

Funding Account Setup – For Small Groups (1-50)

Plan Year: _____ (Required)

1 Employer Information

Check one:

- We are setting up new funding account(s)
- We are renewing

Employer group number is: _____

Employer's legal name (same name that is used on the health plan):		Tax ID number:	
Street address:			
City:	State:	ZIP code:	
Mailing address (if different than street address):			
Employer type: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Other:			
Number of eligible employees:	Plan effective date:	Plan end date:	
Employer contact or representative name:		Title:	
Phone Number:	Fax Number:	Email address:	

2 HSA Information

Health Savings Account (HSA)

The HSA must be paired with a qualified high-deductible health plan. Both employers and employees may contribute to an HSA, and the employee owns the account.

Estimated number of HSA participants: _____

We are selecting the following HSA option (choose one):

Employee Contribution Plan – fully integrated

Medical plan

- Balance HSA Qualified 1650 Gold
- Balance HSA Qualified 3300 Silver
- Balance HSA Qualified 3300 Silver + Family Dental
- Balance HSA Qualified 8000 Bronze

- Choice HSA Qualified 1650 Gold
- Choice HSA Qualified 3300 Silver
- Choice HSA Qualified 3300 Silver + Family Dental
- Choice HSA Qualified 8000 Bronze

3 Contributions

Contributions to HSA accounts typically follow a company payroll schedule. Will employer make payroll contributions?

Yes No

Contribution amounts should be uploaded online using the employer dashboard.

Disclaimer

This document and information contained within is not intended to be tax or legal advice. Employers should consult with their own tax advisor to determine the tax implications of purchasing the products discussed herein. Advice, if any, included in this material was not intended or written by Premera to be used, and it cannot be used, by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer.

Group Representative must review this document to ensure that it accurately reflects the accounts and services that the group has requested Premera to administer on behalf of the group(s), as expressly agreed to in the signed contract with Premera. Any changes to these accounts or services requested after the plan year effective date above may result in additional charges.

Electronic Funding Authorization

The [Electronic Funding Authorization](#) document is mandatory for groups who wish to make payroll contributions. Without the form, contribution funding will be delayed until the required information has been provided.

Product Codes

Product	Fully Insured
HSA Account without Mandated Employer Contribution	<input type="checkbox"/> WCHS0015