

# Health Savings Account (HSA) Plan Design Guide



Please complete this form and return to Further,<sup>SM\*</sup> CareFirst's HSA administrator, at least three weeks before your effective date to ensure proper administration of your plan. If you have any questions, please call BlueFund Customer Service at 866-758-6119. Send your completed form by secure email to [carefirstsales@hellofurther.com](mailto:carefirstsales@hellofurther.com) or mail it to Further, c/o CareFirst, PO Box 982814, El Paso, TX 79998-2814.

All fields are required unless otherwise noted. Incomplete forms will delay your plan setup.

1. EMPLOYER INFORMATION				
Employer's name _____				
Employer's tax ID number _____				
Type of corporation	S Corporation	C Corporation	Partnership	Sole Proprietor
	Political Subdivision/Church	LLC	Non-Profit	Other _____
Number of employees eligible for plan _____				
<b>Signing authority</b>				
<i>The person listed below is responsible for signing and approving the plan design guide and does not receive any marketing or operational communications from Further unless they are also the group administrator and the section below is left blank.</i>				
Name _____		Title _____		
Phone number _____		Email address _____		
<b>Group administrator (if different than above)</b>				
<i>The person listed below has access to all plan information when contacting Further and will automatically be granted full access to the online BlueFund account.</i>				
Main contact name _____		Title _____		
Phone number _____		Email address _____		
<b>Additional contact person (optional)</b>				
<i>The additional contact person has access to the plan information indicated below when contacting Further. This person's online access is granted by the main contact person within the CareFirst employer portal.</i>				
Additional contact name _____		Title _____		
Phone number _____		Email address _____		
This person has access to the following information when contacting Further:				
All plan data		Claim billing		
<b>To grant access to additional users or to add more contacts, log in to <a href="http://employer.carefirst.com">employer.carefirst.com</a>. From the <i>Finance</i> tab, select <i>BlueFund</i> to access your account information.</b>				

2. CAREFIRST INFORMATION	
CareFirst account executive	CareFirst account executive
Name _____	Name _____
Phone number _____	Phone number _____
Email address _____	Email address _____

Further is an independent company that provides administrative services for CareFirst BlueCross BlueShield consumer-directed health care plans and incentive cards. Further does not sell BlueCross or BlueShield products.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., and CareFirst BlueChoice, Inc. are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

**3. AGENCY/BROKERAGE INFORMATION**

Name of agency/brokerage (if applicable) \_\_\_\_\_  
Agency/brokerage address \_\_\_\_\_  
Agency/brokerage tax ID \_\_\_\_\_  
Agent/broker's name (if applicable) \_\_\_\_\_ Email address \_\_\_\_\_  
Agent/broker code (NPN) \_\_\_\_\_ Agent/broker phone \_\_\_\_\_

**4. TRANSFER OF ADMINISTRATION**

Is Further replacing administrative services from another HSA administrator?                      Yes              No  
*If yes, members who want to transfer dollars must complete the HSA Transfer Request Form after the account is established.*

**5. HEALTH PLAN ADMINISTRATIVE INFORMATION**

Effective date \_\_\_\_\_  
Is your plan fully insured or self-insured?                      Fully insured                      Self-insured

**6. HEALTH SAVINGS ACCOUNT (HSA) PLAN OPTIONS**

HSA effective date \_\_\_\_\_  
**HSA plan option (select one):**      Select (formerly SelectSaver)      Value (formerly ThriftSaver)  
The Select HSA is FDIC-insured. The Value HSA has higher interest crediting rates and is not FDIC-insured.

**7. ENROLLMENT DATA**

Enrollment data will be sent by a CareFirst-issued electronic file. *(Electronic enrollment file format requirements will be provided by email following the approval of the plan design guide.)*

## 8. EMPLOYER CONTRIBUTION INFORMATION—REQUIRED

Will the employer contribute to the accounts?    Yes    No

**Regardless of your answer, you must complete the rest of this section.**

Please select one contribution method and indicate your banking information if applicable. Even if the employer does not plan to contribute, banking information is required to process employee contributions.

**1. Log in to your BlueFund account at employer.carefirst.com**, where there are two ways to make online contributions:

- **Schedule an ACH pull** and Further will initiate an electronic transfer from your company's bank account to the designated employees' HSAs. With this method, you will identify employee accounts and contribution amounts for each pull transaction.
- **Create and upload a contribution file** directly into Further's system. This data is then used to generate an ACH pull transaction.

I hereby authorize Further to charge our bank account through an automated clearing house for **HSA contributions**. The following bank account information is provided to Further for initiation of this procedure.

Bank name \_\_\_\_\_

Bank ABA number \_\_\_\_\_ Account type:    Checking    Savings  
(The ABA number is the nine-digit number located in the lower left corner of your check.)

Bank account number \_\_\_\_\_

**2. 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. Further will ask for information needed to set up this contribution method.

I hereby authorize Further to charge our bank account through an automated clearinghouse for **HSA contributions**. The following bank account information is provided to Further for initiation of this procedure.

Bank name \_\_\_\_\_

Bank ABA number \_\_\_\_\_ Account type:    Checking    Savings  
(The ABA number is the nine-digit number located in the lower left corner of your check.)

Bank account number \_\_\_\_\_

**3. Direct Deposit/ACH Push:** An ACH push is a customer or member-initiated transaction of an electronic transfer of funds. Further will ask for the information needed to set up the direct deposit/ACH push program.

**You must initiate account funding through the standard electronic file format before each ACH transaction can occur (this is required if electronic file is selected).**

**9. PREMIUM ONLY PLAN (POP)—REQUIRED**

You must have a POP 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 POP with Further. Please update my documents.
- I currently have a POP with another vendor.
- I want Further to set up a POP.

Pre-tax contributions are not allowed (skip to section 10, Administrative Tips).

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

**Eligibility**

Required for plan documents

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 day of the *month* after completion of the waiting period      30 days      60 days      90 days      Other \_\_\_\_\_

**10. ADMINISTRATIVE TIPS**

**LOCATIONS:** To request multiple Further locations, please complete and attach the **Location Addendum**. Locations must be the same across all products administered by Further. To request different ACH accounts by location, please complete the **Group ACH Authorization Agreement Form**.

**COORDINATING WITH AN FSA:** For members who have an FSA and an HSA, the FSA provides reimbursement for permitted benefits, such as vision and dental care, 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 members who are eligible to contribute to their HSA. Members who are not eligible to contribute to an HSA will have a general purpose FSA.

**PLAN DOCUMENTS:** Further sends a summary plan description (SPD) only if part of a POP. The documents will be sent to the group contact within 60 days of receipt of the completed plan design guide.

**11. SIGNATURE**

I agree 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, will be provided to Further 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 \_\_\_\_\_

**12. FOR OFFICE USE ONLY**

Further group number \_\_\_\_\_ Sales executive \_\_\_\_\_

Market segment \_\_\_\_\_ Further account manager \_\_\_\_\_

CareFirst account manager \_\_\_\_\_ Further client manager \_\_\_\_\_

Broker partner \_\_\_\_\_ Further enrollment specialist \_\_\_\_\_

Broker account manager \_\_\_\_\_