

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

Plan year (required): _____

A. Employer information

Select one. <input type="radio"/> We are setting up new funding account(s). <input type="radio"/> We are renewing.		
Employer group number		
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 from street address)		
Employer type – select one <input type="radio"/> Sole proprietor <input type="radio"/> LLC <input type="radio"/> S-Corporation <input type="radio"/> Other		
Number of eligible employees	Plan effective date	Plan end date
Employer contact or representative name		Title
Phone – include area code	Fax – include area code	Email address

B. Health Savings Account (HSA) information

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	
Please select one of the following HSA options <input type="radio"/> Balance HSA Qualified 1700 Gold <input type="radio"/> Balance HSA Qualified 3400 Silver <input type="radio"/> Balance HSA Qualified 3400 Silver + Family Dental <input type="radio"/> Balance HSA Qualified 6500 Bronze <input type="radio"/> Choice HSA Qualified 1700 Gold <input type="radio"/> Choice HSA Qualified 3400 Silver <input type="radio"/> Choice HSA Qualified 3400 Silver + Family Dental <input type="radio"/> Choice HSA Qualified 6500 Bronze	

C. Contributions

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

- ☐ Yes
☐ No

Reminder: Contribution amounts should be uploaded online using the employer dashboard.

D. 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.

E. Electronic funding authorization

The [Electronic Funding Authorization](#) form 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.

F. This section is completed by Premera

Product
HSA account without mandated employer contribution

Fully insured
☐ WCHS0015