



AND



PROUDLY PRESENT:

HEALTH SAVINGS ACCOUNTS

FACILITATED BY:



DENVER

FRIDAY, OCTOBER 22, 2010 ~ 9:00am to 12:00pm
Stern Training Center, 1009 Grant Street

ICB-CISP

This informative NEW 3-hour seminar covers all major components associated with a successful HSA product, including the latest contribution and portability provisions. This program is perfect for financial organizations that are new to the HSA marketplace or looking to enhance their HSA product.

HSA ELIGIBILITY

- HSA contribution eligibility requirements
- High deductible health plan (HDHP) requirements

HSA ESTABLISHMENT

- Documentation requirements
- Amendment requirements

HSA CONTRIBUTIONS

- HSA contribution limits
- Employer contribution issues
- Excess contributions
- Financial organization contribution responsibilities

HSA PORTABILITY

- Transfers and rollovers
- Qualified HSA funding distributions

HSA DISTRIBUTIONS

- HSA distribution taxability
- Qualified vs. non qualified HSA distributions
- Beneficiary distributions
- Miscellaneous distribution issues

HSA REPORTING

- HSA fees
- HSA reporting requirements

HSA BENEFITS

WHO SHOULD ATTEND?

This **NEW** program is designed for operations managers, compliance officers, product managers, marketing managers, sales specialists, new account representatives, personal bankers, head tellers and retail bankers.

ASCENSUS

seminars are delivered by a group of highly trained retirement plan consultants who thoroughly understand the laws affecting both IRAs and HSAs. These consultants have daily contact with financial organizations that offer these products, and specialize in providing practical solutions to the most complex issues.

\$110* Member Early / \$135* Member Regular (CFTWS or Ascensus)
REGISTER ONE PERSON AT THE ADVERTISED TUITION PRICE (EARLY OR REGULAR),
RECEIVE A 10% DISCOUNT ON ANY ADDITIONAL REGISTRANTS FOR THIS CLASS!

REGISTRATION FORM (Course #N8215-A1)

FAX: 303-629-1591 ♦ MAIL: CFTWS, 1009 Grant Street, Suite 102, Denver, CO 80203 ♦ ONLINE: www.CFTWS.org

Name _____ Title _____ E-Mail _____

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Name _____ Title _____ E-Mail _____

Company _____

Street Address _____

Phone _____ Fax _____

*Authorized Signature for Billing _____

Tuition Payment Option: *Bill Organization Check (payable to CFTWS) Visa/M/C

Card # _____ Exp. Date _____

Cardholder's Name _____ Signature _____

REGISTRATION GUIDELINE:

*REGISTER by **OCTOBER 4, 2010** to receive the "Early" Tuition Rate. NO REFUNDS will be given after OCTOBER 4th, although a substitute may attend. Cancellations received in writing prior to October 4th will be subject to a \$75 withdrawal fee. (\$220/\$245 Non-Member)