

HEALTH SAVINGS ACCOUNT (HSA)

Plan Establishment Guide (PEG)

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Plan Set-Up Form



HealthSavings

ADMINISTRATORS

Investing in a Healthy Future

INSTRUCTIONS

You've made an excellent decision to help your Participants save for their future health and retirement expenses using an investment health savings account (HSA). To open accounts for your Participants, simply review the information provided, complete the **Plan Set-Up Form** and return to your Sales Director, or to:

Employer Services



EMAIL: employers@HealthSavings.com



FAX: (804) 726-1570



MAIL TO:
10800 Midlothian Tpke
Ste 240
Richmond, VA 23235

After we receive your Plan Set-Up Form, you can expect to be able to:

- Enroll employees within 2-3 business days
- Contribute to accounts within 7-10 business days or after the HSA effective date, whichever is later

ROLES & RESPONSIBILITIES

Insurance Broker / Benefits Consultant (if applicable)	Financial Professional (if applicable)	Plan Sponsor	Sales Director	Account Manager
<ul style="list-style-type: none"> Assists Plan Sponsor with selection and ongoing review of health insurance coverage Confirms which high deductible health plans (HDHP) are HSA qualified Conducts enrollment meetings to encourage health insurance participation Helps Plan Sponsors and Participants make educated decisions about health insurance coverage 	<ul style="list-style-type: none"> Assists Plan Sponsor with the selection of HSA investment options based on the needs of the company Conducts enrollment meetings to encourage investment participation Helps Participants make informed investment decisions 	<ul style="list-style-type: none"> Completes the Plan Set-Up Form Participates in kick-off call with the Account Manager Enrolls Participants with help from the Account Manager Participates in walk through of first HSA contribution with the Account Manager 	<ul style="list-style-type: none"> Explains HSA options, including interest-bearing cash account, debit card and investments as well as enrollment and contribution options Ensures the Plan Set-Up Form is completed and plan specifics are documented (e.g., fees, investment selection, etc.) Submits the Plan Set-Up Form to the Account Manager 	<ul style="list-style-type: none"> Sets up the Plan Sponsor's HSA using the information provided on the Plan Set-Up Form Schedules kick-off call with the Plan Sponsor Provides Employer Portal login to the Plan Sponsor Communicates details of selected enrollment and contribution processes to the Plan Sponsor Walks through first HSA contribution with the Plan Sponsor Gathers feedback and ensures satisfaction with the HSA onboarding process After set up is complete, serves as ongoing point of contact for the Plan Sponsor

TIMELINE

Insurance Broker / Benefits Consultant
(if applicable)

Financial Professional
(if applicable)

Plan Sponsor

Sales Director

Account Manager

PHASE 1

Assists with completing the Plan Set-Up Form, as needed

Assists with completing the Plan Set-Up Form, as needed

Completes the Plan Set-Up Form

Ensures the Plan Set-Up Form is completed and specifics are documented (e.g., fees, investment selection, etc.); submits form to the Account Manager

PHASE 2

Conducts enrollment meetings to encourage participation

Conducts enrollment meetings to encourage participation

Participates in kick-off call with the Account Manager, coordinates enrollment meetings and enrolls Participants

Sets up the Plan Sponsor's HSA, schedules kick-off call, communicates the details of selected enrollment and contribution processes, and provides Employer Portal login to the Plan Sponsor

PHASE 3

HealthSavings mails welcome letter and debit cards (if applicable) to Participants; also, sends welcome email with instructions for transfers/rollovers

PHASE 4

Participates in walk through of first HSA contribution with the Account Manager

Walks through first HSA contribution with the Plan Sponsor

PHASE 5

Provides feedback; contacts Account Manager with comments or questions

Gathers feedback and ensures satisfaction with the onboarding process; serves as ongoing point of contact

PHASE 6

Uploads contribution files and enrolls employees through the Employer Portal, as necessary

HealthSavings communicates with Participants throughout the year regarding statements, tax forms, etc.

