

# New Business Notification / Setup Form



Please complete form and submit an electronic copy to your health plan along with the new or renewal paperwork. Once required new business setup forms and/or applicable agreements have been completed, a HealthEquity representative will email the contact(s) in the Implementation call information section to discuss the steps to implement your new plans.

By completing this form and implementation of a CDH account, the Employer as the Plan Sponsor of a group health benefit plan understands HCSC may share the necessary information with HealthEquity for purposes of plan administration. As a result of the directions to HCSC, HealthEquity will receive information in connection with the group health benefit plan.

<b>New Business Information</b>			
Company name		Tax ID	
Primary contact	Email	Phone (area code)	
Street address	City	State	ZIP
ER entity <input type="checkbox"/> C corp <input type="checkbox"/> S corp <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Gov. or church <input type="checkbox"/> Non-profit <input type="checkbox"/> Other _____			
A Health Reimbursement Account (HRA) may provide tax-free benefits only to employees, former employees, retirees, and their spouses or covered tax dependents. Because self-employed individuals are not "employees," an HRA may not provide tax-free benefits to self-employed individuals (i.e., sole proprietors, partners, and more-than-2% Subchapter S corporation shareholders).			
HCSC HP Provider: <input type="checkbox"/> Illinois <input type="checkbox"/> Montana <input type="checkbox"/> New Mexico <input type="checkbox"/> Oklahoma <input type="checkbox"/> Texas <input type="checkbox"/> Other _____			
BCBS Account Executive: _____			
Brokerage: _____ Broker Contact: _____ Phone: _____			

<b>Implementation Call Information</b>			
<b>Who should be included in the implementation call?</b> (Contact examples: BCBS Account Executive, benefits, broker, consultant, day-to-day, executive, finance, sales, technical, other)			
Contact name	Contact type	Phone (   )	Email
Contact name	Contact type	Phone (   )	Email
Contact name	Contact type	Phone (   )	Email
<b>Was a HealthEquity representative part of the sales process?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, who was the HealthEquity representative? _____			
<b>Number of benefit-eligible employees:</b> _____ <b>What is the medical plan start date:</b> _____			
<b>When do employees become eligible for benefits (i.e. date of hire, after 30 days)?</b> _____			

Products Sold	
<b>Health savings account (HSA)</b>	<p>Estimated number of accounts: _____</p> <p>Are there HSAs to transfer from another administrator?  <input type="checkbox"/> No   <input type="checkbox"/> Yes   If yes, who is the current administrator? _____</p> <p><b>How will HSA enrollment be provided to HealthEquity?</b></p>
<b>Flexible spending account (FSA)</b>	<p>Estimated number of accounts: _____</p> <p><input type="checkbox"/> Full FSA   <input type="checkbox"/> Limited-purpose FSA   <input type="checkbox"/> Dependent care reimbursement account</p> <p>Do you want a debit card for your FSA and/or LPFSA?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>How will FSA enrollment be provided to HealthEquity?</b></p> <p>Health Plan cannot send dependent care enrollment or FSA/LPFSA enrollment for those not enrolled in the health plan</p>
<b>Health reimbursement account (HRA)</b>	<p>Estimated number of accounts: _____</p> <p><input type="checkbox"/> Member pays first*   <input type="checkbox"/> HRA pays first   <input type="checkbox"/> HRA with a debit card   <input type="checkbox"/> HRA with incentive</p> <p><small>*Member pays first is only available if integrated claims and enrollment are being sent to HQY by your Health Plan provider.            Note: HRA is only available for groups with 51+ Benefit eligible.</small></p> <p><b>How will HRA enrollment be provided to HealthEquity?</b></p>

Comments, additional contacts, fee details, additional enrollment information, etc.: