Employer Sign-Up Form

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

By completing the Employer Sign-Up Form, you will gain access to HSA Bank's Employer Administration Site, 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 3-5 business days. If you have questions, please contact us at 866-357-5232.

COMPANY INFORMATION

Company Name:		Employer Federal Tax ID#:
Address:		P.O. Box:
City:	State:	ZIP Code:
Phone:	Fax:	Company URL:
Number of Employees:	Number of Employees Electing an HSA:	Effective Date of HDHP: (mm/dd/yyyy)

Do you want participants assigned to divisions for reporting purposes?
☐ Yes ☐ No (If Yes, please provide a primary contact for divisions.)

PRIMARY CONTACT INFORMATION

The Primary Contact is the only individual who will have full administrative rights. If you wish to change your Primary Contact in the future, you must complete an Employer Change Form, which can be requested by calling Business Relations at 866-357-5232.

First Name:		Last Name:
Phone:	Extension:	Fax:
Email:		

HSA Bank will provide you with login information to access the Employer Administration Site.

Is the Invoicing Contact the same as the Primary Contact? ☐ Yes ☐ No

** If your Primary Contact and Invoicing Contact are not the same, please provide the Invoicing Contact's information below.*

INVOICING CONTACT INFORMATION

First Name:		Last Name:
Phone:	Extension:	Fax:
Email:		

HSA Bank will provide you with login information to access the Employer Administration Site.

PERMISSIONS BASED ON TITLE (IF GRANTED EMPLOYER PORTAL ACCESS)

Primary Contacts: Access to employee data* and reporting, as well as the ability to import demographic, enrollment, and contribution files.

Invoicing Contacts: "View only" access to employee data and reporting

*Employee data includes name, address, date of birth, marital status, gender, last four digits of SSN, username, employment information, and total employer contributions.

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 at 866-357-5232.

Would you like to be invoiced for your employees' monthly fees?* ☐ Yes ☐ No

**Term of the final negotiated contract, if applicable, would govern.*

Please complete all that apply.			**For HSA Bank Use Only**
Health Plan Code:	**AIN:**	**Marketing:**	**BP ID:**
Service Code:	**Broker Dealer:**	**TPA:**	**MGA:**

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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I hereby authorize HSA Bank , hereinafter called BANK, to initiate debit entries to COMPANY's ☐ Checking Account/ ☐ Savings Account (select one) on file with BANK or indicated in the banking information section of 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. (An email notification will be sent to you with online access to your invoice at least 8 days in advance of your monthly scheduled payment dates. Your monthly invoices and employee list will be available online at the Employer Administration Site.) I acknowledge that the origination of ACH transactions to COMPANY's account must comply with the provisions of U.S. law.

BANKING INFORMATION		
Depository Name:		Branch:
Address:		Phone:
City:	State:	ZIP Code:
Routing Number:		Account Number:
Type of Account: ☐ Checking Account ☐ Savings Account		

AUTHORIZATION	
The authorization is to remain in full force and effect until the BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BANK and DEPOSITORY a reasonable opportunity to act on it.	
Name(s):	Title:
Signature:	Date:
NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	