

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:
*Remember to check your HSA
contribution imports.*

- ☐ 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
866-818-8805 • Surency.com**