



# HEALTH SAVINGS ACCOUNT (HSA) PLAN DESIGN GUIDE

**Please complete this form and return to SelectAccount 45 days before your effective date so we can properly administer your plan.** If you have any questions, please call our Group Leader Line at 1-888-460-4013 or our Agent Service Line at 1-888-460-4015. When complete, email this form to [SelectAccount.Group.Administration@SelectAccount.com](mailto:SelectAccount.Group.Administration@SelectAccount.com) or fax it to 651-662-7247 or toll-free at 1-866-231-0214; or mail it to SelectAccount, PO Box 64193, St. Paul, MN 55164. **All fields are required, incomplete forms will cause delays setting up your plan.**

## I. EMPLOYER INFORMATION

Employer's Name \_\_\_\_\_

Employer's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer's Tax I.D. Number (required) \_\_\_\_\_

Type of Corporation  S Corporation\*  C Corporation  Partnership\*  Sole Proprietor\*  
 Political Subdivision/Church  LLC\*  Non-Profit  Other \_\_\_\_\_

\*2% or more shareholders of an S Corporation, along with partners in a partnership, sole proprietors and members of an LLC or PLLP do not have access to an FSA.

Number of Employees Eligible for Plan: \_\_\_\_\_

### Person Responsible For Authorization of Plan Design:

(Responsible for signing the Plan Design Guide and approving the plan design)

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

### Main Contact Person:

(Has access to all plan information when calling SelectAccount and will automatically be granted full access to the Online Group Service Center)

Main Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

### Additional Contact Person:

(Has access to the plan information indicated below when calling SelectAccount. Access to the Online Group Service Center may be granted by the Main Contact who will decide what online access is assigned by logging into the Online Group Service Center)

Additional Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Additional Contact Person has access to when contacting SelectAccount:

All plan information OR  Fee billing information  Claim billing information

\* Log into the Online Group Service Center to grant access to additional users or to add more contacts.

## II. AGENCY/BROKERAGE INFORMATION

Agent/Broker Name (if applicable) \_\_\_\_\_ Email Address \_\_\_\_\_

Agent/Broker Code \_\_\_\_\_ Agent/Broker Phone \_\_\_\_\_

Agency/Brokerage Name (if applicable) \_\_\_\_\_ Email Address \_\_\_\_\_

Agency/Brokerage Code \_\_\_\_\_ Agency/Brokerage Phone \_\_\_\_\_

Agency/Brokerage Tax ID \_\_\_\_\_ - \_\_\_\_\_ Agency/Brokerage Address \_\_\_\_\_

### III. TRANSFER OF ADMINISTRATION

Is SelectAccount taking over administrative services from another HSA administrator?  Yes  No

If yes, participants who wish to transfer dollars are required to complete the Transfer Request Form (F7320) after the account is established.

### IV. HEALTH PLAN ADMINISTRATIVE INFORMATION

#### Health Plan Administrator

Health plan carrier **Blue Cross and Blue Shield of Kansas** Effective date \_\_\_\_\_

Is your plan fully insured or self insured?  Fully insured  Self insured

### V. HEALTH SAVINGS ACCOUNT PLAN OPTIONS

SelectAccount offers five different options for HSA Accounts. *(The fees for each option are listed on the pricing sheet.)*

**Please select one HSA plan option:**  PremiumSaver  BasicSaver  SelectSaver  ThriftSaver  FreeSaver  
*(Members can choose a different plan option and they will be billed the difference out of their HSA account directly)*

### VI. WALLETDOC CONSUMER TOOLS

By default, individual employees have the option to elect *WalletDoc* for themselves via SelectAccount's Online Member Service Center. The \$1.50 per month participation fee will be paid by the employee directly. As an employer, you have the option to purchase *WalletDoc* for your employee population and offer it as an added benefit.

**I want to pay the additional fee of \$1.50 per employee per month to provide *WalletDoc* to my employees.**

*Note: **WalletDoc** is automatically included with the PremiumSaver HSA plan option at no additional charge.*

### VII. ADMINISTRATIVE FEES

For participants who have an HSA stacked with a second SelectAccount product like an FSA or HRA, only the highest fee will apply. The lower participant fee will be waived.

#### Participant Fees

Employer Paid *(If your group offers another medical account with SelectAccount, the fees must be paid on a monthly basis.)*  
Indicate billing frequency:  monthly  annually (recommended for 10 or less participants)

Participant Paid *(Billed monthly and taken from participant's account balance.)*

Please indicate the contact person for administrative fees, if different from main contact person:

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

You will receive an automated e-mail notification when your detailed billing information is available and another e-mail notification two business days in advance of the scheduled ACH transaction confirming the amount of funds to be transferred. Sign into the Online Group Service Center to view and print your complete invoice detail under Administrative Fee Invoices.

#### Automated Clearinghouse Information

I hereby authorize SelectAccount to charge our bank account through Automated Clearinghouse for Administrative Fees. The following bank account information is provided to SelectAccount for initiation of this procedure.

Bank Name \_\_\_\_\_ Type of Account:  Checking  Savings

Bank ABA Number \_\_\_\_\_  
(The ABA number is the nine-digit number located in the lower left corner of your check.)

Bank Account Number \_\_\_\_\_  
(Funds will be drawn from your bank account on or after the 20th of each month.)

