the employer is paying any fees on behalf of its employee account holders, Flex will bill the employer accordingly for the payment of those fees.

Please indicate below if the employer will be paying the fees on behalf of the employees.

- 1) Monthly Account Maintenance Fees?     Employer     Employee

Contributions (Optional):

- 2) Will the Employer contribute to each Employee's Account?     Yes     No

- 3) Will the Employer forward Employee payroll deduction contributions to the HSA?  
 Yes     No