



PBS Health Savings Account Setup

Employer Demographic Information				
Employer Name:				
Plan Information				
Plan Effective Date:		Plan Year Begins:	Plan Year Ends:	
1 st Payroll Date:		Open Enrollment Dates:	to	
Payroll Frequency:	Weekly(52)	Bi-Weekly(26)	Semi Monthly(24) Monthly(12)	
*Payroll contributions are required to be funded within 5 business days after being withheld from pay				
Plan Name:				
Plan Trustee(s): _____				
Do you have other plans in place: Yes No				
Eligibility				
Does plan eligibility match group health plan?	Yes No			
Employee Hour Requirement (per week):		Employee Age Requirement:		
		Maximum of 21		
Length of Service:	None 1 Month 2 Months			
Date of Eligibility:	1 st of the month or immediately following fulfillment of eligibility conditions			
Exclusions or Notes:				
Regulatory Limits (as of 2024)				
Contribution Benefit Limit - \$4,150(employee)/\$8,300(family) Catchup (over age 55 - \$1,000)				
	Health Savings Account (HSA)		Limited Purpose (LPHSA)	
Is this a takeover?	Yes No		Yes No	
If yes, are the existing HSA accounts going to be converted to LPFSA?			Yes No	
Offer Benefits Card?	Yes No		Yes No	
Employer Contributions	Yes No		Yes No	
If yes, please list amount and frequency	Fixed dollar or % of comp		Fixed dollar or % of comp	
	Amount: _____ Frequency: _____ <small>(payroll, quarter, etc.)</small>		Amount: _____ Frequency: _____ <small>(payroll, quarter, etc.)</small>	

Authorizing Initials: _____ Date: _____

