|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2018 HSA Renewal**  **Employer Renewal Information** | | | | | | BASIC HSA Department  9246 Portage Industrial Drive  Portage, MI 49024  [www.basiconline.com](http://www.basiconline.com)  [hsa@basiconline.com](mailto:hsa@basiconline.com)  Phone: 800.444.1922, x-243  Fax: 866.472.7672 | | | | |
| **Employer Information** | | | | | | | | | | |
| Company Name: | | |  | | | | | | | |
| Address: | | |  | | | | | | | |
| City: | | |  | | | | | | | |
| State: | | |  | | | | | | | |
| Zip: | | |  | | | | | | | |
| Total Number Enrolled in the HSA Plan: | | |  | | | | | | | |
| **Employer Contact Information** | | | | | | | | | | |
| Primary Contact | | | | | Secondary Contact | | | | | |
| First Name: | |  | | | First Name: | | |  | | |
| Last Name: | |  | | | Last Name: | | |  | | |
| Title: | |  | | | Title: | | |  | | |
| Department: | |  | | | Department: | | |  | | |
| Email: | |  | | | Email: | | |  | | |
| Phone: | |  | | | Phone: | | |  | | |
| Fax: | |  | | | Fax: | | |  | | |
| **Employer’s HDHP Information** | | | | | | | | | | |
| Insurance Carrier: | | |  | | | | | | | |
| Insurance Plan Year: | | |  | | to: | | |  | | |
| Health Plan Deductibles | | | | Single: |  | | | | Family: |  |
| **▼ Check all that apply Employee HSA Contributions** | | | | | | | | | | |
|  | Annually | | Date of Contribution: | | | |  | | | |
|  | Quarterly | | Dates of Contributions: | | | |  | | | |
|  | Monthly | | Date of Contribution Each Month: | | | |  | | | |
|  | Semi-Monthly | | Dates of Contributions Each Month: | | | |  | | | |
|  | Bi-Weekly | | Date of 1st Contribution: | | | |  | | | |
|  | Weekly | | Date of 1st Contribution: | | | |  | | | |
| **▼ Check all that apply Employer HSA Contributions** | | | | | | | | | | |
|  | Annually | | Date of Contribution: | | | |  | | | |
|  | Quarterly | | Dates of Contributions: | | | |  | | | |
|  | Monthly | | Date of Contribution Each Month: | | | |  | | | |
|  | Semi-Monthly | | Dates of Contributions Each Month: | | | |  | | | |
|  | Bi-Weekly | | Date of 1st Contribution: | | | |  | | | |
|  | Weekly | | Date of 1st Contribution: | | | |  | | | |
| Employer Maximums | | | | Single: |  | | | | Family: |  |