

Health Savings Account (HSA) Broker Supplement Application for Proposal & New Services



Please mail completed form to:
Wells Fargo Health Benefit Services
NW 5613
P.O. Box 1450
Minneapolis, MN 55485-5613

Please submit this completed form with your client's application or enrollment documents.

Broker Information				
Broker Name Scarlet's Insurance Services, Inc.		Agency Name		
Address 3760 Market St. #285		City Salem, Or	State Or	Zip 97301
Broker E-mail Address SIS@ScarletsInsurance.com				
Broker Federal Employer Tax ID	Fax (area code)	888-264-4606	Work Phone # (area code & ext.)	503-581-8172
Client Name				Number of Eligible Employees
Check Payable To (If different than company name)				
Agent's Authorizing Signature		Date of Application		
WFHBS Internal Use Only				
Approved By		Date		
Finder's Fee Information				
Finder's Fee		End Date of Finder's Fee Payments		
Special terms and conditions (please explain)				
<input type="checkbox"/> Confirmation sent to broker				