

Instructions

1 Complete the Employer Contribution Worksheet

Please complete the following:

[Employer Information Worksheet](#)

The Employer Information Worksheet (the next page in this excel file) gathers basic information about the employer and asks questions about how you will run your HSA program.

[Employee Contribution Worksheet](#)

The Employee Contribution Worksheet (the spreadsheet page in this excel file) collects information necessary to allocate the employer contribution to employees' HSAs. We simply need to know how to allocate your contribution to your employees. You can send your own allocation sheet if you prefer. Please include a check for the Total Initial Funding amount with your forms (you can also transfer the funds electronically via ACH).

Employer Options for Making Payments

- **Check.** Employers may write a check for contributions. This may be done for a one-time contribution or for regular periodic contributions. Please enclose an Employee Contribution Spreadsheet with each check or use a spreadsheet of your own. Checks work best for first time contributions, for employers that make one or two contributions per year, or employers that do not wish to commit to regular amounts.
- **ACH - We Originate.** ACH is a system to electronically transmit your employees' contributions to us directly from your corporate bank account. We need you to sign a separate ACH contract for this and we will contact you if you select this option. This contract will give us the authorization to automatically pull money from your corporate banking account according to your instructions. We will continue to do this until you notify us of a change. You will need to update us as you add new employees, employees leave or otherwise contribution amounts are otherwise changed. Some employers choose to send a check for the first contribution to allow a little time to set-up the ACH payments and because the first payments may be different due to annual fees.
- **ACH - You Originate.** Often the best choice is for you to use a cash management system or your bank's online banking to set up an ACH contribution on your end. Basically, you would treat the HSA contribution similar to a direct deposit for payroll. This gives you full control over the contribution and you can make changes on your end with no need to notify us, you simply adjust on your end as employees are added or leave or otherwise change contribution amounts. In this case, we will provide you your employee's Health Savings Account bank account number to enable you to do this.

[Employee Payroll Deferral Form](#)

If you will allow employees to do deferrals through payroll, the employee also need to tell you the amount of the deferral. Use the HSA Payroll Deferral Form that is part of this package or another deferral form to obtain employee elections. Then consolidate those deferral requests onto the Employee Contribution Worksheet. The HSA Custodian does not need a copy of this form, it is for your benefit only. Often, the Section 125 plan provider supplies a form for this purpose. Note: If you want to allow employees to make payroll deferrals, you will need a Section 125 plan.

2 Have Your Employees Complete Their Applications

Each employee needs to complete and sign an HSA Application. If the employer will be making contributions – employees can skip all of Section 2 on the HSA Application. If employees are allowed to contribution through payroll deferral, a separate form is needed to collect the payroll deferral amount. Note: if your employees are transferring funds from another HSA custodian they need to complete and sign an HSA Transfer Form in addition to their HSA Application

3 Submit Completed Worksheet, Applications and Initial Funding

Send your completed documents and checks to the address in the logo above.

Employer Information Worksheet

1 Company Information

Company Name: _____
Street Address: _____

Contact Name: _____
Contact phone: _____
Contact email: _____

2 Plan Information

Number of Employees: _____
No. HSA participants: _____
HDHP Start Date: _____
Health Insurance Agent: _____

3 Employer Contributions to HSA (check all that apply)

Payroll Deferral or Employer Contributions through ACH (for employer or employee via payroll)

Date: 15th of the Month 30th of the Month Other _____

Contribution Information: [Complete Employee Contribution Worksheet](#)

A representative from our ACH department will contact you to complete the ACH process: (1) complete agreement, (2) verify amounts and process and (3) to answer any questions you have.

Employer Contributions by check

Employer elects to make additional contributions on a monthly, annual or periodic basis at its discretion. Checks may be sent at any time but must be accompanied by an Employee Contribution Spreadsheet.

Contribution Statement emailed. Please check here if you want to receive a monthly email of your Contribution statement. We offer a free service via email. The Contribution Statement contains a list of your employees and their contribution amounts. You simply update it for new employees, terminated employees or changes in contribution amounts and submit it with your contributions or fax back any changes (for ACH transfers).

PLEASE NOTE: Annual Fee. An annual fee of \$25 per year applies, this fee will be automatically debited from the individual's HSA shortly after establishment and annually thereafter. If the employer prefers to pay the annual fee they may do so by making a contribution into the employee's HSA

4 Submission Information

Questions? Please contact us at 866.757.4727

Mail the completed applications and this form to the address above.

HSA Payroll Deferral Form

1 General Information

Your Name: _____
Company Name _____ ("Employer")

2 Payroll Deferral Request

Payroll Deferral. I request that my Employer defer the following amount from my pay and direct the money into an HSA with the custodian named above. Please make sure you know how much you are eligible to contribute. Check only one box.

- Per Pay Period.** \$ _____ Multiply by number of pay periods to get annual contribution amount.
- Annual Amount.** \$ _____ This amount will be divided by the # of pay periods per year (or the remaining # of pay periods).
- Other** \$ _____ Use for unique situations - please explain.

Please Explain "Other" _____

3 Signature and Submission Information

I agree to the above deferral request and will submit this form to my Employer for processing. I also authorize my Employer to make withdrawals from my HSA in the event that a credit entry is made in error. I understand that the custodian may provide my HSA account number to my Employer to facilitate the money transfer. I further understand that the date of my payroll may differ from the date the funds are actually deposited and are available for use.

Please sign here

Date

Employer Instructions: Use this form when you allow payroll deferral into an HSA. Please collect this data from each employee (print or copy this form for more copies of it) and consolidate employee deferrals onto one spreadsheet, "The employee Contribution Worksheet (previous sheet)," or one of your own. Then forward that spreadsheet to the HSA Custodian along with a check or ACH instructions for payment. Keep this Employee Payroll Deferral Form for your records, the HSA Custodian does not need a copy.