



AMERICAN BENEFITS GROUP

CLIENT INFORMATION FORM - AVIDIA HSA

Company Profile

Legal Name of Organization: _____ Broker of Record: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Website URL: _____ Employer Fed Tax ID#: _____
of Years in Business: _____ Date Established: _____
State of Incorporation: _____ # of Years at Location _____
Affiliated Employers (list): _____
_____ ☐ None

Organization Type (please check):

☐ Privately Owned

☐ Publicly Owned

Ownership Structure (please check):

☐ Principal Ownership Under 25%

☐ Principal Ownership Over 25%

Type of Incorporation (please check):

☐ Non-Profit Organization

☐ Government Agency

☐ Partnership*

☐ Sole Proprietorship*

☐ LLC (*Limited Liability Company*)*

☐ Sub-chapter "C" Corporation

☐ Sub-chapter "S" Corporation*

☐ Other _____

* **Note:** Subchapter S Corporation shareholders above the 2% level **may not** participate, but they may sponsor a plan for their employees. In addition, family members and close relatives of these shareholders **may not** participate. LLC, LLP and Sole Proprietors **may not** participate, but may sponsor a plan for their employees. However, if the spouse is a bona fide employee of the firm, he or she may participate and use the benefit for the entire family.

Type of Business (please check):

☐ Business to Business

☐ Business to Consumer

☐ N/A Government Agency

☐ N/A Non-Profit

International Presence ☐ Yes

COBRA

Is ABG Administering your COBRA? ☐ Yes ☐ No

COBRA Administrator: _____

Mailing Address: _____

INSURANCE CARRIERS

Medical: _____

Dental: _____

Vision: _____

Form Submittal by Printed Name

Form Submittal by Signature

Form Submitted Date

Health Savings Account

Administrative

Previous HSA Bank Custodian _____

Effective Date of The Plan: Date you would like us to begin administration of this plan: _____

Limited Purpose FSA (LPF): Will you be offering an LPF?

HR / Administrator Contacts

* ABG can provide access to our WealthCare Administration system for Employer Plan Administrators. Those being provided with access should either have been designated as a privacy officer, or have been cleared for access to Protected Health Information (PHI) per HIPAA requirements.

** Scheduled Reports include information about individual bank accounts and funding.

Scheduled reports in the system do not contain PHI or Personal Information (PI).

Authorized for access to the HR administration system?*	Receive Scheduled Reports?*
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Primary HR:	Title:
Email:	Tel:
Payroll:	Title:
Email:	Tel:
Billing/Finance:	Title:
Email:	Tel:
Broker Contact:	Title:
Email:	Tel:

HSA Enrollment

Enrollment Options

- ☐ **ABG Online Enrollment:** During your yearly open enrollment period, employees apply for their HSA bank account using ABG's WealthCare Portal. Using this method they will complete their application by signing all the necessary bank disclosures during enrollment. Please note upon renewal, employees do not need to apply/enroll in the HSA. ABG will only need to be alerted to those who no longer qualify to contribute to their HSA, or have terminated employer with your company.

(no census file is needed for this method, enrollees create their own demographic records in the system)

- ☐ **Your Own Enrollment Method:** Collect enrollments using your own method. Once employees are entered into our system they will receive notifications from Avidia bank prompting them to complete their HSA Bank Account Application.

You may submit your enrollment data either by:

- ☐ Using ABGs [HSA Submission Spreadsheet](#)
or
☐ Ongoing eligibility file feed via your HRIS vendor.

Limited Purpose Health Flexible Spending Account

A Limited Purpose Health Flexible Spending Account (LPF) can be used to reimburse qualified vision and dental expenses. Would you like to offer your employees an LPF? ☐ Yes ☐ No

You may also choose to have your LPF used to reimburse Post Deductible expenses once an employee has reached the federally mandated deductible, they may use the funds in their LPF/Post Deductible Health Care Flexible Spending Account to be reimbursed for General Purpose FSA medical expenses incurred after the date they reached their deductible. (\$1,500 if they are enrolled in a single HDHP, or \$3,000 if they are enrolled in a family HDHP).

Would you like LPF to include Post Deductible Health Care Expenses? ☐ Yes ☐ No

Employees must submit an Explanation of Benefits (EOB) showing that they have reached their requisite federal deductible. All General Purpose FSA expenses submitted for reimbursement must have been incurred after the date they reached the federal deductible.

