HealthSourceRI
FOR EMPLOYERS

PHONE: 1-855-683-6757
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Employer Confirmation Record

Employer Information			
Company Legal Name:			
Company Name (DBA):			
EIN:	Number of Eligible Employees:		
Company Address:	Street:	Suite:	
	City:	State:	Zip:
Principal/Owner Name:		Title:	
Primary Tel:		☐ Work ☐ Cell ☐ Home	
Secondary Tel:		☐ Work ☐ Cell ☐ Home	
Email:			
Primary Contact:		Title:	
Primary Tel:		☐ Work ☐ Cell ☐ Home	
Secondary Tel:		☐ Work ☐ Cell ☐ Home	
Email:			
Allow an administrator to manage account? Y ☐ N ☐		If yes, name:	Title:
Admin Email:		Admin Tel:	
Choice Model: ☐ Single Plan ☐ Full Employee Choice			
Medical Reference Plan: (carrier)		Specific Plan Name:	
HRA / HSA / FSA (circle one)		Vendor Name:	
Details:			
Metal Level for Customization Only - Optional: ☐ Platinum ☐ Gold ☐ Silver ☐ Bronze			
Dental Reference Plan: (carrier)		Specific Plan Name:	
Employee Groups: ☐ One Only ☐ Multiple		If multiple, same contribution for all?	

Continued — See Page 2

MEDICAL and DENTAL Contributions: Please indicate contribution in a percentage or dollar amount. (as presented for Employees for Open Enrollment)		
Group 1	Employer Medical Contribution	Employer Dental Contribution
Employee Only		
Employee + Spouse		
Employee + Dependent(s)		
Family		
Dependents Only (Available for Dental Coverage Only)		
Group 2		
Employee Only		
Employee + Spouse		
Employee + Dependent(s)		
Family		
Dependents Only (Available for Dental Coverage Only)		

Effective date:		Annual Renewal Month:
Open enrollment dates: (start)		(end)
Documentation Provided:	Quarterly Tax & Wage:	
	Other:	
Employer's BROKER OF RECORD:		
Form Completed By:		Date:

Please attach a sheet of paper for additional information if needed.

Employer Signature Box

- ☐ Yes, I have read and agree to the HSRI USER ACCEPTANCE AGREEMENT and know it explains how my personal information will remain private and secure
- ☐ I agree to my CONSENT FOR ACCESS TO DATA (Rights and Responsibilities)
- ☐ I authorize Broker named as my Broker of Record

Employer Name:

Employer Signature: Date: