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| **2018 HSA Renewal****Employer Renewal Information** | BASIC HSA Department9246 Portage Industrial DrivePortage, MI 49024[www.basiconline.com](http://www.basiconline.com)hsa@basiconline.com Phone: 800.444.1922, x-243Fax: 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: |  |