



First HSA  
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## Employer Set-Up Form

### General Company Information

Company Name		Effective Date
Company Address, City, State, Zip code, Phone Number		Number of Employees (Eligible)
Contact Name		Phone #
Secondary Contact Name (If applicable)		Phone #
Agent/Broker Name, Address, City, State, Zip code		Phone #

### Contribution Information

<input type="checkbox"/> <b>Employee Contribution</b> <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Individual Payments <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit	<input type="checkbox"/> <b>Employer Contribution</b> <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Employer Check (Groups below 50 enrolled only) <input type="checkbox"/> Electronic Funds Transfer (EFT)
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### Administration Fees

<input type="checkbox"/> <b>Employee Paid</b>	<input type="checkbox"/> <b>Employer Paid</b>
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### Health Insurance Plan:

**Insurance Company:** \_\_\_\_\_  
**Deductible/s:** \_\_\_ **Indiv:** \_\_\_\_\_ **Fam:** \_\_\_\_\_

Form 10050