

Self-Funding Declaration

Company Name: _____

I attest to the following:

1. I am an owner of the company referenced above.
2. The Company represents that it does not and will not offer to its employees a self-funded health benefits program in connection with health products offered through HSA California. This does not include "Archer Medical Savings Accounts" (MSAs) or "Health Savings Accounts" (HSAs).
3. The Company, directly or through an independent Third Party Administrator, will not pay for, reimburse, or fund through a Health Reimbursement Arrangement (HRA) any health care expenses, deductibles, coinsurance, co-payment, or other health care related obligations of, or on behalf of, its employee(s) enrolled in the HSA California program. Moreover, the Company will not fund or provide contributions for any portion of a Section 125 health Flexible Spending Account (FSA) except solely through employee salary reductions. The Company understands that these payment obligations are the sole responsibility of the individual covered by the HSA plans within the HSA California program.
4. The Company has been assisted in making its selection of and enrollment in, the HSA California health plans by an insurance broker named _____.
5. I fully understand the legal and financial responsibilities and liabilities the Company would assume by paying any of the health care expenses, coinsurance, co-payments and /or deductibles or other health care related obligations of, or on behalf of, its employee(s).
6. The Company has taken all steps necessary to comply with the applicable provisions of HIPAA, ERISA, and COBRA as they relate to any payment of the health care expenses, coinsurance, co-payments and/or deductibles or other health care-related obligations of, or on behalf of, its employee(s).
7. I understand that any misrepresentation in this Affidavit or in the Company's application of health plan coverages offered through HSA California shall be considered fraud and shall serve as a basis for termination of the Company's health care coverage contract.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

[Employer signature]

[print name]

[title]

[date]