Health Savings Account (HSA) Employer Application

Please mail completed form to:
Wells Fargo Health Benefit Services, 381 East Broadway #110, Salt Lake City, UT 84111

Company Information

*Name

*Street Address

*City	*State	*ZIP

*Federal Employer Tax ID	*State of Incorporation

URL

Employer Entity (check one)
☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Nonprofit Organization ☐ Limited Liability Corporation ☐ Government Entity or Church

Contact Information

*Main Contact		*Title
*Phone	Fax	E-mail

Payroll Information

Payroll is Prepared ☐ In House ☐ Outsourced (specify payroll company)		Company Payment Options ☐ Check ☐ Wire/ACH ☐ Draw
Payroll Contact		Title
Phone	Fax	E-mail

Administrative Information

Administrative Fee Payment By ☐ Company ☐ Participant ☐ Other (specify):	Estimated Number of Eligible Employees Estimated Total Dollar Amount of Annual Contributions
Estimated Number of Participants	

Wells Fargo HSA Debit Card

*Wells Fargo HSA Debit Card: ☐ Yes ☐ No (If No, Skip to Authorization and Payment Section)

Available Health Plans

1. Plan Name

2. Plan Name

3. Plan Name

Authorization and Payment

I hereby authorize Wells Fargo Health Benefit Services to provide services based on the information provided within this application.

Signature of Company Representative	Date

Wells Fargo Internal Use Only

Account #	SEI #	Signed Documents Received: ☐ Contract ☐ Document ☐ Fee Schedule ☐ Sweep Agree ☐ Signers ☐ Communication	
Signed Documents Received ☐ Cust/Admin Service Agreement ☐ HIPAA BAA ☐ Indemnity Agreement ☐ Sec Certificate ☐ Auth Signatures ☐ Fee Agreement			
Vendor #	BC #	Processor	
Document Packet Sent On	Live Date for Card (45 days):	Approved By	Approval Date

**required information*

Website: www.wfhbs.com/kaiserpermanente Phone: (866) 890-8308 Fax: (888) 824-3868

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