



EMPLOYER INFORMATION SHEET

Company Name: _____

Corporate Website: _____

Contact Name: _____

Contact Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____

Fax Number: (____) _____

Insurance Company: _____

Name of Insurance Agent: _____ Agent ID Number: _____

Insurance Renewal Date: ____/____/____

Account Type: Idaho MSA HSA

Annual fees paid by: Employer Employee

Account is funded by: Employer Employee Both

800-897-4863
HealthcareAccounts@iibk.net
www.theidahobank.com

