Employer HSA Application

1. EMPLOYER INFORMATION

Employer Name | EIN [Tax ID]

Street Address

City | State | Zip code

Name of H.R. Contact

Telephone | Fax | Email

Name of Payroll Contact

Telephone | Fax | Email

2. SERVICE FEES

Complete this section and make check payable to Trust Administrators, Inc. Mail Application with copies of the Employees' HSA Enrollment & Beneficiary Forms to Trust Administrators.

1. Employees Enrolled in HSA

No Set-up Fee

1. Employees Enrolled:

2. Pre-Tax Premium Plan for Employee HSA Contributions [Updating Section 125 Plan]

2. Optional Benefit Plan + $125.00 =

Total Amount
$

3. EMPLOYER CONTRIBUTIONS

1. Employer Contribution Amount: [Based on Calendar Year]

Individual	Family
$	$

2. Contributions made each: Pay Period ☐ Monthly ☐ Quarterly ☐ Annually ☐

4. AGENT INFORMATION

Agent Name | Agency Name | Tax I.D.

Street Address | City | State | Zip code

Phone | Fax | Email

5. EMPLOYER APPROVAL

Print Name & Title | Date

Signature

Mail to: Trust Administrators, Inc. • 1970 Broadway, Suite 1140 • Oakland, California 94612
510-451-2810 • 800-932-3539 • Fax: 510-451-8611