




# SET-UP FORM HSA PLAN

<b>COMPANY INFORMATION</b>		Referring Agent Name:	Agent's Company:
Employer Legal Name:		Contact Person:	
Address:		Phone:	
City:	State:	Zip:	Email Address:
List Any Affiliated Companies:			
EIN: <input type="text"/>		Number of Employees on Group Med Insurance: <input type="text"/>	
<input type="checkbox"/> C-Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Sub-S <input type="checkbox"/> LLC			

<b>PLAN PROVISIONS</b>		
This New Plan will become Effective: <input type="text"/>		
<b>OR:</b> If Company has a Current Plan: <input type="checkbox"/>	What was the Original Effective Date of the Existing Plan? <input type="text"/>	Take-Over Date Of the Existing Plan: <input type="text"/>
Plan Year Begins: <input type="checkbox"/> Jan 1 <input type="text"/>	Exclude Part-time? <input type="checkbox"/> Yes <input type="checkbox"/> No Part-Time defined as working less than : <input type="text"/> Hours per Week	
Plan Year Ends: <input type="checkbox"/> Dec 31 <input type="text"/>	Eligibility Following: <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="text"/> Days of Employment	
Company Contribution per Year: Single \$ <input type="text"/> 2 Party \$ <input type="text"/> Family \$ <input type="text"/>		
<b>OR</b> <input type="checkbox"/> No Company Contributions will be made to the HSA Plan.		

<b>CONTRIBUTION FREQUENCY AND METHOD</b>			
Company Pay Cycle: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly			
Contribution Transfer Method: <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Mail Check <input type="checkbox"/> Pay Cycle Draw (Attach Voided Check)			

<b>COMPANY AUTHORIZATION</b>		
I understand that Ben-X, LLC processes claims each business day. Payment will only be made from funds on deposit. Timely transfer of funds each pay cycle will allow prompt claim payment. Checking the Accept box will serve as your electronic signature.		
	_____	_____
	Company Representative	Title                      Date
<input type="checkbox"/> ACCEPT		

<b>Ben-X, LLC</b> Email: support@benxco.com • FAX: (801) 224-1903 • Website: www.MyBenX.com		
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