

Employer Contact Information

Your Bank Logo Here

1

Company Information

Company Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

2

Plan Information

Number of Employees: _____

Number of HSA Participants: _____

HDHP Start Date: _____

Health Insurance Agent: _____

3

Submit to your HSA Custodian Named Above.