

## PayFlex New Client Checklist

Send this completed form to [StateofTennessee@payflex.com](mailto:StateofTennessee@payflex.com)

Employer's Legal Name:

Federal Tax ID:

Physical Address:

City:

Zip Code:

### Primary Contact

Name:	Email:
Address:	
City:	
Zip Code:	
Phone:	
*Roles:	

### Contact #2

Name:	Email:
Address:	
City:	
Zip Code:	
Phone:	
*Roles:	

**\*Roles:** PayFlex will set up access to our employer portal based on your selection of Roles for each contact. Please note the required roles for each contact.

1. Executive: Receives high level communication/general plan information.
2. Communication: Contact to receive notifications sent from PayFlex
3. PayFlex HSA: Contact for HSA related items
4. Website Administration: Can set up additional users and view participants
5. Reporting: Can view and run reports online

***Add additional lines as needed for additional contacts.***

Number of Employees eligible for benefits:	
Anticipated number of HSA enrollees:	
Will you offer employer contributions to the HSA?	Amount?
Will you offer payroll deductions to the HSA?	Frequency?
First Pay Date:	
File Contact, email address, and phone number:	