



# HEALTH SAVINGS ACCOUNT (HSA) EMPLOYER ENROLLMENT FORM

The Further HSA plan is offered through the Board of Pensions to employers whose employees are enrolled in the Benefits Plan of the Presbyterian Church (U.S.A.) high deductible medical plan option. Employers offering the Benefits Plan PPO or EPO medical plan options are limited to the Further Flexible Savings Account (FSA) benefits, which requires a different form. Dependent Care FSA is not limited by the medical plan eligibility. Further is solely responsible for all administrative and financial operations of the HSA

**Please complete this form and return to Further no later than 30 days before your effective date in order to properly administer your plan. All fields are required, incomplete forms will cause delays setting up your plan.**

If you have any questions filling out this document, please call our Group Leader Line at 888-460-4013. When complete, email this form to Further.Sales.Support@hellofurther.com, mail it to Further, PO Box 982814, El Paso, TX 79998-281, or fax it to 866-231-0214.

## I. EMPLOYER INFORMATION

Employer's Name \_\_\_\_\_  
Employer's Tax I.D. Number (required) \_\_\_\_\_  
Employer's Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
PC (USA) PIN #: \_\_\_\_\_

Number of benefit eligible employees: \_\_\_\_\_

### Main Contact Person:

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

Additional Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_  
Email Address \_\_\_\_\_

Additional Contact Person has access to when contacting Further:

All plan information OR  Fee billing information  Claim billing information

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

## II. TRANSFER OF ADMINISTRATION

Is Further taking over administrative services from another HSA administrator for a group HSA?  Yes  No

Do you have any participants with an HSA they want to transfer to Further?  Yes  No  Unsure

NOTE: You are electing to enroll in the Further Value HSA plan (members can choose a different HSA plan option and they will be billed the difference out of their HSA account directly).

### III. ADMINISTRATIVE FEES

#### Participant Fees

Employer Paid - Further Value HSA plan fees are \$0.75 per participant per month.

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 (ACH)**

I hereby authorize Further to charge our bank account through Automated Clearinghouse for Administrative Fees. The following bank account information is provided to Further 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)

### IV. ENROLLMENT DATA

Employers are required to enroll participants online using the Group Online Service Center at [hellofurther.com](http://hellofurther.com) (for electronic file options, discuss with Further Employer Support).

## V. FUNDING INFORMATION

### Contributions:

An HSA can be funded by employee and/or employer. Will you, the employer, fund the accounts?

Yes  No

### Select one of the following Employer/Employee contribution methods:

1.  **Online Group Service Center (recommended):** If you are using the Further Online Group Service Center, there are two ways to make online contributions:
  - a. Schedule an ACH pull and Further will initiate an electronic transfer from your company's bank account to the designated employee's HSA. 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.
2.  **Direct Deposit/ACH Push:** An ACH push is a customer transaction of an electronic transfer of funds. Further will notify you to provide the information needed to set up the Direct Deposit/ ACH Push program.
3.  **Secure File Transfer with ACH pull (50 or more employees):** 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. Further 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 banking information provided above is the same account used for account administrative fees, please check this box

If you selected option 1 or 3, complete the banking information below:

I hereby authorize Further to charge our bank account through Automated Clearinghouse for **HSA contributions**. The following bank account information is provided to Further 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 \_\_\_\_\_

## VI. SECTION 125

HSA plan year start date: \_\_\_\_\_ HSA plan year end date: 12/31/2021.

You must have a Section 125 plan in place to allow employee pretax contributions to the HSA. Further will assist you in setting up a section 125 plan.

### **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

## VII. ADMINISTRATIVE TIPS

**PLAN DOCUMENTS:** Further sends a Summary Plan Description (SPD) only if part of a Section 125 plan. The documents will be sent to the group contact within 60 days of receipt of the completed Employer Enrollment Form.

**VIII. 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 Further on a timely basis.

I HAVE READ AND UNDERSTAND THE CHOICES WITHIN THIS EMPLOYER ENROLLMENT FORM. INFORMATION ON THE EMPLOYER ENROLLMENT FORM 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 \_\_\_\_\_

**IX. For Office Use Only:**

Further Group Number \_\_\_\_\_

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

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

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

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

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

Further Account Manager \_\_\_\_\_

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

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