

## 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 And then, at retirement, funds can be withdrawn for any purpose (subject to normal income taxes).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	2025	2026
Single	\$4,300	\$4,400
Family	\$8,550	\$8,750

### HSA Minimum Deductible

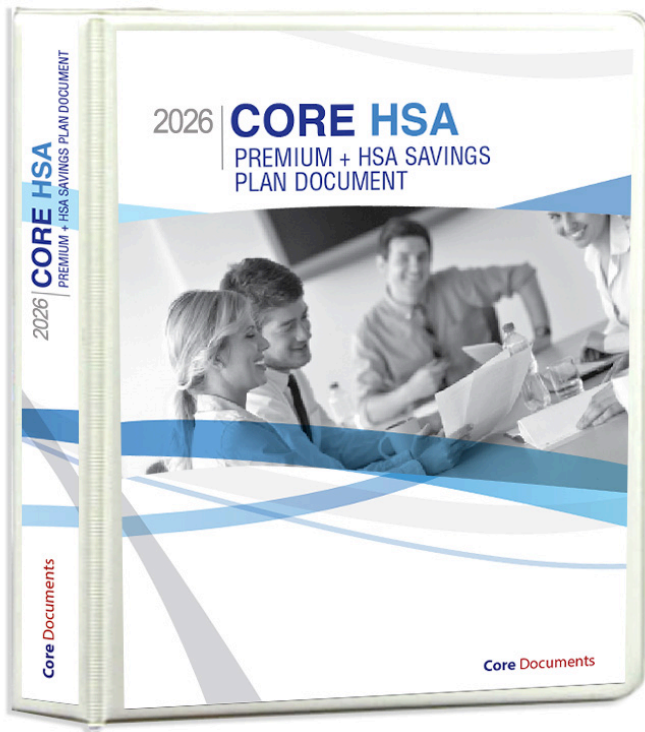
Coverage Type	2025	2026
Single	\$1,650	\$1,700
Family	\$3,300	\$3,400

### HSA Out-of-Pocket Limit

Coverage Type	2025	2026
Single	\$8,300	\$8,500
Family	\$16,600	\$17,000

### 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.



## 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.

## 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.

## 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** **\$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: \_\_\_\_\_

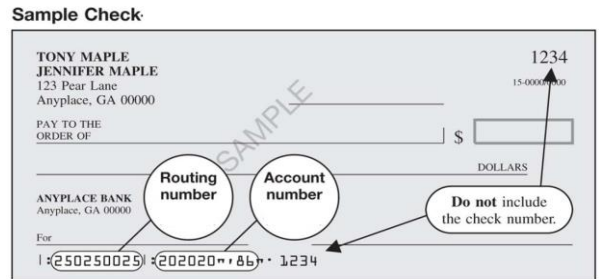
Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Total amount to be charged: \$ \_\_\_\_\_

**X** \_\_\_\_\_  
Signature

Date: \_\_\_\_\_



**CAUTION** 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](mailto:CoreService@CoreDocuments.com)

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