

The Further HSA plan is offered through the Board of Pensions to employers whose employees are enrolled in the Benefits Plan of the Presbyterian Church (U.S.A.) high deductible health plan (HDHP) medical option. Employers offering the Benefits Plan PPO or EPO medical options are limited to the Further Flexible Savings Account (FSA) benefits, which requires a different form. Dependent Care FSA is not limited by Medical Plan eligibility. Further is solely responsible for all administrative and financial operations of the HSA.

Please complete this form and return to Further no later than 30 days before your effective date in order to properly administer your plan. All fields are required; incomplete forms will cause delays setting up your plan.

If you have any questions filling out this document, please call our Employer Service Line toll free at 888-460-4013 from 8 a.m. to 5 p.m. CT, Monday through Friday. When complete, email this form to Further.Sales.Support@helloofurther.com, mail it to Further, PO Box 14836, Lexington, KY 40511, or fax it to 866-231-0214.

I. EMPLOYER INFORMATION

Employer's Name _____

Employer's Tax I.D. Number (required) _____

Employer's Street Address _____

City _____ State _____ Zip Code _____

PC (USA) PIN #: _____

Number of benefit eligible employees: _____

Main Contact Person:

(Has access to all plan information when calling Further and will automatically be granted full access to the Online Group Service Center)

Main Contact Person _____ Title _____

Phone Number () _____

Email Address _____

Additional Contact Person:

(Has access to the plan information indicated below when calling Further. Access to the Online Group Service Center may be granted by the Main Contact who will decide what online access is assigned by logging onto the Online Group Service Center)

Additional Contact Person _____ Title _____

Phone Number () _____

Email Address _____

Additional Contact Person has access to the following when contacting Further:

☐ All plan information OR ☐ Fee billing information ☐ Claim billing information

* Log onto the Online Group Service Center to grant access to additional users or to add more contacts.

II. TRANSFER OF ADMINISTRATION

Is Further taking over administrative services from another HSA administrator for a group HSA? ☐ Yes ☐ No

Do you have any participants with an HSA they want to transfer to Further? ☐ Yes ☐ No ☐ Unsure

NOTE: You are electing to enroll in the Further Value HSA plan (members can choose a different HSA plan option and they will be billed the difference out of their HSA account directly).

III. ADMINISTRATIVE FEES

Participant Fees

Employer Paid - Further Value HSA plan fees are \$1.00 per participant per month.

You will receive an automated email notification when your detailed billing information is available and another email notification two business days in advance of the scheduled Automated Clearing House (ACH) transaction confirming the amount of funds to be transferred. Sign into the Online Group Service Center to view and print your complete invoice detail under Administrative Fee Invoices.

Automated Clearing House (ACH) Information:

I hereby authorize Further to charge our bank account through Automated Clearing House (ACH) for Administrative Fees. The following bank account information is provided to Further for initiation of this procedure.

Bank Name _____

Type of Account: Checking Savings

Bank ABA Number _____
(The ABA number is the nine-digit number located in the lower left corner of your check.)

Bank Account Number _____
(Funds will be drawn from your bank account on or after the 20th of each month.)

IV. ENROLLMENT DATA

Employers are required to enroll participants online using the Group Online Service Center at hellofurther.com (for electronic file options, discuss with Further Employer Support).

V. FUNDING INFORMATION

Contributions:

An HSA can be funded by employee and/or employer. Will you, the employer, fund the accounts?

☐ Yes ☐ No

Select one of the following Employer/Employee contribution methods:

1. ☐ **Online Group Service Center (recommended):** If you are using the Further Online Group Service Center, there are two ways to make online contributions:
 - a. Schedule an ACH pull and Further will initiate an electronic transfer from your company's bank account to the designated employee's HSA. With this method, you use the Online Group Service Center to identify employee accounts and contribution amounts for each pull transaction.
 - b. From the Online Group Service Center, you can create and upload a contribution file directly into our system. This data is then used to generate an ACH pull transaction.
2. ☐ **Direct Deposit/ACH Push:** An ACH push is a customer transaction of an electronic transfer of funds. Further will notify you to provide the information needed to set up the Direct Deposit/ACH Push program.
3. ☐ **Secure File Transfer with ACH pull (50 or more employees):** This option allows a group to create and upload a contribution file to a secure site. An ACH pull will not be initiated unless a contribution file is received. Further will notify you to provide the information needed to set up this contribution method.

Account funding must be initiated by you through the standard electronic file format before each ACH transaction can occur (required if electronic file is selected).

If banking information provided above is the same account used for account administrative fees, please check this box ☐

If you selected option 1 or 3, complete the banking information below:

I hereby authorize Further to charge our bank account through Automated Clearing House for **HSA contributions**. The following bank account information is provided to Further for initiation of this procedure.

Bank Name _____ Type of Account: ☐ Checking ☐ Savings

Bank ABA Number _____
(The ABA number is the nine-digit number located in the lower left corner of your check.)

Bank Account Number _____

VI. SECTION 125

HSA plan year start date: _____ HSA plan year end date: _____ 12/31/2024 _____.

You must have a Section 125 plan in place to allow employee pretax contributions to the HSA. Further will assist you in setting up a Section 125 plan.

Eligibility Required for Plan documents (generally matches that of the health plan.)

In order to be eligible for the HSA, members must be enrolled in the Board's high deductible health plan (HDHP).

Benefits will begin on (select **only** one):

- ☐ First of the month following date of hire
- ☐ Date of hire
- ☐ First *day* after completion of the waiting period ☐ 30 days ☐ 60 days ☐ 90 days ☐ Other
- ☐ First of the *month* after completion of the waiting period ☐ 30 days ☐ 60 days ☐ 90 days ☐ Other

VII. ADMINISTRATIVE TIPS

PLAN DOCUMENTS: Further sends a Summary Plan Description (SPD) only if part of a Section 125 plan. The documents will be sent to the group contact within 60 days of receipt of the completed Employer Enrollment Form.

VIII. SIGNATURES

It is agreed that necessary information concerning current and future employees and/or their dependents who participate in this Plan, and employees whose participation is to be changed or discontinued, shall be provided to Further on a timely basis.

I HAVE READ AND UNDERSTAND THE CHOICES WITHIN THIS EMPLOYER ENROLLMENT FORM. INFORMATION ON THE EMPLOYER ENROLLMENT FORM AND ANY ANCILLARY INFORMATION PROVIDED FOR THE PURPOSE OF ENROLLING IN THIS PLAN ARE, TO THE BEST OF MY KNOWLEDGE, CORRECT AND COMPLETE.

Signature _____ Date _____

Printed Name _____ Title _____