



## PBS Health Savings Account Setup

| Employer Demographic Information  |  |   |                              |
|---|--|---|------------------------------|
| Employer Name:  |  |   |                              |
| Plan Information  |  |   |                              |
| Plan Effective Date:  |  | Plan Year Begins:   | Plan Year Ends:              |
| 1 <sup>st</sup> 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:                                     |                              |
|   |  | <i>Maximum of 21</i>  |                              |
| Length of Service:  | None    1 Month    2 Months  |   |                              |
| Date of Eligibility:  | 1 <sup>st</sup> of the month or    immediately following fulfillment of eligibility conditions |   |                              |
| Exclusions or Notes:  |  |   |                              |
| Regulatory Limits (as of January 2022)  |  |   |                              |
| Contribution Benefit Limit - \$3,650(employee)/\$7,300(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   |                              |
| <b>Offer Benefits Card?</b>   | Yes    No  | Yes    No   |                              |
| <b>Employer Contributions</b>   | Yes    No  | Yes    No   |                              |
| If yes, please list amount and frequency  | Fixed dollar or    % of comp   | Fixed dollar or    % of comp                                  |                              |
|   | Amount: _____<br>Frequency: _____<br>(payroll, quarter, etc.)                                  | Amount: _____<br>Frequency: _____<br>(payroll, quarter, etc.) |                              |

Authorizing Initials: \_\_\_\_\_ Date: \_\_\_\_\_