Group Health Savings Account (HSA) & Sponsorship Application



providentcu.org

(800) 632-4600 • FAX (650) 595-2409

Business Name:	Acceptance by Provident Credit Union
Street Address:	Ву:
City/State/Zip:	Title:
Web Site:	Department of Financial Institutions
Contact Name: Phone:	
Is this your company headquarters? \square Yes \square No $\#$ of employees at this location: $_$	Ву:
Additional office locations:	Number of employees:
Additional office locations:	Number of employees:
Additional office locations:	Number of employees:
In addition to HSA services and information, please provide the following: ☐ Onsite visits/presentations to promote Provident Credit Union membership, products, ☐ Payroll stuffers ☐ Breakroom posters ☐ Intranet listing ☐ N Health Plan Information	, and services lew hire packet inserts
Name of Health Insurance Company/Plan:	
☐ Annual Deductible—Single \$ ☐ Annual Deductible—Family \$	
_ ' ' '	terly \square Annually \square Not regularly planned will allow pre-tax payroll deduction for my employee's HSA contribution.
Employer Contribution Amount: Single \$ Family \$	Method of Payment: ☐ Check ☐ Payroll ☐ Direct Deposit/ACH*
* For Direct Deposit/ACH, attach a voided check. Initial payment must be made by check payable to f	Provident Credit Union.
Broker Information	
Broker/Agency Name:	
Street Address:	
City/State/Zip:	
Representative:	
Telephone: Email:	
Signature	
By (print name):	Signature: X
Title:	Date:

Group Health Savings Account (HSA) List Bill



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Business Name:	
Contact Person:	
	Email:
Date(s) of Contribution:	
Total amount is due with the initial enrollment and must be made	
Monthly fee* per employee to be paid by: \square Employer \square E* See service charge schedule.	mployee

	Employee Name	Employee Contribution	Employer Contribution	Total
1		\$	\$	\$
2		\$	\$	\$
3		\$	\$	\$
4		\$	\$	\$
5		\$	\$	\$
6		\$	\$	\$
7		\$	\$	\$
8		\$	\$	\$
9		\$	\$	\$
10		\$	\$	\$
11		\$	\$	\$
12		\$	\$	\$
13		\$	\$	\$
14		\$	\$	\$
15		\$	\$	\$
16		\$	\$	\$
17		\$	\$	\$
18		\$	\$	\$
19		\$	\$	\$
20		\$	\$	\$
21		\$	\$	\$
22		\$	\$	\$
23		\$	\$	\$
24		\$	\$	\$
25		\$	\$	\$
	Total			\$