



Please Send Completed Form To:
London Health Administrators
40 Commercial Way, East Providence, RI 02914
Email: ccote@londonhealthusa.com
Phone: 401-435-4700
Fax: 401-435-3937

Employer HSA Setup Form

Company Information:

Company Name:
Street Address:
City: State: Zip:
Tax ID #:
Name of Key Contact: Title:
Email Address:
Telephone: Fax:

HSA Information:

Estimated Number of Participating Employees:
Will the Company Contribute to the Members' HSAs (circle one): Yes No
How Will You Fund Your Members' HSAs (check all that apply):
Manual Check
Payroll Direct Deposit
London Health HSA Online Contribution Portal
* If you want to use the London Health contribution portal, how do you want the HSA funds transferred:
I want to transfer the HSA funds to the HSA custodian
I want the HSA funds pulled from my bank account stated below:
Bank Account #:
Routing #:

Financial Institution Selection:

You understand that UMB Bank will be the financial custodian for your members' HSAs:
Yes No

Signature & Authorization:

I hereby authorize that the information on this form is true & correct.
Signature of Employer Representative: Date: