

**EXTRA**  
**8%** TAX Savings  
 with **Core HSA**

## Better Tax Savings with Core HSA

Employers and employees save more by eliminating payroll taxes on employee Health Savings Accounts through an employer-sponsored HSA than by taking the deduction on personal income tax forms at the end of the year.

The additional savings is the 7.65% FICA tax for employees and combined payroll tax savings averaging between 8% and 10% for most employers.

Core Documents provides employers with everything they need to establish an IRS- and DOL-compliant Section 125 with the HSA Savings module plan in PDF format for just \$129. This cost reflects a one-time setup fee, not an annual charge. For an additional \$50, employers can choose the Deluxe Binder option that includes the PDF email version plus a printed plan document in a 3-ring binder.

### How Does an HSA Account Work?

An HSA is comprised of two parts:

- First, a qualifying High-Deductible Health Plan (HDHP) insurance policy covers regular medical and hospital bills.
- Then, the HSA complements the HDHP by allowing participants to withdraw tax-free funds for medical care not covered by the HDHP.

### Fund Growth

Unlike other Flexible Spending Accounts (FSAs), unused funds accumulate in the HSA bank or investment account earning tax-free interest until retirement. And then, at retirement, funds can be withdrawn for any purpose (subject to normal income taxes).

### HSA Requirements

The HSA itself has a maximum annual contribution limit indexed to inflation.

The HDHP part of the plan is subject to a minimum annual deduction and a maximum out-of-pocket limit that covers the deductible, co-pays, and coinsurance rules of the HDHP.

#### HSA Maximum Annual Contribution

Coverage Type	2017	2018
Single	\$3,400	\$3,450
Family	\$6,750	\$6,900

#### HSA Minimum Deductible

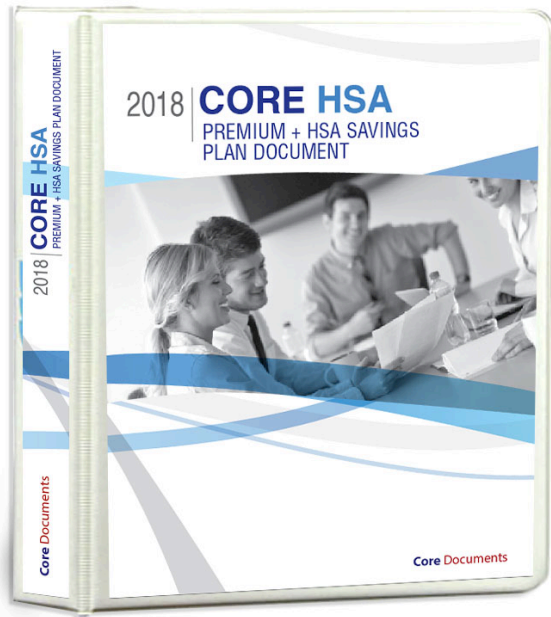
Coverage Type	2017	2018
Single	\$1,300	\$1,350
Family	\$2,600	\$2,700

#### HSA Out-of-Pocket Limit

Coverage Type	2017	2018
Single	\$6,550	\$6,650
Family	\$13,100	\$13,300

### Ownership

HSA plans are personally owned by each participant or employee. That means they go with an employee when they leave one job for employment elsewhere, with no loss incurred.



## Set up a Core HSA in 3 easy steps:

### Design your plan:

- Choose your plan year according to the calendar (Jan-Dec) or your tax year (Jul-Jun, for example) -- a short plan year is available for the first year;
- Determine the rules and limits for your plan -- our order form takes you through it step-by-step; and,

### Order your plan:

- Visit [www.corehsa.com](http://www.corehsa.com) to place your order for the Core HSA plan document package.
- Your personalized plan document package arrives at your inbox within a business day or two.

### Start your plan:

- Print, review, and sign the plan document where indicated;
- Give a copy of the participant packet to each eligible employee; and then,
- Keep the Core HSA plan document on file with other personnel paperwork -- there is no requirement to file the plan document with any agency.

## Qualifying out-of-pocket HSA medical expenses include:

- Deductibles, co-pays, and coinsurance
- Vision expenses, including LASIK, glasses, and contacts
- Dental and orthodontic procedures
- Prescription drugs
- Chiropractic services
- Diagnostic procedures
- Hearing aids
- Ambulance service
- Back, wrist, and knee supports
- Crutches and slings
- Bandages
- Artificial limbs
- Blood pressure monitors
- CPAP supplies
- Diabetic testing monitors and strips
- Flu shots
- Pregnancy test kits
- Lactation aids
- Fertility treatments
- Diabetic supplies
- Special education for learning disabilities\*
- Smoking cessation programs
- Weight-loss programs\*
- Telephone equipment for the deaf, hard of hearing, or speech impaired
- Service animals
- Wheelchairs
- Psychiatric care
- Drug addiction treatment programs (inpatient)
- Alcoholism treatment (inpatient)
- Wigs\*
- Long-term care
- Nursing home
- Nursing services
- Oxygen
- Transportation
- Lodging
- OTC medications\* from antacids to zinc supplements;
- And much, much more\*\*

\*When prescribed by a physician.