ACCOUNT OPTIONS

Our HSAs come with both an investment and interest-bearing cash account (debit card optional), and there's no minimum balance required to invest. The cash account offers up to two free debit cards that can be used to pay eligible medical expenses. Please note that the debit card cannot access the investment account; however, Participants can move funds between the investment account and cash account online.

See the enclosed funds lists to view our investment options. Investment selections must be made at the product level (e.g., Vanguard, Dimensional, etc.), and products cannot be combined. If you would prefer a custom fund line up, please ask your Financial Professional to contact us.

ENROLLMENT OPTIONS

We offer several enrollment options, including:

- **Eligibility File Upload:**
We provide a file template (XLS) that you complete and return to us. Once received, we upload the file and enroll Participants.
- **Online Enrollment:**
We provide you with an email template to send your Participants with instructions for enrolling online.
- **Pre-Registration with Online Enrollment:**
You enter your Participants' demographic information into our Employer Portal, and our system sends an email to the Participant with instructions for completing their enrollment online.

About CIP

During the enrollment process, some of your Participants may need to go through an extra step or two. The U.S. Patriot Act requires us to complete an identity verification for every individual who wishes to open an account with us. There are three potential results for each Participant:

- **Opened:** Participant has passed the customer identification program (CIP) and will receive an email that their account is open. Participant can now access their account online, and Plan Sponsor can begin funding the account as soon as the plan effective date.
- **On Hold:** Additional information is needed to identify the Participant. Individuals in this category will receive an email that their account has been registered, but not opened. When logging in for the first time,

they will be asked "out of wallet" questions and must answer at least 3 of 5 correctly for the account to be opened. If the individual cannot answer 3 of 5 questions correctly, they will receive an email requesting two official forms of ID.

- **Unable to Open:** A Participant in this category did not provide sufficient information to pass the CIP. They will receive an email with instructions to provide two official forms of ID. If the documents are not provided or are not acceptable, the account will not be opened. We may also request additional information to verify their current address.

Only accounts that are Opened can accept HSA contributions.

FUNDING OPTIONS

We offer several contribution options, including:

- Schedule an ACH/EFT pull
- Send a wire/ACH push
- Direct deposit
- Mail a check

Our withdrawal options include:

- Schedule an electronic transfer
- Use the debit card at the point of service or ATM
- Request a check



**Send completed form via
email or fax to:**

Email: employers@HealthSavings.com

Fax: (804) 726-1570

Plan Sponsor Information

Company's Full Legal Name _____ Federal Tax ID # _____

Business Type

- | | | | |
|--|--|-------------------------------------|---|
| <input type="radio"/> Association/Cooperative | <input type="radio"/> C Corporation (C Corp) | <input type="radio"/> Joint Venture | <input type="radio"/> Limited Liability Company (LLC) |
| <input type="radio"/> Limited Partnership (LP) | <input type="radio"/> Non-profit | <input type="radio"/> Partnership | <input type="radio"/> Professional Corporation (PC) |
| <input type="radio"/> S Corporation (S Corp) | <input type="radio"/> Sole Proprietorship | <input type="radio"/> Trust | <input type="radio"/> Other _____ |

Does your company have a Section 125 Cafeteria Plan?

- Yes No I Don't Know

Physical Address _____

City _____ State _____ ZIP _____

Mailing Address (If different from physical address) _____

City _____ State _____ ZIP _____

Phone Number _____ Fax _____

Website _____ Total # of Employees _____ Payroll Services Provider _____

Main Administrator

Please provide contact information for your company's main administrator. The main administrator will have access to the employer portal and will be responsible for reviewing transactions, including but not limited to verifying the accuracy of plan contributions. The main administrator also authorizes other administrative users and assigns permissions for accessing and/or updating the plan.

First Name _____ Last Name _____ M.I. _____

Title _____ Phone _____ Email _____

Privacy, the USA PATRIOT Act and the Employer Site — We respect the confidentiality of customer information. Some of the information we request is required by the USA Patriot Act and regulations adopted by governmental agencies to implement it. This law requires us to obtain, verify and record information that identifies each person or entity that opens an account. This information helps the government fight the funding of terrorism and money laundering activities. When signing up for the employer portal, we will ask for your company's name and address. We will also ask for an identification number such as your Social Security, EIN or Tax Identification number. This information will allow us to identify you. In some instances, we may also ask to see identifying documents. Rest assured that all customer information is kept in the strictest confidence, unless required by law to be disclosed.

