

HSA - NOTICE OF OTHER ADMINISTRATOR

Dear Group Leader:

Please list the names and social security numbers for your employees that currently have a Health Savings Account (HSA) through an administrator other than **Further**. This information is required to ensure claims are processed correctly in accordance with IRS rules and regulations.

Employer Name		
Employer Name:		
Further Group Number		
Further Group Number:		
Required Employee Information		
Employee Name	Employee SS#	HSA Effective Date
Employer Signature		
Employer Signature		Date
Questions? Call Group Leader Services at 1-888-460-4013.		