



# FlexHSA Employer Set-up Form

Please complete all requested information for each employer setup and submit an electronic copy to the FlexHSA Implementation Team at [flexhsa@flexiblebenefit.com](mailto:flexhsa@flexiblebenefit.com)

Information from FlexHSA will be sent to the contact name below upon receipt of this form.

For questions please contact the FlexHSA Implementation Team at **888-FLEXHSA**.

**(Required fields are asterisked)**

HDHP Insurance Carrier	
Health Plan Name*	
Broker Name: Brokerage: Address: City, State, Zip Code: Email: Phone / Fax:	

## General Employer Information **(Required fields are asterisked)**

Employer Name*	
Employer Federal Tax ID*	
Employer SIC Code	
FlexHSA Account ID (To be assigned)	
Employer Address – Line 1* Employer Address – Line 2 Employer City, State, Zip Code*	
Employer Contact Name* Contact Phone / Fax: Contact E-mail:	
High Deductible Health Plan Effective Date *	
Number of Eligible Employees*	
Expected Number of HSA Accounts*	



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### Fees:

Employers may choose to pay the HSA set-up and/or the monthly administration fees associated with each employee's account. If the employer is paying any fees on behalf of its employee account holders, FlexHSA will bill the employer accordingly for the payment of those fees. Please indicate below if the employer will be paying the fees on behalf of the employees.

- 1) Account Set-up Fees?\*       Employer       Employee
- 2) Account Maintenance Fees?\*       Employer       Employee
- 3) Investment Option Setup Fee?\*       Employer       Employee

### Contributions:

- 4) Will the Employer contribute to each Employee's Account?       Yes       No
- 5) Will the Employer forward Employee payroll deduction contributions to FlexHSA?       Yes       No
- 6) If either 4 or 5 above are "Yes", how will FlexHSA receive Employer and/or Employee contributions? (Select an option if known)
- 6a:       **EFT Draft:** Fund the contributions by directing FlexHSA to draft the money from your bank account.
- 6b:       **Wire Transfer:** Employer sends wire transaction to a FlexHSA account.
- 6c:       **Check Method:** Fund the contribution by sending a check to FlexHSA.