FPS Trust (Custodian) and *HealthSavings* are not responsible for any loss, injury or damage, whether direct, indirect, special, consequential, exemplary, economic or otherwise, caused by the use of the website or the unauthorized access of the website. The plan sponsor shall be solely responsible for requesting a password to be used by authorized users. Plan sponsor shall be solely responsible for the protection of such passwords to ensure that only authorized users access the website. Plan sponsor shall ensure that all authorized users comply with the terms and conditions of this agreement and shall be solely responsible for any failure by the authorized users to do so. Because the provided password can be used to access sensitive account information, all authorized users should treat the password with the same degree of care and confidentiality that they use to protect other sensitive financial data. All authorized users agree to not give the password or make it available to any person not authorized to access the website. Further, plan sponsor agrees to notify *HealthSavings* immediately should any previously authorized user become ineligible for access, so that the password may be deactivated.



Secondary Administrator *(if desired)*

Subject to the terms and conditions of the agreement, the Plan Sponsor may authorize a secondary administrator to act in the capacity of the main administrator. If additional administrators are needed, please provide that information on a separate page.

First Name _____ Last Name _____ M.I. _____
Title _____ Phone _____ Email _____

Billing Contact *(if applicable)*

If the main administrator is not the contact for billing, please provide information for the person we should contact regarding billing.

First Name _____ Last Name _____ Title _____
Billing Address (If different from physical address) _____
City _____ State _____ ZIP _____
Phone _____ Fax _____ Email _____

Health Insurance Broker/Consultant *(if applicable)*

First Name _____ Last Name _____ Company _____
Phone _____ Email _____ Website _____

Financial Advisor/Professional *(if applicable)*

First Name _____ Last Name _____ Company _____
Phone _____ Email _____ Website _____
HSA RIA fee *(if applicable)*: _____

Plan Information

High deductible health plan (HDHP) effective date _____ # of participants electing HDHP (est.) _____
Health savings account (HSA) start date _____ HSA annual administrative fee: _____

Who pays the administrative fee and when?

- Plan Sponsor > Invoiced monthly* Participant > Deducted from account annually

*If the Plan Sponsor pays the administrative fee, the Plan Sponsor is responsible for notifying *HealthSavings* when employees terminate employment. Failure to notify *HealthSavings* may result in payment of administrative fees for terminated employees.

Preferred investment program: _____

HSA custodial fee**: 6.25 basis points per quarter Other: _____

**Custodial fee is based on the choice of investment program. Please refer to the investment program's fee disclosure for details.

How frequently will contributions be made to participants' HSAs?

- Per pay period Monthly Quarterly Semi-annually
 Annually Never

Preferred enrollment method *(select one)*:

- Eligibility file upload Pre-registration with online enrollment Online enrollment

Preferred funding method *(select one)*:

- ACH pull ACH push or wire Check Direct deposit



Prior HSA Provider Information *(if applicable)*

Company Name _____

Contact First Name _____ Contact Last Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

Website _____

Additional Terms *(if applicable)*



Signatures

HealthSavings Administrators, LLC

Authorized Signer Name *(printed)* _____ W. Patrick Jarrett _____ Title _____ President _____

Address _____ 10800 Midlothian Tpke, Ste 240 _____

City _____ Richmond _____ State _____ VA _____ ZIP _____ 23235 _____

Signature _____ Date *(mm/dd/yyyy)* _____ / _____ / _____

Plan Sponsor

Authorized Signer Name *(printed)* _____ Title _____

Address _____

City _____ State _____ ZIP _____

Signature _____ Date *(mm/dd/yyyy)* _____ / _____ / _____

FOR OFFICE USE ONLY

Sales Director _____

Employer Liaison _____

Alliance Code _____

Form Distributed to: HSAA FPS