



STERLING HSA®

NEW GROUP CHECKLIST

- Complete Employer Application**
- Collect all Employee Applications and Beneficiary Designation forms and attach to Employer Application (if applicable). Note: The Patriot Act requires an original application with “wet signature”. We cannot accept fax applications.**
- Complete list bill for initial deposit.**
- Attach a check for the initial deposit. Check amount must match total on list bill. Check should be made payable to Sterling HSA.**
- HSA contributions are Federal tax free in all states. State taxes apply to HSA contributions and interest earned in AL, CA, NJ and WI. Consult your tax advisor for additional information and inform your payroll dept. so that contributions can be set up in accordance with your state HSA tax rules. (All HSA contributions must be reported on employee W2 forms (box 12 code W))**
- An HSA compatible Section 125 Plan, or POP document is required in order for HSA contributions to be made pre tax via payroll. State taxes apply to HSA contributions and interest earned in AL, CA, NJ and WI (even with a Section 125 or POP document). Please note special HSA contributions rules apply to 2%+ owners of S Corps, Sole Proprietorships, LLP, LLC or Partnerships.**
- If you require an HSA compatible Section 125/POP plan document you can download an application on the forms page of the Sterling website at www.sterlinghsa.com**
- Mail the enrollment materials to:**
Attn: New Accounts Dept.
Sterling HSA
475 14th Street, Ste. 120
Oakland, CA 94612



STERLING HSA™

HOW TO SET UP AN ACCOUNT

THE 3 RULES FOR SETTING UP AN HSA:

1. You must enroll in a high deductible HSA compatible health plan
2. You cannot be enrolled in Medicare A, B or D
3. You cannot be claimed as a dependent on another person's tax return

HOW TO SET UP THE HSA:

Choose a fee schedule: Standard \$8.75(all inclusive) or Value \$2.50 (a la carte)

1. Calculate the maximum contribution amount per IRS regulations
2. Note: If your HSA compatible health plan starts on any date other than January 1st , you are required to stay on the HSA compatible health coverage for one full year. If not, a 10% penalty and taxes will apply to any excess contribution.
3. If employer is contributing or allowing employees to contribute pretax via payroll deduction...
 - a. Employer must complete employer application and list bill.
 - b. Employer specifies how much will be contributed to each employee's account (HSA and/or fees).
4. Each account holder must then...
 - a. Complete individual application form.
 - b. Complete beneficiary designation form.
5. Note: Total contributions from employer and employee may not exceed the IRS annual limits.
6. Submit original completed forms with a check for the contribution amount and fees (minimum amount required to set up an account is \$100 + one time \$35 set-up + minimum required two months maintenance fees (2 x \$8.75=\$17.50 or 2 x \$2.50=\$5.00) to Sterling HSA.
7. A "wet signature" is required on the enrollment forms (original required). Please mail forms to:

Sterling HSA
475 14th St. Suite #120
Oakland, CA 94612

8. While this is a tax-favored account for federal tax purposes, state taxes may still apply. HSA Contributions can be made pre-tax via payroll deduction or deducted at the end of the year on an individual's 1040 tax return (above the line).



STERLING HSA™

HEALTH SAVINGS ACCOUNT Employer Group Application

475 - 14TH Street, Suite 120, Oakland, California 94612

Toll Free: 1-800-617-4729 Fax 1-877-517-4729

Website: www.sterlinghsa.com Email: customer.service@sterlinghsa.com

Please attach this form to the initial deposit.

1 EMPLOYER INFORMATION

Please Print Clearly .All fields are required.

NAME OF EMPLOYER		EIN – Taxpayer ID Number
Mailing Address	<hr/> <p style="text-align: center;">(Address)</p> <hr/> <p style="text-align: center;">(City) (State) (Zip Code)</p>	
Contact Information	<hr/> <p style="text-align: center;">(Name of Contact Person)</p> <hr/> <p style="text-align: center;">+</p> <hr/> <p style="text-align: center;">(Telephone Number) (Email Address)</p>	

2 HEALTH PLAN INFORMATION

All fields are required

Name of Health Insurance Company / Plan	Annual Deductible and Amounts	Effective Date
	<input type="checkbox"/> Single Deductible _____ <input type="checkbox"/> Family Deductible _____	

3 INITIAL SERVICE FEES

Amounts Due

PLEASE COMPLETE THE ATTACHED LIST BILL. THE LIST BILL AMOUNT MUST MATCH THE INITIAL PAYMENT TO INSURE THAT CORRECT AMOUNTS ARE CREDITED TO EMPLOYEES.
 TOTAL AMOUNT IS DUE WITH THE INITIAL ENROLLMENT.
 PLEASE MAKE CHECKS PAYABLE TO STERLING HSA.

4 PLANNED EMPLOYER CONTRIBUTIONS.

Employer's Regular Contribution Amount	<u>Single Deductible</u> \$	Payments are planned (check one) : <input type="checkbox"/> Every Pay Period <input type="checkbox"/> Monthly <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Not Regularly Planned <input type="checkbox"/> I will not contribute to my employee's HSA accounts, but will allow pre-tax payroll deduction for my employee's HSA contribution.	Method of payment: <input type="checkbox"/> Check <input type="checkbox"/> Payroll <input type="checkbox"/> Direct Deposit / ACH ***
	<u>Family Deductible</u> \$		
*** For Direct Deposit / ACH selection, please attach a voided check. Initial payment must be made by check payable to SterlingHSA			

5 BROKER AGENT INFORMATION

Please Print Clearly.

BROKER/ AGENCY NAME	
Mailing Address	_____ (Address) (City) (State) (Zip Code)
Contact Information	_____ (Telephone Number) (Email Address)
	SterlingHSA Representative Name (if applicable) _____

6 EMPLOYER SIGNATURE

Required

_____	_____
(Employer Signature)	(Date)

(Company Name)	



STERLING HSA™

Name of Employer: _____ Address: _____

Phone: _____ City: _____

Email: _____ State: _____

Fax: _____ Zip: _____

Contact Name: _____

Name of Employee (FIRST)	Name of Employee (LAST)	Employee No. OR LOCATION NAME/CODE	Employee HSA Contribution	Employee Fee Contribution	Employer HSA Contribution	Employer Fee Contribution	Total	NOTES
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	