

Please review page 2 of this form to learn more about the Health Care Savings Plan (HCSP) contract approval and renewal process.

1. General information

Employer name	MN tax ID number
Your name and title	E-mail address
Phone number	Date

2. HCSP contract details

This HCSP contract is for:

- New employer enrollment - employer has not previously participated in HCSP
- Enrolled employer - employer is adding new employee group/unit
- Change to/renewal of existing contract - select the appropriate option below: *
 - This language supersedes the previous contract language
 - This language is in addition to the existing contract language

* MSRS requires a minimum 2-year commitment before modifying the existing HCSP contract language

Effective dates of contract _____/_____/_____ to _____/_____/_____
Start date End date

3. Bargaining unit/group information

- AFSCME
- Teamsters
- Other Union _____
- Education MN
- IUOE
- Non-Union _____
- LELS

Local/Chapter # _____

Approximate number of employees in this group/unit _____

4. Funding source(s):

- Severance (vacation and/or sick)
- Excessive leave balance
- Payroll deductions
- Incentive pay
- Employer contributions
- Other _____

Internal Use Only

ER ID: _____ Approved: _____ Declined: _____ Reviewer: _____

Emailed ER: _____ Field Rep: _____ ACH on file: _____ Date entered: _____

Folder GR: _____ MN: _____

Contract Approval/Renewal Information

Important! Each employer and each employee group must be approved by MSRS before participating in the Plan. A copy of new or revised contract language must be submitted to MSRS for review and approval.

A. Program guidelines

Please complete this form to:

- Enroll in the HCSP
- Revise/renew your existing HCSP contract language
- Add a new employee group/unit

Attach a copy of the collective bargaining agreement or personnel policy that describes how the employer or group will participate in HCSP.

Highlight the section of your agreement or personnel policy that refers to your participation in HCSP.

Complete and return the *ACH Debit Authorization* form, if it is not already on file with MSRS.

MSRS requires a minimum 2-year commitment before modifying the existing HCSP contract language.

Please do not remit contributions for a group/unit until you have received written notice of the contract approval from MSRS.

B. Employer enrollment process

1. Draft your HCSP contract language for your employer/bargaining unit. For suggested funding options, please review *Sample Contract Language* located online at www.msrs.state.mn.us
 2. Once you have drafted your HCSP contract language, review with your local MSRS Representative before submitting to MSRS for final approval. The local MSRS Representative can determine whether the language qualifies under the Plan rules and provide suggestions if it does not.
 3. If this is a new enrollment, complete and submit the following to MSRS:
 - *Employer Contact Information* form
 - *ACH Debit Authorization* form
 - *ACH Contract Approval/Renewal* form
 - A copy of your HCSP contract language
- Important!** Highlight the section(s) of the agreement or personnel policy that refers to your participation in HCSP.
- We encourage you to keep a copy of all forms for your records.
4. MSRS will review your contract language to ensure it qualifies under the Plan rules. The payroll contacts indicated on your *Employer Contact Information* form will be notified by email whether the contract has been approved or denied.
 5. Any changes or additions to your HCSP contract language should be reported to MSRS by completing this form and providing a copy of the new HCSP contract language.



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www.msrs.state.mn.us

Teletypewriter users and telecommunications-device-for-the-deaf (TDD) users call the Minnesota Relay Service at 1-800-627-3529 and ask to be connected to MSRS at 651-296-2761.