PLEASE NOTE: The **ABG Benefits Card** will only work for dental and vision expenses, claims for Post Deductible Health Care expenses will need to be filed manually.

HSA Payroll Funding

Employee Contributions

Employee Payroll Frequency: ☐ Monthly (12) ☐ Semi-Monthly (24) ☐ Bi-Weekly (26) ☐ Weekly (52)
First payroll date in the plan year: _____

Will The Employer Make Contributions? ☐ Yes ☐ No

Frequency: ☐ Yearly (1) ☐ Monthly (12) ☐ Semi-Monthly (24) ☐ Bi-Weekly (26) ☐ Weekly (52)
First employer contribution date in the plan year: _____

HSA Funding Directions

Please note that for your HSA Account, unless you have:

Established an Ongoing Payroll File (separate from eligibility file) with ABG (a connection between your HRIS or payroll vendor and our IT Department)

- and -

You have received confirmation that this file is in production from ABG's IT Department, then: You must provide your HSA funding each pay period, by submitting the Funding template linked here http://amben.com/demos/HSA/ABG_HSA_FundingTemplate.xls. Securely email this spreadsheet to processing@amben.com each pay period. Please make the effective date equal to the payroll date and designate if it is an employer deposit or an employee deposit. If you submit funding on this file, please submit three days prior to payroll date to assure funds will be in employee's accounts on their payroll date.

Example using Friday as payroll date:

Tuesday	Send file to ABG
Wednesday	File Processing Complete
Thursday AM	Funds draft out of Employer's HSA bank account
Thursday PM	Funds available to the employee
Friday	Pay Day

HSA IRS Limits:			Single	Family
2025	Maximum	Contribution	\$4,300	\$8,550
2024	Maximum	Contribution	\$4,150	\$8,300
Catch-up Contribution (age 55+)			\$1,000	\$1,000

Please ensure that the HSA funding you request us to process conforms to these maximums.

Terminated Employees

If one of your employees, who was enrolled, in an HSA, should terminate employment with you, you must notify ABG of the termination by emailing processing@amben.com. ABG will process the termination of the employee's HSA under the employer's benefit options and will re-associate the employee's HSA to our alternate **ABG HSA**. This will allow the employee to maintain access to their HSA balances.

1. Terminated employees with HSA balances will be provided with a new ABG Benefits card (**myHSAver** will be embossed on the front of this card), which they should use going forward, to access their HSA funds.
2. If an employee has checks associated with their HSA, these checks are still valid for their new account.
3. The employee will need to re-register their HSA account in the WealthCare Portal under the ABG HSA, to continue to manage their HSA on line. ABG will send terminated employees a notification once they have been located under the ABG HSA.
4. Going forward, a monthly fee in the amount of \$4.00 will be levied against the employees HSA account, as long as the employee has funds remaining in the account.

Active Employees who cease to qualify for the HSA

As an employer, you have two options for handling the administration of the HSAs of your employees who cease to qualify for the HSA (because they are no longer covered under the HDHP). Please check the option you would like.

- ☐ Let the employee's HSA account remain active under the employer's benefit options, but cease processing contributions to the HSA. In this case:
- You, the employer will continue to pay the monthly PEPM fee for the administration of this HSA and this will be reflected in the monthly invoice from ABG.
 - The employee will be able to continue to access balances in their HSA using the same ABG Benefits Card that they use for any other benefit options ABG is administering for this employee.
 - Your employee will be able to login to view their HSA accounts using the same login that they are using to access any other active benefit options ABG is administering for the employer.

Or,

- ☐ Notify ABG that the participant is no longer covered under the HDHP and that the HSA benefit offered by the employer should be terminated for this employee (this is for cases where the employee continues to be your active employee). You will no longer be billed for this employee's HSA. In this case, ABG will:
- Re-associate the employee's HSA to our alternate **ABG HSA**.
 - ABG will issue a new ABG Benefits Card (**myHSAver** will be embossed on the front of this card), going forward, this card is the only card that can be used to access funds in the HSA.
 - The employee will be notified that they will need to create a separate login to manage their HSA (they will continue to access all other active accounts under their employer login using the card that was issue under their employer).
 - The employee will have a monthly fee of \$4.00 assessed against balances in their HSA.