HSA Bank Employer Discovery Form

Blue Cross and Blue Shield clients from Illinois, Montana, New Mexico, Oklahoma and Texas

REQUIRED FOR ALL ACCOUNTS

hsabank® A Division of Webster Bank, N.A., Member FDIC

To be completed by your Health Plan Account Executive: Please submit an electronic copy of this form for each employer wishing to open accounts for their employees at HSA Bank. Email completed forms to both **ERsetup@hsabank.com** **AND** your health plan, along with your new or renewal paperwork**.** Upon receipt of this form, HSA Bank's Business Relations team will send information to the Employer Contact noted below.

Employer: By completing this form, you will gain access to HSA Bank's Employer Administration Site, which is designed to help you manage your program. In addition, you can select to have HSA Bank invoice you directly to pay for your employees' monthly administration fees. Questions? Contact us at 855-731-5221, weekdays, 7 a.m. to 7 p.m. CT.

Account Information (All fields required)

Health Plan Name: ☐ IL ☐ MT ☐ NM ☐ OK ☐ TX	BCBS Account Number:
BCBS Account Executive Name: Phone: Email:	

General Employer Information (All fields required, except Preferred Mailing)

Employer Name:	Employer Federal Tax ID/EIN* ***(9-digit # must match ID on file at HSA Bank)****:*		
Employer Physical Address:	City:	State:	ZIP:
Employer Preferred Mailing Address:	City:	State:	ZIP:
Employer Contact Name:	Phone:	Email:	
Effective Date of Insurance Health Plan:	Number of Benefit Eligible Employees:		

Setup Preferences

Product selection. Check all that apply.

☐ HSA ☐ HRA ☐ FSA ☐ LPFSA ☐ DCFSA ☐ Mass Transit Account ☐ Parking Account

Integrated enrollment. Check all products that BCBS will send enrollments and terminations of coverage to HSA Bank for:

☐ HSA ☐ HRA ☐ FSA ☐ LPFSA

Fees for all non-HSA products are based on selections and are employer invoiced only

Who pays HSA account maintenance fees?** ☐ Employer ☐ Employee

**Banking information is required if the employer pays the account maintenance fees. Please fill out the Financial Institution Information on the next page of this form. Discounted $2.00 HSA Account monthly maintenance fee. Terms of final negotiated contract if applicable, would govern.

Employer-paid monthly fees are eligible for additional and funding discounts with 250+ eligible employees. Please contact HSA Bank for a pricing proposal. Terms of the final negotiated contract, if applicable, would govern.

*The Federal Tax Identification Number is assigned to a corporation/business entity for tax purposes. HSA Bank uses it as a unique identifier to connect the employer group to its health plan. Therefore, it is critical that the number be consistent between HSA Bank and the employer group's health plan.

To be completed by the employer if the employer wants to set up invoicing to pay for its employees' HSA monthly administration fee.

Financial Institution Information (Required if employer is paying fees)		
Financial Institution Name:	Bank Contact:	Phone:
ACH Routing Number:	Account Number:	☐ Checking ☐ Savings
You will be emailed a copy of your invoice prior to the 18th of each month. On the 25th, HSA Bank will initiate an ACH pull from the bank account provided in the amount of the invoice. Your monthly invoices and employee list will be available online in the Employer Administration Site. Your signature below certifies the information provided on this form is accurate.		

Authorization Agreement for Direct Payments (ACH Debits)	
I hereby authorize HSA Bank, a division of Webster Bank, N.A., hereinafter called BANK to initiate debit entries to Employer's bank account as indicated above on this form, hereinafter called DEPOSITORY, and to debit the same to such account for payment of the monthly invoiced Health Savings Account service fees for our employees. I acknowledge that the origination of ACH transactions to the Employer's account must comply with the provisions of U.S. law.	
This authorization is to remain in full force and effect until BANK has received written notification from me of its termination in such time and in such manner as to afford BANK and DEPOSITORY a reasonable opportunity to act on it. **I certify that I am the authorized signer on the account for the Employer**.	
Name(s) (please print):	Title:
Signature:	Date:
NOTE: COMPANY termination or changes to this authorization for debit entries for monthly HSA service fee invoiced payments can be done by contacting HSA Bank via phone, secure email or U.S. mail. HSA Bank may terminate this authorization or the option to allow the COMPANY to be invoiced for their employees' Health Savings Account service fees upon 30 days notification to the COMPANY. Upon HSA Bank termination, COMPANY'S employees may be charged HSA Bank monthly Health Savings Account service fees by direct debit to the employees' Health Savings Accounts. If cause for termination is due to non-payment of service fees by COMPANY after reasonable attempts to collect have been performed, HSA Bank may terminate this agreement immediately without notification to the COMPANY.	

Key Implementation Dates	
Open Enrollment Start Date:	Open Enrollment End Date:
Data will be submitted for this employer group	
1st date enrollment will be submitted:	1st contribution file date:
Special Instructions:	

Benefit Consultant/Broker Information			
Name of Organization:	Benefit Consultant/Broker Name:		
Benefit Consultant/Broker Address:	City:	State:	ZIP:
Benefit Consultant/Broker Phone Number:	Benefit Consultant/Broker Email Address:		

For HSA Bank Use Only		
Health Plan Code:	Marketing Code:	
AIN:	MGA:	Instance: HSC
Pricing:		