UPMC Consumer *Advantage*®

Health savings account setup form

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:	

2. HSA administrator contact information

2.1	Primary funding contact:		
	Email address/phone:		
	Primary contact's Employer OnLine username:*		
2.2	Secondary funding contact:		
	Email address/phone:		
	Secondary contact's Employer OnLine username:*		

**Listed contacts will be given access to the employer website and listed as authorized contacts for HIPAA regulation requirements.*

3. Employer contribution/Employee payroll deduction information

3.1	Will the employer make contributions (either payroll deductions or employer-based contributions)? ☐ Yes ☐ No If yes, complete section 6 (banking information). If no, the employer will not transfer contributions to UPMC Consumer *Advantage*. Employees can still make contributions by submitting a contribution form or using the UPMC Consumer *Advantage* website.

4. Health savings account

4.1	Plan year start date:
4.2	Who will pay the account maintenance fees? ☐ UPMC Health Plan (Fully insured) ☐ Employee (ASO only) ☐ Employer (ASO only)

5. Employer approval of HSA setup provisions

Printed name of authorized representative:	

By signing below, I certify that I have read and understand the HSA Setup Document and any rules or conditions related to the HSA. I have been briefed on the functionality of the HSA and the funding process. I fully understand my responsibility associated with providing the HSA and will not hold UPMC Consumer *Advantage* liable for any consequences that may result. I have not received tax or legal advice from UPMC Consumer *Advantage* and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. I certify that I have been made aware that HSAs are owned by individual accountholders, not employer groups, and as such I will be limited to the amount of information that I may be able to access on an individual account.

Signature of authorized representative:	
Title:	
Date:	

6. Authorization agreement for ACH debits

The bank account information below is necessary for establishing ACH transactions for the HSA account. Please provide information for 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 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 a 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 for Wex Inc. is 1251769564.

Comments

UPMC Consumer *Advantage*®

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