\*\*For a complete list, see IRS Pub. 502.

## Visit us online today

Order your Core HSA plan document package today at [www.corehsa.com](http://www.corehsa.com).

To see all of our products and services, visit us at [www.coredocuments.com](http://www.coredocuments.com).

## Ordering Information Worksheet

This form is provided for your convenience while gathering information for the Core HSA document package. It is a fillable PDF form. Click on the line next to "First Name" to begin and then tab from field to field.

[When the form is complete, go to www.corefsa.com to order online.](http://www.corefsa.com)

**Purchaser Information** (Person buying document for Employer listed below, i.e. Agent, CPA, payroll co., etc.; "N/A" in "First Name" if not applicable.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_ Web site \_\_\_\_\_  
Ship Plan Document package to:  Purchaser  Employer

### Employer Information for Plan Documents

(Owner/controller, document signer; exactly as it should appear in the plan document.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_ Web site \_\_\_\_\_

**Form of Business:**  S Corporation  C Corporation  LLC  Partnership  
 Sole Proprietorship  Government  Non-Profit 501(c)(3)

**Employer Fed. ID #** \_\_\_\_\_ **State of Incorporation** \_\_\_\_\_ **No. of Employees** \_\_\_\_\_

Legal Name(s) of **Affiliated Company(ies)** that will be covered by the Plan (if any):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

### Plan Administrator

Employer (use 'employer' information, above)  Other (provide information below)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### Benefit Programs to be Offered

Group Health Insurance  Dental Insurance  Vision Care  Group Term Life (Up to \$50,000)  
 Accident Insurance  Cancer Insurance  Other \_\_\_\_\_

### Effective Date

- A new plan with an effective date of \_\_\_\_\_.
- Amend and restate an existing Section 125 POP as of \_\_\_\_\_.
- If this is an amended and restated plan, state the (old) original effective date: \_\_\_\_\_.

**Plan Year** The first plan year will be:

- A 12-month consecutive period beginning date \_\_\_\_\_ and ending date \_\_\_\_\_.
- A short plan year beginning date \_\_\_\_\_ and ending date \_\_\_\_\_.

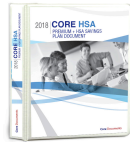
**Waiting Period** Employees are eligible to participate in the plan on:  the 1<sup>st</sup> day of employment, or  the 1<sup>st</sup> day following, or  the 1<sup>st</sup> day of the month following \_\_\_\_\_ days of employment.

**Eligibility Requirements:** All employees who work \_\_\_\_\_ or more hours per week.

**Please tell us how you found Core Documents:**  Search Engine  Agent  Google Ad  Other \_\_\_\_\_

Employer: \_\_\_\_\_

**Do you want your Core HSA package in the Deluxe Binder version or the Basic PDF Option?**



**Deluxe Binder – New Core HSA Plan Document** **\$179.00**   
 In email PDF version processed ASAP, AND Printed in 3-ring binder, with 5 Section tabbed index, shipped via Priority Mail.

**OR**



**Basic PDF Option - New Core HSA Document** **\$129.00**   
 PDF Document Processed Quickly and Sent Via E-Mail

**Optional modules and services (can be added to either of the above options):**

**Plan Document CD Mailed - in addition to PDF email and/or mailed binder**   
 Documents provided in PDF format only. Forms in MS Word format.  
 Always have a safe backup copy of your plan document on CD.

**Rush Order - Your order automatically queued for immediate processing** **\$25.00**

**2nd Year Update - discounted 25% when added to new document order** **\$59.00**   
 This option entitles you to one plan document amendment in the first 24 months.  
 Save 25% off the normal \$79.00 update price.

**Health Flexible Spending Account (FSA) Pretax medical expenses** **\$100.00**   
 Save 22% off normal \$129 FSA price when added to the Premium Only Plan. Delivered via email unless the Deluxe Binder version is selected (above).  
 1. Choose the standard \$2,600 limit or designate a lower employee contribution limit here:  
 q \$2,600 OR q Other \$ \_\_\_\_\_.  
 2. Please choose option for unused funds at end of year: q \$500 Carryover q 2.5 Month Grace Period  
 3. Name of Protected Health Information (PHI) Designee: \_\_\_\_\_

**Dependent Care Assistance Plan (FSA) Pretax childcare - Save 22%** **\$100.00**   
 Save 22% off normal \$129 DCAP FSA price when added to the Premium Only Plan.  
 Delivered via email in PDF format unless the binder option is chosen above.  
 DCAP employee contributions set at \$5000 by the IRS.

**Update and Amend a plan document originally produced by Core Documents:**

**Update/Amend a Premium Only Plan Document** **\$79.00**

**Update/Amend a Health FSA Plan Document** **\$99.00**

**Update/Amend a Dependent Care FSA Plan Document** **\$99.00**

**Update/Amend any 2 plan combination Document** **\$129.00**

**Update/Amend a full 3 plan Cafeteria Document** **\$149.00**

*All Updated/Amended documents delivered via email in PDF format.*

**TOTAL** \$ TOTAL

When the form is complete, go to [www.corehsa.com](http://www.corehsa.com) to order your package online.

