



## Health Savings Account (HSA) Employer Set-up Form

Please submit a copy of this form for each employer who wishes to open accounts with HSA Bank. Forward completed forms to your sales consultant at Excellus Health Plan for processing. The information will then be passed to HSA Bank for setup purposes.

Upon receipt of this form, HSA Bank’s Business Relations team will send information to the *Employer Contact* noted below.

For questions regarding the payroll process, please contact the HSA Bank Business Relations team at (866) 357-5232, Monday – Friday, 8 a.m. – 8 p.m., EST.

**(\*Required)**

Health Plan Name*	Excellus Health Plan
Health Plan Customer ID*	10137 - Excellus
Broker / Account Executive *	
Broker / Account Executive <u>Email &amp; Phone Number*</u>	
HSA Bank Agent Identification Number (AIN), if registered	

**General Employer Information (\*Required)**

Employer Name*	
Employer Federal Tax ID** <i>(This 9-digit # must match the ID on file at EHP/Univera)</i>	
Employer Address – Line 1*	
Employer Address – Line 2	
Employer City*	
Employer State*	
Employer ZIP Code*	
Employer Contact Name*	
Employer Contact Phone*	

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Employer Contact Email*	
HSA-Compatible Health Plan Effective Date *	
Number of Eligible Employees*	
Expected Number of HSAs	
<i>If number of eligible employees is unknown, please indicate group size below.</i>	
Group Size (total # of employees)	<input type="checkbox"/> Less than 150 <input checked="" type="checkbox"/> More than 150

\*\* The Federal Tax Identification Number is a unique number given to a corporation or other business entity by the federal government for tax purposes. HSA Bank uses it as a unique identifier to connect the employer group to the health plan.

**Monthly account maintenance fee:**

Standard Discounted Fee (default): \$2.25 monthly, per account – monthly fee waived on balances over \$3,000 .

Account maintenance fees paid by:       Employee (default)       Employer

**Implementation assistance:**

Please check this box if you would like to be contacted by HSA Bank for an implementation call.

HSA Bank will contact:       Employer contact noted above       Account executive noted above

**Employer signature:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

I authorize HSA Bank to establish health savings accounts on behalf of my employees enrolled in qualified high deductible health plans offered through Excellus Health Plan Inc.

**Group #s authorized:** \_\_\_\_\_

For Agent / Account Rep. Use Only:

Open Enrollment Period	Begins:	Ends:
1 <sup>st</sup> date that enrollment data will be submitted for this employer group		
1 <sup>st</sup> contribution file date		