

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 1-920-803-4184.

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 5 business days. If you have questions, please contact us at 1-866-357-5232, M-F, 7 a.m. – 7 p.m.

COMPANY INFORMATION

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

PRIMARY CONTACT INFORMATION

Please complete the information below for the Primary Contact. If you wish to change your Primary Contact in the future, or update any contacts, you must complete the Employer Change Form, which can be requested by calling Business Relations at 1-866-357-5232.

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

HSA Bank will provide you with login Information to access the Employer Administration Area.

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 regarding enrollment and contributions can be found in the Employer Guide. A link to this guide will be included in the Employer Welcome email.

Would you like to be invoiced for your employees' monthly fees? Yes No <small>NOTE: If you indicated Yes above, the debit authorization on the next page must be completed and signed before the form is returned to HSA Bank to complete invoicing setup.</small>	Is the invoicing contact the same as the Primary Contact ? Yes No
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* If your Primary Contact 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.

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