FURTHER℠

HSA - NOTICE OF OTHER ADMINISTRATOR

Dear Group Leader:
Please list the names and social security numbers for your employees that currently have a Health Savings Account (HSA) through an administrator other than **Further**. This information is required to ensure claims are processed correctly in accordance with IRS rules and regulations.

Employer Name

Employer Name: _____

Further Group Number

Further Group Number: _____

Required Employee Information

Employee Name	Employee SS#	HSA Effective Date

Employer Signature

_____ Employer Signature

_____ Date

Questions? Call Group Leader Services at 1-888-460-4013.

Send via secured email only:
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Mail to:
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St. Paul, MN 55164-0193