**VIII. ENROLLMENT DATA**

Initial Enrollment Data will be sent via:

- Online Group Service Center. Employer will enroll participants online using the Online Group Service Center at **www.SelectAccount.com**
- Participants will enroll online at **www.SelectAccount.com**
- Electronic File *(Electronic file format requirements are provided via email following the approval of the plan design guide.)*

**IX. CONTRIBUTION INFORMATION**

Select one of the following contribution methods:

1.  **Direct Deposit/ACH Push:** An ACH push is a customer or member initiated transaction of an electronic transfer of funds. SelectAccount will notify you to provide the information needed to set up the Direct Deposit/ ACH Push program.
2.  **Online Group Service Center:** If you are using the SelectAccount Online Group Service Center, there are two ways to make online contributions:
  - a. Schedule an ACH pull and SelectAccount will initiate an electronic transfer from your company's bank account to the designated employee's HSAs. With this method, you use the Online Group Service Center to identify employee accounts and contribution amounts for each pull transaction.
  - b. From the Online Group Service Center, you can create and upload a contribution file directly into our system. This data is then used to generate an ACH pull transaction.
3.  **Secure File Transfer with ACH pull:** This option allows a group to create and upload a contribution file to a secure site. An ACH pull will not be initiated unless a contribution file is received. SelectAccount will notify you to provide the information needed to set up this contribution method.

**Account funding must be initiated by you through the standard electronic file format before each ACH transaction can occur. (Required if electronic file is selected)**

If you selected option 2 or 3, complete the banking information below:

I hereby authorize SelectAccount to charge our bank account through Automated Clearinghouse for **HSA contributions**. The following bank account information is provided to SelectAccount for initiation of this procedure.

Bank Name \_\_\_\_\_ Type of Account:  Checking  Savings

Bank ABA Number \_\_\_\_\_  
(The ABA number is the nine-digit number located in the lower left corner of your check.)

Bank Account Number \_\_\_\_\_

**Employer Contributions:** Will the employer contribute to the accounts?  Yes  No

**X. CAFETERIA PLAN INFORMATION**

Please indicate the plan year effective date: \_\_\_\_\_

You must have a cafeteria plan in place to allow employee pre-tax contributions to the HSA. Select one of the following:

- Pre-tax contributions are allowed. (If checked, select one of the following):
  - I currently have a cafeteria plan with SelectAccount. Please update my documents.
  - I currently have a cafeteria plan with another vendor.
  - I want SelectAccount to set up a cafeteria plan.
- Pre-tax contributions are not allowed. Skip to Section IX Administrative Tips

**Eligibility** Required for Plan documents (generally matches that of the health plan.)

Employees must work at least \_\_\_\_\_ hours per week to be eligible

Benefits will begin on: (select **only** one):

- First of the month following date of hire
- Date of hire
- First *day* after completion of the waiting period  30 days  60 days  90 days  Other \_\_\_\_\_
- First of the *month* after completion of the waiting period  30 days  60 days  90 days  Other \_\_\_\_\_

**XI. ADMINISTRATIVE TIPS**

**ONLINE ACCESS:** www.SelectAccount.com

With SelectAccount, your employees have access to a powerful tool for managing their HSA. By registering with SelectAccount.com, your employees can:

- Open an HSA
- Make withdrawals from their account
- Enroll in direct deposit
- Make online contributions
- View recent claims or reimbursement requests
- Create and view a customized statement
- Manage their personal profile
- Request a debit card for a dependent(s)

You can also access forms and enrollment materials at **www.SelectAccount.com**.

**LOCATIONS:** Multiple SelectAccount locations are available for 51+ groups only. If you want multiple SelectAccount locations, please complete and attach the Location Addendum (F8928). Locations must be the same across all products administered by SelectAccount. If you wish to have different ACH accounts by location, please complete the Group ACH Authorization Agreement Form (X9055).

**COORDINATING WITH AN FSA:** For participants that have a FSA and a HSA, the FSA provides reimbursement for permitted benefits such as vision and dental care benefits until the health plan deductible is met. Once the health plan deductible is met, all Section 213(d) expenses, excluding deductible expenses, are eligible for reimbursement.

This affects only those participants who are eligible to contribute to their HSA. Participants who are not eligible to contribute to an HSA will have a general purpose (Full) FSA.

Please note: If the HSA is not administered by SelectAccount or the health plan is not with Blue Cross and Blue Shield of Minnesota, the group is required to manually notify SelectAccount which employees are contributing to the HSA. Participants are accountable for submitting the Deductible Verification Form (F8978) to SelectAccount to indicate that the deductible has been satisfied prior to receiving reimbursement for 213(d) eligible expenses.

**PLAN DOCUMENTS:** SelectAccount sends a Summary Plan Description (SPD) only if part of a cafeteria plan. The documents will be sent to the group contact within 60 days of receipt of the completed Plan Design Guide.

**XII. SIGNATURES**

It is agreed that necessary information concerning current and future employees and/or their dependents who participate in this Plan, and employees whose participation is to be changed or discontinued, shall be provided to SelectAccount on a timely basis.

I HAVE READ AND UNDERSTAND THE CHOICES WITHIN THIS PLAN DESIGN GUIDE. INFORMATION ON THE PLAN DESIGN GUIDE AND ANY ANCILLARY INFORMATION PROVIDED FOR THE PURPOSE OF ENROLLING IN THIS PLAN ARE, TO THE BEST OF MY KNOWLEDGE, CORRECT AND COMPLETE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**XIII. For Office Use Only:**

SelectAccount Group Number \_\_\_\_\_

Market Segment \_\_\_\_\_

Health Plan Account Manager \_\_\_\_\_

Distribution Partner \_\_\_\_\_

Distribution Partner Account Manager \_\_\_\_\_

Sales Exec \_\_\_\_\_

SelectAccount Account Manager \_\_\_\_\_

Client Manager \_\_\_\_\_

Enrollment Specialist \_\_\_\_\_