



EMPLOYEE ENROLLMENT FORM

Health Savings Account (HSA)

Complete this enrollment form to open a Health Savings Account (HSA). All fields are required for account setup.

Submit this completed form to BASIC via one of the following methods:	Fax	Mail
	1-269-327-0716	BASIC CDA, PO Box 6278, Monona, WI 53716

For Employer to complete:	
Employer Name _____	Employer ID # _____
Employer Class _____	Employer Division _____
Participant Plan Effective Date _____	First Payroll Date _____
Employer Annual Contribution \$ _____	OR Employer Per Pay Period Contribution \$ _____

INDIVIDUAL/PARTICIPANT INFORMATION

First Name:		MI:		Last Name:		
Individual ID# (if known):		Email Address:				
Primary Phone #:		Mobile Phone # ¹ :				
Home Address: <i>(cannot be PO Box)</i>	Street:				Apt:	
	City:					
	State:		Zip Code:		+4	
Hire Date:		Payroll Frequency:				
Date of Birth (DOB):		Social Security Number:				

¹Please provide mobile information if available (not required).

HSA ENROLLMENT

Please choose one of the following enrollment options.

I request the following amount(s) to be deducted pretax:	Indicate an employee election annual or a pay period election:		IRS Contribution Limits (2020)*
	Employee Annual Contribution	Per Pay Period Contribution	
1 HSA – Single Limits	\$	\$	\$3550 per year
2 HSA – Family Limits	\$	\$	\$7100 per year

***Employer and Individual/Participant contributions cannot exceed IRS Contribution Limits.**

Indicate HDHP Coverage Level (select one):	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family/Other
Indicate if you are enrolled in an HDHP through your employer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Your contributions will be withdrawn from your pay in each pay period. If your employer maintains a cafeteria plan that permits HSA contributions, your contributions will be made with pre-tax dollars. You may also make contributions outside of your employment. If you would like to make a contribution immediately, please go to your employee web portal to do so.



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BASIC CARD

You will receive one BASIC Card for your benefit account. You may request **one additional card** for your spouse or dependent free of charge. Additional cards (3+) may incur a fee. Cards are mailed to your home address 7-10 days after your enrollment has been processed.

Note: Your card will be enabled for disbursements from your HSA once BASIC has validated your identity and you have logged into the online service to accept the Terms of Use.

To request an additional BASIC Card for your spouse or dependent, print their name below (or request via BASIC web portal):

1	Spouse or Dependent Name (First, MI, Last): (No fee)	Date of Birth:	
2	Dependent Name (First, MI, Last): (Additional fee may apply)	Date of Birth:	

AUTHORIZATION

I am enrolling in an HSA through my employer. I authorize my employer to deduct my HSA contributions from my pay and forward them to my HSA.

Note: Your employer may also make a contribution to your HSA that will apply to your maximum contribution allowed. You are solely responsible for determining whether contributions to an HSA exceed the maximum annual contribution limitation. You are also responsible for notifying the custodian of any excess contribution and requesting a withdrawal of the excess contribution together with any net income attributable to the excess contribution.

By signing you are agreeing to terms and conditions on the CUSTODIAL AGREEMENT AND DISCLOSURE STATEMENT and DESIGNATION OF REPRESENTATIVE BY ACCOUNTHOLDER.

Signature _____ Date _____

For enrollment assistance: call toll-free 800-372-3539
Have your enrollment form, employer name, and the Employer ID# ready.

Find all IRS limits on our resource web page: <https://www.basiconline.com/regulations-resources/>