

## HSA Compliance Guide

The enrollment and set-up process for employer groups offering the Regence HSA Healthplan has some important steps to achieving appropriate compliance with regulation surrounding HSA-qualified plans. This guide is intended to support groups who have chosen a banking partner other than Regence Financial Services, in ensuring compliance\* through a brief outline of the necessary steps and some associated resources.

There are two main steps involved in achieving full HSA compliance: Discrimination Testing and HSA Summary Documents. Below is a brief description of these two requirements. For more information on either topic, please contact your Regence Sales team.

### Discrimination Testing

Employer HSA contributions made through a Section 125 plan are subject to the Non-Discrimination rules, which prohibit employers from providing higher contributions to highly compensated or “key” employees.

Employer groups who do not have a Section 125 plan are subject to Comparability Rules, which require that employer HSA contributions be made in the same dollar amount or same percentage of the deductible for all HSA-eligible employees in the same class.

### HSA Summary Documents

HSAs are not ERISA plans, therefore an ERISA Plan Document and Summary Plan Document are not required.

Instead, HSA Summary Documents are recommended as a means of explaining the employer’s Health Savings Account set-up and administration to affected employees.

The following instructions outline the compliance process through three different banking options. Although the process is similar across banks, please contact the employer’s banking partner for instructions and forms specific to that bank.

### Regence Financial Services

#### *HSA Compliance Services*

Regence offers Non-Discrimination testing and HSA Summary documents services to all Regence HSA groups, with the following submission instructions and fees. For those employers that have chosen to bank with Regence Financial Services, these steps are a part of the integrated enrollment and set-up process at no additional cost.

Fill out and mail in the attached short form (*HSA Compliance Form*)

The employer will be charged a fee as follows (*waived for groups who have chosen an integrated HSA through Regence Financial Services*):

Initial annual fee: \$350

Annual renewal fee: \$200

\* Please note that adherence to this guide does not guarantee your employer group full compliance with federal HSA regulations.



## **HSA Bank**

*Enrollment process instructions and contact information*

1. Complete and submit the *Employer Contribution Form*, if applicable.
2. Have employees complete and submit the *Health Savings Account Application and Eligibility Form*.

Contact Information: HSA Bank  
PO BOX 939  
Sheboygan, WI 53082-0939

Website: [http://secure.hsabank.com/egn/setup/group\\_setup.aspx](http://secure.hsabank.com/egn/setup/group_setup.aspx)

## **Wells Fargo Bank**

*Enrollment process instructions and contact information*



1. Complete and submit the forms contained within the *Employer Implementation Guide*:
  - HSA Employer Application*
  - HSA Trust and Administrative Services Agreement*
  - HSA Authorized Signature List*
2. Have employees complete and submit the following forms:
  - HSA Enrollment Form for Employees*
  - HSA Direct Deposit Form for Employees and Individuals*

Contact Information: Wells Fargo Health Benefit Services  
NW 5613  
PO BOX 1450  
Minneapolis, MN 55485-5613

Website: [http://secure.hsabank.com/egn/setup/group\\_setup.aspx](http://secure.hsabank.com/egn/setup/group_setup.aspx)



# Regence

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

## HSA Compliance Form

This form is used to gather information from employers who choose to offer an HSA through a banking partner other than Blue Healthcare Bank, and who offer HSA contributions as a pre-tax benefit to their employees (Section 125). The information gathered on this form is used for the purposes of performing Non-Discrimination testing and preparing HSA Summary Documents.

Regence provides these services for an initial annual fee of \$350.00 (\$200 annual renewal fee) for employers who choose an HSA banking partner other than Blue Healthcare Bank. Annual fees for these services are waived for employers who choose Blue Healthcare Bank as their HSA banking partner.

For any questions related to this form, please contact Regence Consumer Directed Health Group Services at CDH groupservices@regence.com or call 503-225-6697.

### Group Information:

Legal Name of Company Sponsoring Plan: \_\_\_\_\_  
List any affiliates or subsidiaries to be covered (indicate on separate piece of paper).

Are affiliates to be billed separately:  Yes  No

Business Entity Type:  Corporation  Sole Proprietorship  Limited Liability Corporation  
 S Corporation  Not-For Profit  Partnership

Federal Employer Identification Number (must be 9 digits): \_\_\_\_\_ -- \_\_\_\_\_

Insurance Agent/Broker company (if applicable): \_\_\_\_\_

Agent/Broker Contact: \_\_\_\_\_

Mailing & Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Group Contact: \_\_\_\_\_

(Receives General Correspondence)

Mailing & Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Billing Contact: \_\_\_\_\_

(Receives Billing Correspondence)

Mailing & Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Health Savings Account:

Please indicate the Bank that will be used for Health Savings Account administration:

HSA Bank  Wells Fargo  Other: \_\_\_\_\_

Will you be withholding employee contributions pre-tax via payroll deductions, and send them on behalf of your employees:

No  Yes If yes, provide beginning date: \_\_\_\_\_ Last Day of Contributions: \_\_\_\_\_

Will you be contributing to your employees' HSA(s):  No  Yes If yes, indicate dollar amounts below:

Employee Only: \_\_\_\_\_ Employee & Spouse or Child: \_\_\_\_\_ Family: \_\_\_\_\_

Did you offer an FSA with a two and a half (2.5) month grace period in the previous year?  No  Yes

(If yes, employees cannot contribute to their HSA until the first month following the end of the grace period, unless they elect a one time transfer of unused FSA balances to their HSA).

Will you allow your employees the one time option of transferring their HRA or FSA balances to their HSA?  No  Yes

### Special Account Notes and Signature:

Employer Representative Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_