

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 \$179. 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 And then, at retirement, funds can be withdrawn for any purpose (subject to normal income taxes).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	2024	2025
Single	\$4,150	\$4,300
Family	\$8,300	\$8,550

HSA Minimum Deductible

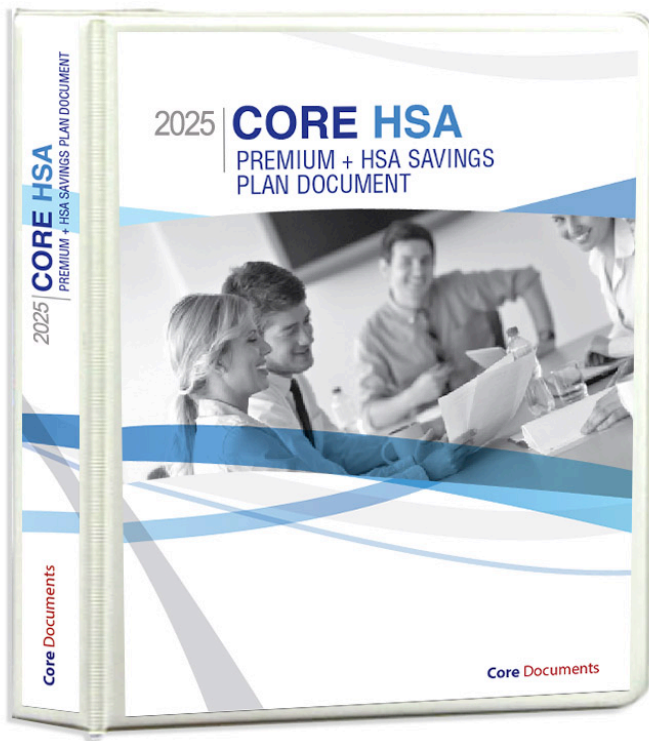
Coverage Type	2024	2025
Single	\$1,600	\$1,650
Family	\$3,200	\$3,300

HSA Out-of-Pocket Limit

Coverage Type	2024	2025
Single	\$8,050	\$8,300
Family	\$16,100	\$16,600

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 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.

Visit us online today

Order your Core HSA plan document package today at www.corehsa.com.

To see all of our products and services, visit us at www.coredocuments.com.

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*
- Menstrual products
- Long-term care
- Nursing home
- Nursing services
- Oxygen
- Transportation
- Lodging
- OTC medications for cough and cold, allergies, pain relief, and heartburn
- And much, much more**

*When prescribed by a physician.

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

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 1st day of employment, or ☐ the 1st day following, or ☐ the 1st 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** **\$229.00** ☐
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** **\$179.00** ☐
PDF Document Processed Quickly and Sent Via E-Mail

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

☐ **Plan Document USB Drive - in addition to PDF email and/or mailed binder** **\$25.00** ☐
Documents provided in PDF format only. Forms in MS Word format.
Always have a safe backup copy of your plan document on USB drive.

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

☐ **2nd Year Update - discounted 25% when added to new document order** **\$100.00** ☐
This option entitles you to one plan document amendment in the first 24 months. Save 22% off the normal \$129.00 update price.

☐ **Health Flexible Spending Account (FSA) Pretax medical expenses - Save 33%** **\$100.00** ☐
Save 33% off normal \$149 FSA price when added to the Premium Only Plan. Delivered via email unless the Deluxe Binder version is selected (above).
1. Choose the standard \$3,300 limit or designate a lower employee contribution limit here:
 ☐ \$3,300 OR ☐ Other \$_____
2. Please choose option for unused funds at end of year: ☐ \$660 Carryover ☐ 2.5 Month Grace Period
3. Name of Protected Health Information (PHI) Designee: _____

☐ **Dependent Care Assistance Plan (FSA) Pretax childcare - Save 33%** **\$100.00** ☐
Save 33% off normal \$149 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** **\$129.00** ☐
☐ **Update/Amend a Health FSA Plan Document** **\$129.00** ☐
☐ **Update/Amend a Dependent Care FSA Plan Document** **\$129.00** ☐
☐ **Update/Amend any 2 plan combination Document** **\$259.00** ☐
☐ **Update/Amend a full 3 plan Cafeteria Document** **\$299.00** ☐

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

TOTAL \$ TOTAL



Invoice me via email, please complete the following:

Company Name: _____ Contact: _____

Email Address for Invoice: _____

If paying by check, please complete the following:

Your order can be processed with the following checking account information and authorization.

Name as it appears on the check:

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Total amount to be charged: \$ _____

X _____
Signature

Date: _____

Sample Check

TONY MAPLE
JENNIFER MAPLE
123 Pear Lane
Anyplace, GA 00000

PAY TO THE
ORDER OF

1234
15-00000000

DOLLARS

Do not include
the check number.

ANYPLACE BANK
Anyplace, GA 00000

For

Routing number: 250250025
Account number: 202020186
Check number: 1234



The routing and account numbers may be in different places on your check.



If paying by credit card, please complete the following:

Card Number: _____

Expiration Date: ____ / ____

Total amount to be charged: \$ _____

Name as it appears on card: _____

X _____
Signature

Date: _____

Refund Policy: Purchaser understands that goods and services provided by Core Documents, Inc. are non-refundable. Orders cancelled prior to sending/shipping are subject to cancellation fees applied to the cost of goods and services provided during the review, draft, and preparation of your order.

Please sign and fax completed form to (941)795-4802. Attach additional pages of plan design information if needed.

Mail: Core Documents, Inc. P.O. Box 14538, Bradenton, FL 34280

Scan and Email: CoreService@CoreDocuments.com

Toll Free Voice: 888-755-3373 Fax: 941-795-4802