

Section 1: Company Information

1.1	Company name:	
1.2	Group number:	
1.3	Corp ID:	
1.4	Tax ID:	
1.5	Physical address:	
1.6	City:	
1.7	State:	
1.8	ZIP code:	
1.9	Number of benefit-eligible employees:	
1.10	Number of expected HSA enrollments:	

Section 2: Contacts

2.1	Primary contact:	
	Email address/phone:	
	Employer portal access: <i>This contact will be given access to the employer portal and will be listed as an authorized contact for HIPAA regulation requirements.</i>	
2.2	Payroll contact:	
	Email address/phone:	
	Employer portal access: <i>This contact will be given access to the employer portal and will be listed as an authorized contact for HIPAA regulation requirements.</i>	
2.3	Primary funding contact:	
	Email address/phone:	
	Secondary funding contact name:	
	Email address/phone:	
	<i>Contact(s) will be given access to the employer portal and will be listed as an authorized contact for HIPAA regulation requirements.</i>	

Section 3: Employer Contribution/Employee Payroll Deduction Information

3.1	Will the employer make contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	<p>How will UPMC Consumer <i>Advantage</i> receive employee payroll deductions?</p> <p><input type="checkbox"/> N/A: Employer will not transfer employee contributions to UPMC Consumer <i>Advantage</i>. Employees will deposit funds only via form or through the member's Consumer <i>Advantage</i> portal.</p> <p><input type="checkbox"/> Payroll file to be supplied: Contribution amounts will post to the member's account as noted on the file. Please complete 3.3 and 3.4 if selecting this option.</p>
3.3	<p><input type="checkbox"/> Unique employee identifiers</p> <p>Include a list of unique employee identifiers that will be used for the contribution file. Example: a payroll id</p>
3.4	<p>If you currently send or will be sending eligibility files, please list the contact information for the person responsible for sending these files.</p> <p>Name Phone</p> <p>Email</p>

Section 4: Health Savings Account

4.1	Plan year start date:
4.2	<p>Who pays the account maintenance fees?</p> <p><input type="checkbox"/> UPMC Health Plan (Fully insured)</p> <p><input type="checkbox"/> Employee (ASO only)</p> <p><input type="checkbox"/> Employer (ASO only)</p>

Section 5: Employer Approval of HSA Setup Provisions

Printed name of authorized representative:	
Signature of authorized representative:	
Title:	
Date:	

Section 6: Authorization Agreement for ACH Debits

The bank account information below is necessary for establishing ACH transactions for the HSA account. Please provide the employer bank account from which the HSA payroll deductions and employer contributions will be processed.

Company name:

Federal tax number:

I (we) hereby authorize UPMC Health Plan, herein called COMPANY, to initiate debit entries to my (our) checking account/ savings account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Depository name:

Branch:

City:

State:

ZIP code:

Routing number:

Account number:

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s):

ID number:

Date:

Signature:

Your bank may require an originating company ID for the HSA contribution account to prevent it from declining. The ID is 1251769564 for Healthcare Bank.

Comments