

SelectAccount[®]

HEALTH SAVINGS ACCOUNT (HSA) PLAN DESIGN GUIDE

For Office Use Only:

SelectAccount Group Number _____

Enrollment Specialist _____

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. If your group has 51 or more employees, please contact your account manager. When complete, either fax this form to 651-662-1180 or toll-free at 1-866-231-0214, or mail it to SelectAccount, PO Box 64193, Saint Paul, MN 55164. **Incomplete forms will cause delays in 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) _____ Nature of Business _____

Type of Corporation S Corporation* C Corporation Partnership* Sole Proprietor*
 Political Subdivision/Church LLC* Other _____

**Subject to IRS Notice 2005-8 which provides guidance on a partnership's contributions to a partners HSA and an S Corporation's contributions to a 2% shareholder-employee's HSA.*

Number of Employees Eligible for Plan: _____

Person Responsible For Authorization of Plan Design:

Name _____ Title _____

Phone Number () _____ Fax Number () _____

Email Address _____

Main Contact Person _____ Title _____

Phone Number () _____ Fax Number () _____

Email Address _____

Additional Contact Person _____ Title _____

Phone Number () _____ Fax Number () _____

Email Address _____ To add more contacts, complete the Group Contact Change form.

II. AGENT INFORMATION

Agent Name (if applicable) _____ Email _____

Agent Phone () _____

Agency Name (if applicable) _____ Email _____

Agency Phone () _____

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 _____

Health plan group # _____

V. 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.

Health Savings Account Plan Options

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

Please select one HSA plan option: *HSA Premium Saver* *HSA Basic Saver* *HSA Thrift Saver*

Participant Fees *(If your group offers another medical account with SelectAccount, the fees must be employer paid on a monthly basis.)*

Employer Paid
Indicate billing frequency: monthly annually *(recommended for 10 or less participants)*

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

VI. ENROLLMENT DATA

Initial Enrollment Data will be sent via:

Group Online Service Center. Employer will enroll participants online using the Group Online Service Center at **www.selectaccount.com**

Participants will enroll online at **www.selectaccount.com**

Electronic File

(Electronic enrollment file format requirements will be provided via email following the approval of the plan design guide.)

VII. CONTRIBUTION INFORMATION

It is required that you submit contribution information via an electronic file. Format information will be sent with your welcome email.

Automated Clearinghouse Information for HSA Contributions

Account funding must be initiated by you through the standard electronic file format before each ACH transaction can occur.

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 or savings deposit slip).

Bank Account Number _____

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

VIII. REIMBURSEMENT

- Employees use the debit card to pay for expenses just as they would use a bank debit card. All participants will be issued one debit card. A debit card for dependent(s) may be requested online.
- Online Requests - Employees request reimbursement through our secure online member service center at www.selectaccount.com.

IX. 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. Please 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.

Eligibility - *required for plan documents (generally matches that of the health plan.)*

Employees must work at least _____ hours per week to be eligible

Waiting period (select **only one**): None 30 days 60 days 90 days

Benefits will begin on:

- First of the month following date of hire.
- Date of hire (*only available with waiting period "none"*)
- First day after completion of the waiting period (*not available with "none"*)
- First of the month after completion of the waiting period
(*If waiting period ends on the first of the month, benefits begin that month.*)
- Other _____

X. 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.

XI. 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 _____