



HSA Set-up Form

Full legal name of the Employer: _____

Effective Date: _____

Do you currently have an HSA in place with another vendor? Yes No

If yes, please note that each participant has the option to transfer their HSA funds into this new account administered by ASi. The participants will need to complete the HSA Transfer Form. This form will be provided by ASi.

Plan Set-up:

Will this plan allow for <u>Employer</u> Contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Contribution Amount: \$ _____ Employee (Annual Max) \$ _____ Family (Annual Max)	To be disbursed: <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Per Pay Period <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Per Pay Period
Other (please specify): _____	

Will this plan allow for <u>Employee</u> Contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please complete the following items:				
<ol style="list-style-type: none"> 1. Employee Enrollment Form for each employee participating in the plan (attached). 2. Please complete the Pay Period Frequency Chart (below): 				
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly				
Plan Start Date	Plan End Date	First Payroll Date	Last Payroll Date	# of Payrolls per plan Year

Banking Set-up:

<p>All contributions will be automatically deducted from the employer’s account according to the contribution frequency listed under the plan set-up.</p> <p style="margin-left: 40px;">- Please completed the HSA ACH Authorization Form</p>
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Coverage for a participant who enters the Plan mid-year:

- Will be eligible for the entire annual employer contribution; or
- Will be eligible for a pro-rated benefit amount based on the total months remaining in the Plan year.

Do you currently have a Section 125 Premium Only Plan to deduct employee HSA contributions? Yes No

If no, would you like ASi to send information for the set-up of a Section 125 Premium Only Plan? Yes No

Please select from one of the following options on how your company would prefer to receive the monthly invoices for administrative fees:

- U.S. Mail
- E-Mail

Please provide the e-mail address if different than what is listed on the application: _____

Authorized by: _____ Title: _____

Date: _____

ASi Internal Use Only:

Administration Fees: _____
Implementation Fees: _____
Per Participant/Per Month: _____
Annual Fee: _____
Employee Statements: _____
Other: _____