



HSA's Done Right!

Employer Information – Employee Census

Please Complete For New Group Setup

Company Name _____

Company EIN _____

Type of Business _____

Corporate Website _____

Contact Name _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number (____) _____

Fax Number (____) _____

Insurance Company: _____

Renewal Month: _____

Insurance Agent: _____ Agent ID: _____

Annual Fees Paid by: Employer _____ Employee _____

HSA is Funded by: Employer _____ Employee _____ Both _____

Will accounts be funded through an FSA, POP, or Section 125 Cafeteria Plan? Yes _____ No _____

Provide census information on the next page or attach other documentation.

For Assistance Filling Out This Form

Contact Our HSA Specialists!



800-914-3248

info@AmericanHealthValue.com



