

**HSA**



# **Health Services Administrators**

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## **Instructions to Enroll in the FlexPlan**

1. Fill out the enclosed Set-Up Questionnaire
2. Return the Questionnaire with a check, in the amount of \$100.00 (\$50.00 one-time document preparation fee, \$50.00 annual compliance fee) made payable to Health Services Administrators to: 135 Wood Road, Braintree, MA 02184. You can also return any health insurance enrollment forms you may have.
3. As soon as your Plan Questionnaire document is processed you will receive the formal "INTERNAL REVENUE CODE §125 PREMIUM CONVERSION ONLY ADOPTION AGREEMENT" and the Summary Plan description for your employees. Please sign the document and retain in your files.
4. Start Saving! If you are currently making deductions for insurance, you will simply change the deductions to a pre-tax basis. Any questions you may have regarding the deductions should be referred to your tax advisor, payroll provider or accountant.

The Was Insurance Agency, LLC #144601

978-887-9651

**135 Wood Road • Braintree, Massachusetts 02184**  
Tel. 781-380-0958 / 877-777-4414 • Fax: 781-848-3826

**HSA**



# Health Services Administrators

## Plan Medical Premium Only Set-Up Questionnaire

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Type (check one):

\_\_\_\_\_ Sole Proprietor                      Owner's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Partnership                      Federal ID Number (FEIN) \_\_\_\_\_

\_\_\_\_\_ LLC or Similar                      Federal ID Number (FEIN) \_\_\_\_\_

\_\_\_\_\_ S Corporation                      Federal ID Number (FEIN) \_\_\_\_\_

\_\_\_\_\_ C Corporation                      Federal ID Number (FEIN) \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_                      Federal ID Number (FEIN) \_\_\_\_\_

I, \_\_\_\_\_, on behalf of the above referenced Employer, implement the employee benefit plan ("Plan") outlined above. The Employer shall serve as "Plan Sponsor" as provided in the Plan document. I understand that the Plan Sponsor has the responsibility to provide funding, maintenance, and administration of all benefits offered pursuant to the terms on the Plan. I understand that Health Services Administrators (HSA) and their affiliate Company, FBD Consulting, have provided and will continue to provide certain services in the administration of the plan(s). HSA and FBD are not Plan Sponsors, Plan Administrators, or Fiduciaries in the employee benefit plan(s) as outlined above, and as such, do not assume or accept any liability associated with those positions. The undersigned further agrees and understands that the annual testing requirement necessary to determine if any discriminatory benefits exist under the plan(s), and that the Plan is not included in the administrative services provided by HSA and FBD.

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Date