

EMPLOYEE ADD/REMOVE FORM

Instructions: Please fax this signed and completed form to Business Relations: (920) 803-4184

**Employees may only be added if they currently have an account at HSA Bank. Adding an employee does not open their Health Savings Account; it links an existing account holder to you. Those who wish to open an account must submit an online or paper application. Removing an employee does not close the HSA account; it removes the link between the Employer and the Employee. Employees are not required to close their account if they leave their current employer or if they no longer have an HDHP. If an employee wishes to close their account, they must contact our Client Assistance Center at (800) 357-6246, Mon - Fri, 7 a.m. - 9 p.m., CST. If you are using the Group Online Contribution tool, removing an employee from your list will cancel their Pending Contributions. If you have questions, please contact Business Relations at, (866) 357-5232, M - F, 7 a.m. - 7 p.m. CST.*

Company Information

Company Name

Federal ID #

For Internal Use Only BP ID#

Do you pay the monthly maintenance fees for your employees' HSA accounts? Yes No

**If you are being invoiced, this form must be submitted prior to the 15th to avoid being charged that month's fee for removed employees.*

Employee Information

If you are adding or removing more than 3 employees, please attach a spreadsheet containing the noted information.

First Name MI Last Name

Account # OR Social Security #

Effective Date (mm/dd/yyyy) Must be on or after the date the fax is sent. / /

I wish to Add Remove the above employee to/from my Employee List.

Removal Reason (If Applicable)
 Employment Status No HDHP Their Choice

**Adding an employee will not open their account and removing will not close their account. See instructions.*

First Name MI Last Name

Account # OR Social Security #

Effective Date (mm/dd/yyyy) Must be on or after the date the fax is sent. / /

I wish to Add Remove the above employee to/from my Employee List.

Removal Reason (If Applicable)
 Employment Status No HDHP Their Choice

**Adding an employee will not open their account and removing will not close their account. See instructions.*

First Name MI Last Name

Account # OR Social Security #

Effective Date (mm/dd/yyyy) Must be on or after the date the fax is sent. / /

I wish to Add Remove the above employee to/from my Employee List.

Removal Reason (If Applicable)
 Employment Status No HDHP Their Choice

**Adding an employee will not open their account and removing will not close their account. See instructions.*

Signature of Main Administrator

Name

Date

