HSA BANK
National Leader in Health Savings Accounts.
A Division of Webster Bank, N.A., Member FDIC

Employer Sign-Up Form

Canandaigua National Bank & Trust

Please complete all that apply.			For HSA Bank Use Only
MGA:	AIN:1008963	TPA:	BP ID:
Marketing: ☐ HSA Card – Employer pays monthly fee $2.25 = 1020398	☐ HSA Card – Employee pays monthly fee $2.25 = 1020397		

INSTRUCTIONS

All fields are required unless otherwise noted. Please complete this form using your computer or print clearly, then return it to HSA Bank via fax 920-803-4184. Be sure to keep a copy of this form. You will need your username to log in to the Employer Site.

By completing the Employer Sign-Up Form, you will gain access to HSA Bank's Employer Administration Area, which is designed to help you manage your Health Savings Account (HSA) program. You can also make online contributions to employee accounts through this site. A summary of your enrollment and contribution options will be emailed to you, along with your temporary password, within 2 business days. If you have questions, please contact us at (866) 357-5232, M-F, 7 a.m. – 7 p.m., CT.

COMPANY INFORMATION

Company Name:		Federal Tax ID#:
Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Email:		
Number of Employees:	Number of Employees electing an HSA:	

MAIN ADMINISTRATOR INFORMATION

The Main Administrator is the only individual that will have full administrative rights to add other administrative users and assign rights for accessing or updating your account. If you wish to change your Main Administrator in the future, you must complete a Company/Main Administrator Update Form, which can be requested by calling Business Relations at (866) 357-5232.

First Name:	Last Name:	
Phone:	Extension:	Fax:
Email:		
Select Username (min. 8 characters; letter and numbers only. Username will be case sensitive):		

Your temporary password (emailed later) and username will be needed to log in to the Employer Administration Area for the first time.

SET-UP PREFERENCES

For information on your options, visit www.hsabank.com, select the *Employer* tab and click on *Determine Enrollment Method* or *Select Contribution Options*. Additional information will also be included in your *Welcome Email* and *Employer Manual*. If you would like to change your enrollment method, please call Business Relations.

Would you like to be signed up for Group Online Enrollment? ☐ Yes ☐ No	Would you like to be invoiced for your employees' monthly fees? ☐ Yes ☐ No	Is the invoicing contact the same as the Main Administrator? ☐ Yes ☐ No

* If your Main Administrator and invoicing contact are not the same, please provide the invoicing contact information below.

First Name:	Last Name:
Email:	

Privacy, the USA PATRIOT Act, and the Employer Site – At HSA Bank we respect and protect the confidentiality of customer information. Some of the information we request is required by a Federal law called the USA PATRIOT Act and regulations adopted by governmental agencies to implement it. This law requires HSA Bank to obtain, verify and record information that identifies each person or entity that opens an account. This information helps the government fight the funding of terrorism and money laundering activities. When you sign up for the Employer Site, we will ask you for your company's name and address. We will also ask you for an identification number such as your Social Security, EIN or Tax Identification number. This information will allow us to identify you. In some instances, we may also ask to see identifying documents. Please rest assured that all customer information is kept in the strictest confidence, unless required by law to be disclosed.