



Health Savings Account (HSA) Broker Supplement Application For Proposal & New Services

Please mail completed form to:

Wells Fargo Health Benefit Services, 381 East Broadway #110, Salt Lake City, UT 84111

Please enclose this form with the HSA Employer Application form.

Broker Information			
Agent Name		Company Name	
Address		City	State ZIP
Federal Employer Tax ID		Fax (with area code)	Work Phone # (with area code & ext.)
Client Name			Eligible Employees
Client Address		Client City	Client State Client Zip
Insurance Carrier Name			
Check Payable To (If different than company name)			
Agent's Authorizing Signature		Date of Application	
WFHBS Internal Use Only			
Approved By		Date	
Commission Information			
Commission Rate %		End date of commission payments	
Special terms and conditions (please explain)			
<input type="checkbox"/> Confirmation sent to broker			

Website: www.wfhbs.com/kaiserpermanente

Phone: (866) 890-8308

Fax: (888) 824-3868