



New Group?   
 Current Health Group?   
 Health Group # \_\_\_\_\_

## HEALTH SAVINGS ACCOUNT Plan Checklist

ABPM Rep: \_\_\_\_\_

ID#: \_\_\_\_\_

**1. LEGAL NAME OF EMPLOYER**

\_\_\_\_\_

**EMPLOYER'S ADDRESS**

\_\_\_\_\_  
 (Physical – address/zip code)

\_\_\_\_\_  
 (Billing Address)

\_\_\_\_\_  
 (City) (State) (Zip)

Telephone \_\_\_\_\_

Fax # \_\_\_\_\_

**2. CONTACT PERSONNEL (If more than 2, please attach)**

Human Resources: \_\_\_\_\_

HR Phone: \_\_\_\_\_

HR E-Mail Address \_\_\_\_\_

Payroll Department: \_\_\_\_\_

PR Phone: \_\_\_\_\_

PR E-Mail Address \_\_\_\_\_

**EMPLOYER'S TAX ID NUMBER**

\_\_\_\_\_

**3. DO YOU CURRENTLY HAVE A PLAN WITH ALLEGIANCE?**

- No.
- Yes. Plan Type:
  - Group Health Plan (If group health plan is Administered by Allegiance, claims exchange set up claims pulled to Expense Tracker).
  - Health Reimbursement Arrangement (HRA)
  - Health Flexible Spending Account (FSA) see below:

**If Allegiance administers your current Health FSA, how would you like adjust your Plan to accommodate the HSA participant?**

- HSA participants cannot have a Health FSA.
- HSA participants can participate in a limited FSA (answer below)
  - Dental, vision and qualifying OTC expenses.
  - Expenses in excess of HDHP deductible.

**FOR**

- All participants.
- Only HSA contributing participants.

**AND, claims for medical expenses may only be submitted for**

- The participant.
- The participant and all dependents.

**Do you currently offer the Debit Card for your FSAs?**

- Yes
- No. Would you like to offer Debit Cards for your FSAs?
  - Yes
  - No

**4. EFFECTIVE DATE(S)**

Initial HSA effective date \_\_\_\_\_

Allegiance effective date \_\_\_\_\_

**5. EMPLOYER ENTITY**

- Corporation
- S Corporation
- Governmental Entity or Church
- Limited Liability Corporation
- Non-Profit Organization
- Partnership
- Sole Proprietorship

**6. CONDITIONS FOR ELIGIBILITY**

- ✓ HSAs are available only to individuals with qualifying High Deductible Health Plan (HDHP) coverage.
- ✓ Not available to those receiving benefits under Medicare.
- ✓ Cannot provide first dollar coverage, with certain exceptions preventive care, dental, vision, limited-use FSA.

**7. HSA CONTRIBUTIONS. Plan will provide for**

- Salary reduction contributions ONLY (No Employer contribution)
- Employer contributions ONLY (No salary reductions)
- Both salary reductions AND Employer contributions

**8. EMPLOYER CONTRIBUTIONS**

**For each Plan Year, Employer will contribute**

- N/A
  - \_\_\_\_\_% of compensation per participant
  - \$\_\_\_\_\_ per participant
  - Discretionary amount determined by Employer
- \*All HSA contributions must be loaded each pay period via template (provided on the Employer Portal). If there is also a Flex Plan, employee elections must be loaded on the same file.

**9. BENEFIT LIMITATIONS**

	Single Contribution Limit	Family Contribution Limit	55+ Contribution Limit
Year			
2019	\$3,500.00	\$7,000.00	\$1,000.00

**10. OPEN ENROLLMENT OPTIONS**

- Employer will upload demographics using the template provided, and HSA elections \*if group has health with Allegiance note to add claims exchange flag.
- Send an electronic HSA Employee Election form for the Employer to use for Employee elections and entry for payroll. Demographic and enrollment file will be sent to Allegiance.

11. WILL MORE THAN ONE COMPANY BE COVERED UNDER THIS PLAN?

- No
Yes.

(Company Name)

(Street Address)

(City) (State) (Zip)

(Tax ID Number)

Track account separately? Yes No

Note: if separate banking is needed please include divisional banking information. HSA fee billing can be separated by division.

12. ARE THERE SEPARATE DIVISIONS WITHIN THIS COMPANY?

- No
Yes

(Company Name)

(Street Address)

(City) (State) (Zip)

(Tax ID Number)

Track account separately? Yes No

(NOTE: Please attach additional affiliated Employer information) If separate banking is needed please include divisional banking information. HSA fee billing can be separated by division.

13. PAY CYCLE

Please attach the payroll calendar for the plan year.

Contributions will be posted based on this calendar. \*All HSA contributions must be loaded each pay period via template (provided on the Employer Portal). If there is also a Flex Plan, employee elections must be loaded on the same file.

14. DEBIT CARDS

All participants will receive 2 debit cards

15. BROKER NAME & ADDRESS

(Name)

(Company)

(Address)

(City) (State) (Zip)

(E-mail Address) (Telephone)

16. FEES

FEES

Initial Set-Up Fee

Per Participant/Month

HSA Check Distribution fee

charged to participant. If they sign up for Direct Deposit this will not be charged.

Printed HSA Summary Fee

Printed materials are posted to the employee portal. Participants are emailed each time a statement or notification is posted if the account has a valid email address.

HSA Closure fee

Charged to participant.

Termed employee

Charged to the participant. The employee is allowed to keep the account open even after termination.

17. HOW DO YOU WANT TO FUND YOUR PLAN?

For each Plan Year, Employer will contribute

- Allegiance withdraws funds based on total contribution file posted electronically by ACH.

18. INDIVIDUAL ACCOUNT TRANSFER

- This is a new HSA. No account transfer.
The group transfer process will be used for the existing individual HSAs.



CORPORATE HEADQUARTERS

PO Box 4346
Missoula, MT 59806
(406) 721-2222 or (877) 424-3570
Fax (406) 523-3149 or (877) 424-3539
www.allegianceflexadvantage.com

OREGON OFFICE

PO Box 2930
Tualatin, OR 97062
(503) 885-1888
Fax (503) 885-1988





# ALLEGIANCE ADVANTAGE

Employer Name \_\_\_\_\_

- Flexible Spending Accounts       Health Reimbursement Arrangement  
 Health Savings Accounts       Qualified Transportation Plans

RECIPEINT NAME/TITLE	PHONE NUMBER	EMAIL ADDRESS	Notification Access
			<input checked="" type="checkbox"/> Account Invoice <input type="checkbox"/> Employer Funding <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Report Reviewer
			<input checked="" type="checkbox"/> Account Invoice <input type="checkbox"/> Employer Funding <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Report Reviewer
			<input checked="" type="checkbox"/> Account Invoice <input type="checkbox"/> Employer Funding <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Report Reviewer
			<input checked="" type="checkbox"/> Account Invoice <input type="checkbox"/> Employer Funding <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Report Reviewer
			<input checked="" type="checkbox"/> Account Invoice <input type="checkbox"/> Employer Funding <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Report Reviewer
			<input checked="" type="checkbox"/> Account Invoice <input type="checkbox"/> Employer Funding <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Report Reviewer