

Company Information

Company Name

Contact Name

Email Address

Phone

Open Enrollment Dates

- Check here if you are NOT making any changes to your HSA plan.
- Check here if you would like to make any other changes to your HSA plan or changing your HSA contributions.

Will employer be contributing to the HSA?

Yes No

Employer HSA Contribution Amount:

- All Employees \$ _____
- Employee Only \$ _____
- Employee +1 \$ _____
- Employee +2 \$ _____
- Employee +3 or more \$ _____

Will employer contributions be prorated?
*If yes, this will be based on the percent of
the year the employee is on the plan.*

Yes No

Employer Contribution Schedule:

- First day of plan
- Monthly
- Quarterly
- Align with payroll *(Surency must be provided with a
current payroll calendar)*

Contribution Method:

- Electronic Funds Transfer *(Complete Group Banking
Authorization Form)*
- Check

**Return completed form back to Surency at email: legal@surency.com
or mail: P.O. Box 789773, Wichita, KS 67278-9773
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