



**STERLING HSA®**

475 14<sup>th</sup> Street,  
Suite 650  
Oakland, CA 94612

P.O. Box  
71107  
Oakland, CA 94612

T: 1.800.617.4729  
F: 1.877.517.4729  
www.sterlinghsa.com

# Health Savings Account Employer Group Application

Please attach this form to the initial deposit.

1. EMPLOYER INFORMATION		<i>Please print clearly. All fields are required.</i>	
<b>NAME OF EMPLOYER</b>		EIN - Taxpayer ID Number	
<b>MAILING ADDRESS</b>	Address		
	City	State	Zip
	Name of Contact Person		
<b>CONTACT INFO</b>	Telephone Number		Email Address

2. HEALTH PLAN INFORMATION		<i>All fields are required.</i>	
NAME OF HEALTH INSURANCE COMPANY / PLAN	ANNUAL DEDUCTIBLE AND AMOUNTS	EFFECTIVE DATE	
	<input type="checkbox"/> Single Deductible \$ _____ <input type="checkbox"/> Family Deductible \$ _____	/	/

3. INITIAL SERVICE FEES
AMOUNTS DUE
PLEASE COMPLETE THE ATTACHED LIST BILL. THE LIST BILL AMOUNT MUST MATCH THE INITIAL PAYMENT TO INSURE THAT CORRECT AMOUNTS ARE CREDITED TO EMPLOYEES.
TOTAL AMOUNT IS DUE WITH THE INITIAL ENROLLMENT. PLEASE MAKE CHECKS PAYABLE TO STERLING HSA.

