

**Please complete this form and return to BCBSVT 45 days before your effective date so we can properly administer your plan.**

If you have any questions, please call our Sales Line at 855-363-2583. When complete, email this form to [mymoneybcbsvt.sales@HelloFurther.com](mailto:mymoneybcbsvt.sales@HelloFurther.com) or fax it to 1-866-231-0214; or mail it to BCBSVT MyMoney (PO Box 982814 El Paso, TX 79998-2814).

**All fields are required, incomplete forms will cause delays setting up your plan.**

## I. EMPLOYER INFORMATION

Legal Name \_\_\_\_\_

Employer's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Employer's Tax I.D. Number (required) \_\_\_\_\_

Type of Corporation  S Corporation\*  C Corporation  Partnership\*  Sole Proprietor\*  
 Political Subdivision/Church  LLC\*  Non-Profit  Other \_\_\_\_\_

\*2% or more shareholders of an S Corporation, along with partners in a partnership, sole proprietors and members of an LLC or PLLP do not have access to an FSA.

Number of Employees Eligible for Plan: \_\_\_\_\_

### Main Contact Person:

(Has access to all plan information and can add, edit, or remove portal access for additional contacts.)

Main Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

### Additional Contact Person:

(Has access to all plan information and edit access for group portal.)

Additional Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Additional Contact Email Notifications

Fee Billing

## II. HEALTH PLAN GROUP STRUCTURE

Group Structure can also be submitted on an Excel spreadsheet.

Parent Code A316 \_\_\_\_\_

Group Number(s) \_\_\_\_\_

Division Codes(s) \_\_\_\_\_

**III. TRANSFER OF ADMINISTRATION**

Is BCBSVT taking over administrative services from another administrator?  Yes  No

If yes, participants who wish to transfer dollars are required to complete the Transfer Request Form (X22496) after the account is established.

**IV. ACCOUNT ADMINISTRATIVE INFORMATION**

Plan Year Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Further offers three different options for HSA Accounts. *(The fees for each option are listed on the pricing sheet.)*

**Please select one HSA plan option:**

Premium HSA  Select HSA  Value HSA

*(Members can choose a different plan option and they will be billed the difference out of their HSA account directly)*

**Employer Contributions:** Will the employer contribute to the accounts?  Yes  No

**Cafeteria Plan Information**

Please indicate the plan year effective date: \_\_\_\_\_

You must have a cafeteria plan in place to allow employee pre-tax contributions to the HSA. Select one of the following:

- Pre-tax contributions are allowed. (If checked, select one of the following):
  - I currently have a cafeteria plan with BCBSVT. Please update my documents.
  - I currently have a cafeteria plan with another vendor.
  - I want Further to set up a cafeteria plan.

Pre-tax contributions are not allowed. Skip to Section VII. Administrative Tips

**Eligibility Required for Plan documents (generally matches that of the health plan.)**

Employees must work at least \_\_\_\_\_ hours per week to be eligible

Benefits will begin on: (select **only** one):

- First of the month following date of hire
- Date of hire
- First *day* after completion of the waiting period  30 days  60 days  90 days  Other \_\_\_\_\_
- First of the *month* after completion of the waiting period  30 days  60 days  90 days  Other \_\_\_\_\_

**V. DEDUCTION/CONTRIBUTION INFORMATION**

Select one of the following contribution methods:

- 1.  **Online Group Service Center:** You may add deduction information, upload a file or create a recurring payroll frequency. Upload your deduction information here.
- 2.  **Direct Deposit/ACH Push:** An ACH push is a customer or member initiated transaction of an electronic transfer of funds. An account number report will be available in the online group service center once the enrollment is completed.
- 3.  **Secure File Transfer with ACH pull:** This option allows employers or their vendors to create a file using Further format requirements via automated secure upload.

**Account funding must be initiated by you with an ACH bank set up prior to submitting contribution files. Complete below:**

If you selected option 1 or 3, complete the banking information below:

I hereby authorize Further to charge our bank account through Automated Clearinghouse for **HSA contributions**. The following bank account information is provided to Further for initiation of this procedure.

Bank Name \_\_\_\_\_ Type of Account:  Checking  Savings

Bank ABA Number \_\_\_\_\_  
(The ABA number is the nine-digit number located in the lower left corner of your check.)

Bank Account Number \_\_\_\_\_

**VI. ADMINISTRATIVE FEES**

You will receive an automated email notification when your detailed billing information is available and another email notification two business days in advance of the scheduled ACH transaction confirming the amount of funds to be transferred. Sign into the Online Group Service Center to view and print your complete invoice detail under Administrative Fee Invoices.

**Automated Clearinghouse Information** (completion of this section is mandatory)

I hereby authorize Further to charge our bank account through Automated Clearinghouse for **Administrative Fees**. The following bank account information is provided to Further for initiation of this procedure.

Please select **one**:

- Use same bank account as indicated for HSA Deductions/Contributions; OR**
- Use bank account information indicated below:**

Bank Name \_\_\_\_\_

Type of Account:  Checking  Savings

Bank ABA Number \_\_\_\_\_

*(The ABA number is the nine-digit number located in the lower left corner of your check or savings deposit slip)*

Bank Account Number \_\_\_\_\_

*(Funds will be drawn from your bank account on or after the 20th of each month.)*

**VII. ADMINISTRATIVE TIPS**

**ONLINE ACCESS:** [mymoneybcbsvt-group.hellofurther.com](http://mymoneybcbsvt-group.hellofurther.com)

With BCBSVT, your employees have access to a powerful tool for managing their HSA. By registering, your employees can:

- Open an HSA
- Make withdrawals from their account
- Enroll in direct deposit
- Make online contributions
- View recent claims or reimbursement requests
- Create and view a customized statement
- Manage their personal profile
- Request a debit card for a dependent(s)

You can also access forms and enrollment materials at **[learn-mymoneybcbsvt.hellofurther.com](http://learn-mymoneybcbsvt.hellofurther.com)**

**COORDINATING WITH AN FSA:** For participants that have a FSA and a HSA, the FSA provides reimbursement for permitted benefits such as vision and dental care benefits until the health plan deductible is met. Once the health plan deductible is met, all Section 213(d) expenses, excluding deductible expenses, are eligible for reimbursement.

This affects only those participants who are eligible to contribute to their HSA. Participants who are not eligible to contribute to an HSA will have a general purpose (Full) FSA.

Please note: If the HSA is not administered by Further or the health plan is not with Blue Cross and Blue Shield of Vermont, the group is required to manually notify Further which employees are contributing to the HSA. Participants are accountable for submitting the Deductible Verification Form (X22527) to Further to indicate that the deductible has been satisfied prior to receiving reimbursement for 213(d) eligible expenses.

**PLAN DOCUMENTS:** BCBSVT sends a Summary Plan Description (SPD) only if part of a cafeteria plan. The documents will be sent to the group contact within 60 days of receipt of the completed Plan Design Guide.

**VIII. SIGNATURES**

It is agreed that necessary information concerning current and future employees and/or their dependents who participate in this Plan, and employees whose participation is to be changed or discontinued, shall be provided to BCBSVT on a timely basis.

I HAVE READ AND UNDERSTAND THE CHOICES WITHIN THIS PLAN DESIGN GUIDE. INFORMATION ON THE PLAN DESIGN GUIDE AND ANY ANCILLARY INFORMATION PROVIDED FOR THE PURPOSE OF ENROLLING IN THIS PLAN ARE, TO THE BEST OF MY KNOWLEDGE, CORRECT AND COMPLETE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_