

# HSA/RA Standard new business notification form



Please email completed form to HealthEquity at [onboarding@healthequity.com](mailto:onboarding@healthequity.com).

New Business Information			
Once your new business form is received, you will receive a phone call or email from one of our representatives within two business days to discuss the steps to implement your new plans.			
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 _____			
An 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).			
Who is your health plan provider? _____			

Onboarding call information			
Who should be included in the intial onboarding call?			
Contact name	Contact type	Phone (   )	Email
Contact name	Contact type	Phone (   )	Email
Contact name	Contact type	Phone (   )	Email
Was a HealthEquity representative part of the sales process? <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, who was the HealthEquity representative? _____			
Number of benefit-eligible employees: _____		Effective date of plan: _____	
When do employees become eligible for benefits (ie. date of hire, after 30 days)? _____			

Product sold	
<b>HSA</b>	Estimated number of accounts: _____ Are there HSAs to transfer from another administrator? <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, who is the current administrator? _____
<b>FSA</b>	Estimated number of accounts: _____ <input type="checkbox"/> Full FSA <input type="checkbox"/> Limited-purpose FSA <input type="checkbox"/> Dependent care reimbursement account Do you want a debit card for your FSA and/or LPFSA? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HRA</b>	Estimated number of accounts: _____ <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