



**STERLING HSA™**

## EMPLOYER “HOW TO” CHECKLIST

### Enrolling with Sterling HSA:

- Complete Employer Application**
- Collect all employee Individual SterlingHSA Enrollment applications and Beneficiary Designation forms and attach to Employer Application**
- Attach a check for the first months’ deposit to initiate accounts (made out to Sterling HSA)**
- Attach a list bill**
- Balance list bill total with initial deposit check (they must match)**
- Attach voided check if you wish to establish ACH transfers for Employer contribution**
- Register to manage your account Online at SterlingHSA.com and schedule future deposits via electronic funds transfer**

**Please contact your Sterling HSA Sales Director for pick up of your enrollment materials**

#### Mail the enrollment materials to:

Sterling HSA  
475 14<sup>th</sup> Street, Ste. 120  
Oakland, CA 94612  
[www.sterlinghsa.com](http://www.sterlinghsa.com)

#### For additional information, call:

800-617-4729, 7am – 6pm PST

#### Customer Service Email:

[customer.service@sterlinghsa.com](mailto:customer.service@sterlinghsa.com)



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## 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 have Medicare A, B or D
3. You cannot be claimed as a dependant 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 otherwise a 10% penalty and taxes will apply to any over contribution should you end your HSA coverage prematurely.
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**). **Facsimile copies are not acceptable.** Please mail forms to:

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

8. HSAs are Federal tax free. State taxes may still apply. HSA Contributions can be made pre-tax via payroll deduction if your employer offers a Section 125 Plan or deducted at the end of the year on an individual's 1040 tax return (above the line).



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# HEALTH SAVINGS ACCOUNT Employer Group Application

475 - 14<sup>TH</sup> Street, Suite 120, Oakland, California 94612  
Website: [www.sterlinghsa.com](http://www.sterlinghsa.com)

Toll Free: 1-800-617-4729 Fax 1-877-517-4729  
Email: [customer.service@sterlinghsa.com](mailto:customer.service@sterlinghsa.com)

Effective 1/01/08

**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) <span style="margin-left: 150px;">(State)</span> <span style="margin-left: 150px;">(Zip Code)</span></p>	
Contact Information	<hr/> <p style="text-align: center;">(Name of Contact Person)</p> <hr/> <p style="text-align: center;">(Telephone Number) <span style="margin-left: 150px;">(Email Address)</span></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 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <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> \$ _____		
<b>*** For Direct Deposit / ACH selection, please attach a voided check. Initial payment must be made by check payable to SterlingHSA</b>			

## 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)	