HSAXCHANGE
LEADER IN HSA INVESTING

Health Savings Account (HSA) Plan Set-Up Form

Send completed form via email or fax to:

Email: service@HSA-xChange.com **Fax:** (804) 726-1570

Plan Sponsor Information

Company's Full Legal Name _____

Federal Tax ID # _____ Total Number of Employees _____

Business Type

- ❍ Association/Cooperative
- ❍ C Corporation (C Corp)
- ❍ Joint Venture
- ❍ Limited Liability Company (LLC)
- ❍ Limited Partnership (LP)
- ❍ Non-profit
- ❍ Partnership
- ❍ Professional Corporation (PC)
- ❍ S Corporation (S Corp)
- ❍ Sole Proprietorship
- ❍ Trust
- ❍ Other

Does your company have a Section 125 Cafeteria Plan?

❍ Yes ❍ No

Physical Address _____

City _____ State _____ ZIP _____

Mailing Address *(if different)* _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ Website _____

Main Administrator

Please provide contact information for your company's main administrator. The main administrator will have access to the employer portal and will be responsible for reviewing transactions, including but not limited to verifying the accuracy of plan contributions. The main administrator also authorizes other administrative users and assigns permissions for accessing and/or updating the plan.

First Name _____ Last Name _____

Title _____

Phone _____ Email _____

Privacy, the USA PATRIOT Act and the Employer Site — We respect the confidentiality of customer information. Some of the information we request is required by the USA Patriot Act and regulations adopted by governmental agencies to implement it. This law requires us to obtain, verify and record information that identifies each person or entity that opens an account. This information helps the government fight the funding of terrorism and money laundering activities. When signing up for the employer portal, we will ask for your company's name and address. We will also ask for an identification number such as your Social Security, EIN or Tax Identification number. This information will allow us to identify you. In some instances, we may also ask to see identifying documents. Rest assured that all customer information is kept in the strictest confidence, unless required by law to be disclosed.

FPS Trust (Custodian) and *HealthSavings* are not responsible for any loss, injury or damage, whether direct, indirect, special, consequential, exemplary, economic or otherwise, caused by the use of the website or the unauthorized access of the website. The plan sponsor shall be solely responsible for requesting a password to be used by authorized users. Plan sponsor shall be solely

responsible for the protection of such passwords to ensure that only authorized users access the website. Plan sponsor shall ensure that all authorized users comply with the terms and conditions of this agreement and shall be solely responsible for any failure by the authorized users to do so. Because the provided password can be used to access sensitive account information, all authorized users should treat the password with the same degree of care and confidentiality that they use to protect other sensitive financial data. All authorized users agree to not give the password or make it available to any person not authorized to access the website. Further, plan sponsor agrees to notify *HealthSavings* immediately should any previously authorized user become ineligible for access, so that the password may be deactivated.

Secondary Administrator *(if desired)*

Subject to the terms and conditions of the agreement, the Plan Sponsor may authorize a secondary administrator to act in the capacity of the main administrator. If additional administrators are needed, please provide that information on a separate page.

First Name _____ Last Name _____

Phone _____ Email _____

Billing Contact

❍ Main Administrator is the billing contact.

First Name _____ Last Name _____

Billing Address *(if different from physical address)* _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

Health Insurance Broker/Consultant *(if applicable)*

First Name _____ Last Name _____

Company _____

Phone _____ Email _____ Website _____

Financial Advisor *(if applicable)*

First Name _____ Last Name _____

Company _____

Phone _____ Email _____ Website _____

❍ Check here to be included in the onboarding kick-off call with this Plan Sponsor

HSA Advisory Fee (if applicable): _____ basis points per quarter

Advisory fees are charged against Participant accounts quarterly and withdrawn from the investments based on the average daily balance, then from cash, if necessary. All fees must be disclosed to Participants prior to HSA enrollment.

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Plan Information

Date open enrollment begins *(approximately)* _____

High deductible health plan (HDHP) effective date _____

Number of participants electing HDHP *(established)* _____

Health savings account (HSA) start date _____

Preferred investment program (e.g., InvestorSELECT HSA) _____

HSA annual administrative fee _____

HSA custodial fee _____

Who pays the administrative fee and when?

- ❍ Plan Sponsor > Invoiced annually**
- ❍ Participant > Deducted from account annually

**If the Plan Sponsor pays the administrative fee, the Plan Sponsor is responsible for notifying HSA xChange when employees terminate employment. Failure to notify HSA xChange may result in payment of administrative fees for terminated employees. Furthermore, fees not paid after 90 days of becoming due will be pulled from Participant accounts. Please consult our billing policies for additional information.

How frequently will contributions be made to participants' HSAs?

- ❍ Per pay period
- ❍ Monthly
- ❍ Quarterly
- ❍ Semi-annually
- ❍ Annually
- ❍ Never

Preferred enrollment method *(select one):*

- ❍ Eligibility file upload
- ❍ Pre-registration with online enrollment
- ❍ Online enrollment

Preferred funding method *(select one):*

- ❍ ACH pull
- ❍ ACH push or wire
- ❍ Check
- ❍ Direct deposit

Signatures

Plan Sponsor

Authorized Signer Name *(printed)* _____ Title _____

_____ _____

Signature Date

FOR OFFICE USE ONLY

Sales Director _____

Account Manager _____

Partner Code _____

Case Number 00017438