



800-914-3248

American Health Value

Your Health Savings Account Experts

Employer Information – Employee Census

Please Complete This Form For All New Groups

Company Name: _____

Type of Business: _____

Corporate Website: _____

Contact Name: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____

Fax Number: (____) _____

Insurance Company: _____

Name of Insurance Agent: _____ Broker ID Number: _____

Annual Fees Paid by: Employer _____ Employee _____

HSA is Funded by: Employer (R) _____ Employee (E) _____ Both _____

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

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

**For Assistance In Completing This Form
Contact Our HSA Specialists!**

**American Health Value
800-914-3248**

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