

## PSF Intake Form

Please return this completed form to [Integration@HealthEquity.com](mailto:Integration@HealthEquity.com). We will respond in 3-5 business days. If you have questions, please reach out to Client Services at 855.428.0447.

**\*All sections required unless stated otherwise.**

**\*If you have multiple companies with separate HealthEquity Identification numbers, you are required to complete a form for each company.**

### Business Information

Company Name		Tax ID / ERID	
Primary Contact	Email	Phone Number	
Street Address	City	State	ZIP
<input type="checkbox"/> I acknowledge that I am the authorized client contact.			

### Broker Information

If you would like your benefits broker included in the communication, please provide their name and email address.	
Broker Name	Broker Email

### Integrated File Request Information

<p><b>1. What product/plan are you requesting a file for?</b></p> <p><input type="checkbox"/> Commuter (If you offer the Commuter Order Model plan there is no enrollment option. Enrollment is done individually by the member. The file captures benefit eligibility information only.)</p> <p><input type="checkbox"/> Lifestyle Spending Account (LSA)/Employee Service Program (ESP) (e.g., Fitness, Wellness, Gym, Bike Reimbursements)</p> <p><input type="checkbox"/> Flexible Savings Account (FSA) – includes Healthcare, Dependent Care FSA</p> <p><input type="checkbox"/> Limited Purpose FSA</p> <p><input type="checkbox"/> Healthcare Retirement Account (HRA)</p> <p><input type="checkbox"/> Healthcare Savings Account (HSA)</p> <p><b>Expected file production date</b> _____</p>
<p><b>2. How many benefit eligible employees do you have?</b></p>
<p><b>3. What kind of file are you requesting?</b></p> <p><input type="checkbox"/> Eligibility (demographic information about the member)</p> <p><input type="checkbox"/> Enrollment (identifies the plans that members are enrolled in)</p> <p><input type="checkbox"/> Funding (reports employee or employer contributions)</p> <p>*If you are requesting an HSA funding file, you may be asked to complete an additional form.</p> <p><b>What do you want the files for?</b> _____</p>
<p><b>4. Do you currently have any files established with HealthEquity?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No (If you answered 'No' on Question 4, please skip Questions 5, 6 and 7.)</p>
<p><b>5. What kind of files are currently sent?</b></p> <p><input type="checkbox"/> Eligibility (demographic information about the member)</p> <p><input type="checkbox"/> Enrollment (identifies the plans that members are enrolled in)</p> <p><input type="checkbox"/> Funding (reports employee or employer contributions)</p>

6. Who is your current file partner/vendor? (for example, ADP, Paycom, UKG, BenefitFocus, Workday, etc.)

7. Is the request to make changes to a current file? ☐ Yes ☐ No

Are you changing data vendors? ☐ Yes ☐ No

\*If yes, this file will need to be turned off before the new file goes into production. This could cause duplication with file results. If this is a file change, please use the comment section below to specify what you are requesting.

8. Who is your new file partner/vendor? (for example, ADP, Paycom, UKG, BenefitFocus, Workday, etc.)

9. Who is your technical contact for the Vendor?

**You must have established a technical resource in order to proceed with this process.** If not, please acquire a technical contact from your data vendor and then return to complete this form. These individuals will be building and testing the file(s).

\_\_\_\_\_  
Name of **enrollment** file technical resource

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of **funding** file technical resource

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\*Delays may result if the technical resources are not assigned.

10. Your data vendor may have fees associated with creating new files. Check 'Yes' below to confirm you have addressed any related fees with that vendor.

☐ Yes, I understand

11. Files take 60-90 days to complete, check yes below to acknowledge that you'll be handling contributions or eligibility/enrollments (including, if applicable, for Open Enrollment) manually through the Employer Portal until the file is completed.

☐ Yes, I understand

Comments or Additional Notes: