



# Plan Renewal Data Request

## Health Savings Account (HSA)

Please provide the information below for the renewal of your BASIC HSA Plan as soon as possible.

Submit this completed form via one of the following methods:	Online Support Request	Fax	Mail
	Log onto your online account at <a href="https://cdaclient.basiconline.com">https://cdaclient.basiconline.com</a> and attach the completed form via Support Request	(269) 327-0716	BASIC PO Box 6278 Monona, WI 53716

### CLIENT/EMPLOYER INFORMATION

Client/Employer Name:				Client/Employer ID #:			
Division: (If applicable)							
Client/Employer Email:				Client/Employer Phone:			
Primary Address:	Address 1:					Suite:	
	Address 2:						
	City:						
	State:		ZIP/Postal Code:		+4		

### PLAN INFORMATION

Plan Start Date:				Plan End Date:			
Number of payroll contributions			Date of employee's first payroll contribution:				
Frequency of contributions:	<input type="checkbox"/> Each Pay Period <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other:						
Employer contributions:	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are employer contributions pro-rated for mid-year enrollees?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, provide amount of employer contribution for each coverage level:	Single \$			Family \$			
Is this a one-time employer contribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Enter the date of the first contribution:				
If no, employer contributions are made:	<input type="checkbox"/> Each Pay Period <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other:						
Are employer contributions pro-rated for mid-year enrollees?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, indicate the method:	<input type="checkbox"/> As of Plan Start Date <input type="checkbox"/> As of Most Recent Quarter <input type="checkbox"/> Other:						
Select one of the following for when a scheduled contribution date falls on a banking holiday or weekend:	<input type="checkbox"/> Apply contributions the next business day <input type="checkbox"/> Apply contributions the business day prior to the holiday or weekend						

**\*\* AUTHORIZATION SIGNATURE REQUIRED ON PAGE 2 \*\***



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### AUTHORIZATION

- I understand the pay dates can NOT be changed once the plan is enrolled.
- I understand BASIC will send an email prior to withdrawing funds for my account and that I should contact BASIC with any changes no later than three days prior to the employee's payroll date.

**Signature:**

\_\_\_\_\_  
Print Preparer's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature Preparer's Name

\_\_\_\_\_  
Date

### PAYROLL DATES

On the chart below, enter the payroll dates from which deductions will be taken. If you have more than two payroll schedules, please copy this form as needed.

1		2		3		4		5	
6		7		8		9		10	
11		12		13		14		15	
16		17		18		19		20	
21		22		23		24		25	
26		27		28		29		30	
31		32		33		34		35	
36		37		38		39		40	
41		42		43		44		45	
46		47		48		49		50	
51		52							

For assistance: call toll-free 800-372-3539

Full resources are available on our web page: [https://www.basiconline.com/hq/employer/basic\\_cda/](https://www.basiconline.com/hq/employer/basic_cda/)