HRC TOTAL SOLUTIONS
HR•Payroll•FSA•HRA•HSA•Commuter•COBRA

HEALTH SAVINGS ACCOUNT EMPLOYER APPLICATION (HSA)

I. EMPLOYER INFORMATION

Employer Name:		Tax ID #:	
Business Structure:		State Organized In:	
Mailing Address:	City:	State:	Zip:
Street Address (if different):	City:	State:	Zip:
Telephone:	Fax:		
Are there any Affiliated Companies that are also eligible for this benefit? ☐ Yes ☐ No			

II. IMPORTANT CONTACT INFORMATION

Contact Name	Phone #	Email	Type of Contact (check all that apply)
			☐ Primary ☐ Secondary ☐ Enrollment ☐ Billing
			☐ Primary ☐ Secondary ☐ Enrollment ☐ Billing
			☐ Primary ☐ Secondary ☐ Enrollment ☐ Billing
			☐ Primary ☐ Secondary ☐ Enrollment ☐ Billing

Broker Agency:			Phone #:
Broker Contact Name	Phone #	Email	Type of Contact (check all that apply)
			☐ Primary ☐ Secondary ☐ Account Manager ☐ Producer
			☐ Primary ☐ Secondary ☐ Account Manager ☐ Producer

III. PLAN ELIGIBILITY

Please enter the requirements in order for an employee to be eligible for this plan below, as well as some information on how many employees are employed, and eligible.

Hours worked per week:	Length of employment:
Total # of employees:	Total # eligible:
Will you require your reporting to be listed by division? ☐ Yes ☐ No *If **yes**, list the name for each division:*	

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IV. PLAN DESIGN

Please fully complete the below section to ensure accuracy of plan set up.

1. Medical Insurance Renewal Month:	**2.** Deductible Resets: ☐ Calendar Year ☐ Plan Year
3. Health Insurance Carrier:	**4.** File feed for Claims? ☐ Yes ☐ No
5. What is the annual deductible on the health plan?	**6.** What is the annual EMPLOYER funding of the HSA?
Single: $	Single: $
2 Person: $	2 Person: $
Family: $	Family: $
7. At what frequency will the Employer Contribution be made? ☐ Per Payroll ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____	
8. Will the Employer allow Employee HSA Contributions via payroll? ☐ Yes ☐ No	

V. FEES AND SIGNATURES

Please review this application carefully, then please read and sign that you agree to the below fees.

Setup Fee: $ Per Enrolled Employee	Fees paid by: ☐ Employer ☐ Employee	
PEPM Fee: $	Fees paid by: ☐ Employer ☐ Employee	
It is the employer's responsibility to manage and upload all contributions made via payroll to the HRCTS System to initiate the deposit into the individual's account.		
Fee Comments:		
Authorized Signer's Name (print)	Title	Date
Signature:		