

# New Business Notification / Setup Form



Please complete form and submit an electronic copy to your health plan along with the new or renewal paperwork. Once required new business setup forms and/or applicable agreements have been completed, a HealthEquity representative will email the contact(s) in the Implementation call information section to discuss the steps to implement your new plans.

New Business Information			
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 _____			
A Health Reimbursement Account (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).			
HCSC HP Provider: <input type="checkbox"/> Illinois <input type="checkbox"/> Montana <input type="checkbox"/> New Mexico <input type="checkbox"/> Oklahoma <input type="checkbox"/> Texas <input type="checkbox"/> Other _____			
BCBS Account Executive: _____			

Implementation Call Information			
<b>Who should be included in the implementation call?</b> (Contact examples: BCBS Account Executive, benefits, broker, consultant, day-to-day, executive, finance, sales, technical, other)			
Contact name	Contact type	Phone (   )	Email
Contact name	Contact type	Phone (   )	Email
Contact name	Contact type	Phone (   )	Email
<b>Was a HealthEquity representative part of the sales process?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, who was the HealthEquity representative? _____			
Number of benefit-eligible employees: _____		What is the medical plan start date: _____	
When do employees become eligible for benefits (i.e. date of hire, after 30 days)? _____			

Products Sold	
<b>Health savings account (HSA)</b>	<p>Estimated number of accounts: _____</p> <p>Are there HSAs to transfer from another administrator?  <input type="checkbox"/> No   <input type="checkbox"/> Yes   If yes, who is the current administrator? _____</p> <p><b>How will HSA enrollment be provided to HealthEquity?</b></p>
<b>Flexible spending account (FSA)</b>	<p>Estimated number of accounts: _____</p> <p><input type="checkbox"/> Full FSA   <input type="checkbox"/> Limited-purpose FSA   <input type="checkbox"/> Dependent care reimbursement account</p> <p>Do you want a debit card for your FSA and/or LPFSA?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>How will FSA enrollment be provided to HealthEquity?</b></p>
<b>Health reimbursement account (HRA)</b>	<p>Estimated number of accounts: _____</p> <p><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</p> <p><small>*Member pays first is only available if integrated claims and enrollment are being sent to HQY by your Health Plan provider.            Note: HRA is only available for groups with 51+ Benefit eligible.</small></p> <p><b>How will HRA enrollment be provided to HealthEquity?</b></p>

Comments, additional contacts, fee details, additional enrollment information, etc.: