

Employer Enrollment Form

Instructions for Enrolling as a New Employer

1. Complete the form below and email to Sales@theHSAauthority.com or fax to **260.310.6606**.
2. Typically by the next business day, a new employer group is created on our system and we're ready to accept online account applications. A unique code is assigned to each employer to enable accurate tracking and reporting.
3. A member of the The HSA Authority team will contact the assigned insurance agent/broker to assist in the customized employee education and account enrollment process.
4. Our HSA Account Executive, Beth Gremaux, will work directly with the designated Employer HSA Contact Person to help choose the most convenient HSA contribution method.
5. Employee enrollment process begins.

Employer's Full Legal Name:	
Tax ID Number:	
Address:	
Employer HSA Contact:	
Contact Email Address:	
Contact Phone Number:	
Total Number of Employees:	
Number of Employees Eligible for Insurance:	
HDHP Individual Deductible:	
HDHP Family Deductible:	
Employer contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Multiple plans offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flexible Spending Account (FSA) offered?	<input type="checkbox"/> General Medical <input type="checkbox"/> Limited Purpose <input type="checkbox"/> No
Insurance Carrier:	
Insurance Agency:	
Agent Name:	
Agent Phone Number:	
Agent Email:	
Policy Effective Date:	