

Health Savings Account Employer Packet

This packet contains:

- ❖ **Health Savings Account Instructions Checklist**
- ❖ **Employer Setup Form**
- ❖ **Payroll Deduction Authorization for Health Savings Account**
- ❖ **ACH Authorization Form**
- ❖ **Electronic Funds Transfer Options**
- ❖ **Sample Contribution Form**

Health Savings Administrators

10800 Midlothian Turnpike, Suite 240
Richmond, VA 23235
Phone: 888-354-0697 • Fax: 804-726-1570

Health Savings Account (HSA) Instructions Checklist

✓	
	Complete Employer Setup Form (pages 3 & 4) and fax or mail to Health Savings Administrators. Note: some information may not apply to your company; skip those questions.
	Remind employees to review their completed forms. The processing of new accounts is faster if the applications have been checked for completeness including: Deductible, employer name, fund or debit card choice, and <u>signature</u> .
	Gather completed employee enrollment forms and mail or Fed-Ex the completed forms to Health Savings Administrators.
	Remind employees to watch for their Welcome Kits. Health Savings Administrators will enter the applications and send Welcome Kits to each employee's home address. This will happen in approximately a week.
	<p>A week after submitting the enrollment materials, check the employee list for accuracy and completeness. Through the Contribution Manager program you can click on <i>View Employee List</i> to confirm that all of your HSA enrolled employees are included. The URL is :www.HSAadministrators.com/frmEmployerLogin.asp</p> <p>If you are unable to use the Online Contribution Manager, contact Customer Service at 888-354-0697 to get an Excel spreadsheet of all employees with account numbers. This will be used for all subsequent employer contributions. Please be certain to update the payroll date for each contribution spreadsheet.</p>
	Ongoing Processes
	<p>Add any new employees. To add new employees to the HSA program: 1) send the completed enrollment forms just as you did above, and 2) confirm that they are included in your Employee List in Contribution Manager.</p> <p>If you cannot access the Contribution Manager via the Internet, you will need to add the names to the spreadsheet that you send with your contributions. Call Health Savings Administrators for the employees account number.</p>
	<p>Delete retired or terminated employees. To remove employees from the HSA program go to the employer login at www.HSAadministrators.com/frmEmployerLogin.asp , go to View Employee List and click on Remove Employee to have that name removed from your list.</p> <p>If you cannot access the Contribution Manager via the Internet, you will need to: 1) notify Health Savings Administrators that the employee is no longer affiliated with your company (you can do this via phone, fax, or email), and 2) delete them from your contribution spreadsheet.</p>
	<p>Process employee contributions. Use the Online Contribution Manager to quickly and easily process your contributions. Separate instructions should have been sent by mail or email. To get additional copies of the instructions, log on to http://www.hsaadministrators.com/hsa-contribution-manager.asp or call 888-354-0697 and we can email a copy to you.</p> <p>If you cannot access the Contribution Manager via the Internet, contact Health Savings Administrators at 888-354-0697 and we will walk you through the process of submitting a contribution offline.</p>

Employer HSA Setup Form

This form provides Health Savings Administrators with information we need to facilitate the Health Savings Accounts for your employees. Please contact us at 804-378-7756 or toll-free at 888-354-0697 if you have questions.

General Information	Company Name: _____ Company Mailing Address _____ Address 2 _____ City _____ State _____ Zip _____
Primary Contact	Contact _____ Title _____ Phone _____ Fax _____ Email address _____ Mailing Address (if different from above) Street _____ City _____ State _____ Zip _____
Secondary Contact (optional)	Contact _____ Phone _____ Fax _____ Email address _____ Mailing Address (if different from above) Street _____ City _____ State _____ Zip _____
HSA Information	Plan effective date: _____ Number of eligible employees: _____ Estimated number of participating employees: _____ Will the company contribute to the employee's HSAs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided Contribution formula (check one): <input type="checkbox"/> None <input type="checkbox"/> Percentage of Deductible _____ % <input type="checkbox"/> Equal Dollar Amounts \$ _____ per _____

Contribution Information

Will the Company deduct HSA contributions from employee payroll? Yes No

How will payroll deposits be provided? Debit your account – HSA initiates transfer

Check

EFT – You initiate electronic transfer

Fees

Setup fee will be paid by (check one):

Company

Employee

Annual administration fee will be paid by (check one):

Company

Employee

Contact Information

Mailing address:

Health Savings Administrators
10800 Midlothian Turnpike, Suite 240
Richmond, VA 23235

Telephone:

804-378-7756 or 888-354-0697 (toll-free)

Fax:

804-726-1570

Web site:

www.HSAadministrators.com

Email:

Info@HSAadministrators.com

Funding the Employees' HSAs

You have several choices as to how to move money into the employees' health savings accounts. There are two components to funding the HSA. First we must receive the contribution detail information – how much money goes into each employee's account. Next we need to transfer the money. The simplest way for most employers is to use the Contribution Manager online and to authorize Health Savings Administrators to electronically move the money from your business account to the employee's HSA. The full range of options includes:

- Use the Contribution Manager and have us electronically debit your account.
- Use the Contribution Manager and send us a paper check.
- Send an electronic spreadsheet by FTP or email in the specified format and have us debit your account
- Send an electronic spreadsheet by FTP or email in the specified format and send us a paper check.
- Send an electronic spreadsheet by FTP or email in the specified format and you initiate electronic transfer of funds..

Electronic Funds Transfer Options

You have two options for transferring funds electronically to your employees' Health Savings Accounts. You may initiate the transfer or you may have us initiate the transfer. Our experience it is often easier and less expensive if we initiate the transfer after your notification to us of the amount to be debited.

Instructions for Health Savings Administrators to Debit your Account

This option allows you to avoid the effort and expense of transferring the HSA contributions. Complete the Authorization Agreement for Direct Payments form on the next page. You may specify debits to be made on the 1st or 20th of the month. Optional schedules are available for bimonthly payrolls. Please contact us at 888-354-0697 to discuss your situation.

Instructions for Electronic Credit to Health Savings Administrators

To initiate the electronic transfer of funds (ACH) to Health Savings Administrators, please contact us at 804-378-7756 or toll-free at 888-354-0697. We will provide you with the necessary banking information and review the details of the contribution process.

Instructions for Submitting Paper Check

Paper checks must be accompanied by a printed spreadsheet that corresponds to the electronic spreadsheet submitted for that pay period. Checks should be made to Fulton Bank and mailed to :

Health Savings Administrators
10800 Midlothian Turnpike, Suite 240
Richmond, VA 23235

**Authorization Agreement
Direct Payments (ACH debits)**

I (we) hereby authorize Health Savings Administrators, herein after called the COMPANY, to debit entries to the business account indicated below and the financial institution named below, hereinafter called the FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to the business account must comply with the provisions of U.S. law.

Financial Institution Name _____ Branch _____

Address _____ City/State _____ ZIP _____

Routing Number _____ Account Number _____

Account Title _____

Type of Account: Checking Savings

Monthly Amount \$ _____ Beginning Date ____/____/____

We will be using the Online Contribution Manager

Or

Debit our account on (choose one) 1st of the month 20th of the month

This authority remains in full force and effect until the COMPANY has received written notification from an authorized representative of the business of its termination in such time and manner as to afford the COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Business Name _____

Print Business Tax Id Number _____

Signature _____ Title _____

Signature _____ Title _____

Date _____

Date _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM