

Funding Account Setup – For Small Groups (1-50)

Effective 1/1/2017 – 12/31/2017

1 Employer Information

Check one:

We are setting up new funding account(s) with CYC.

We are renewing with CYC.

Employer group number is: _____

Employer's legal name (same name that is used on the health plan)		Tax ID number
Street address		
City	State	ZIP
Mailing address (if different than street address)		
Employer type Sole proprietor LLC S-Corporation Other:		
Number of eligible employees	Plan effective date	Plan end date
Employer contact or representative name		Title
Phone Number	Fax Number	Email address

2 HSA Information

Health Savings Account (HSA)

The HSA must be paired with a **qualified** high-deductible health plan. Both employers and employees may contribute to an HSA, and the employee owns the account.

We are selecting the following HSA option (choose one):

Employer Contribution Plan – (no setup or monthly admin fees)

Medical plan	Employer funded HSA – Aggregate/UMB Bank n.a.
Balance 4000 Silver HSA	\$500 Individual/\$1,000 Family

Employee Only Contribution Plan – no employer contribution and fully integrated with UMB Bank n.a (additional setup and monthly fees apply)

Medical plan
Balance 6000 Bronze HSA

3 Contribution Schedule(s) for HSA

Contributions to HSA accounts typically follow a company payroll schedule.

Will employer make payroll contributions? (Fund the HSA fully within the first 30 days of setup)

Yes No **Employer contributions** – If yes, complete table below:
 (Only applicable to Balance 4000 Silver HSA)

Employer Contributions

Payroll Type (Hourly, salaried, etc.)	Frequency	Contribution Dates in Plan Year	
		First or only contribution	Next or final contribution

Please submit your payroll calendar(s) as an attachment.

If you will fund the HSA employer contributions differently than described, please indicate frequency here:

Will employer submit employee only contributions?

Yes No **Employee payroll contributions** – if yes, complete table below:
 (Only applicable to Balance Bronze 6000 HSA)

If no, do your employees plan to open HSA accounts? Yes No

Employee payroll contributions

Payroll Type (Hourly, salaried, etc.)	Frequency	Contribution Dates in Plan Year	
		First contribution	Second contribution

If you will not follow a payroll schedule, describe your contribution plan and frequency here:

Contribution amounts should be uploaded online using the employer dashboard.

4 Termination Rule

When an employee leaves our organization, their account will be terminated on the last day of the month when termination occurs.

5 Plan Sponsor Approval

This document and information contained within is not intended to be tax or legal advice. Employers should consult with their own tax advisor to determine the tax implications of purchasing the products discussed herein. Advice, if any, included in this material was not intended or written by Premera to be used, and it cannot be used, by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer.

Group Representative has reviewed this document carefully and warrants that it accurately reflects the accounts and services that the group has requested Premera to administer on behalf of the group(s). Further, Group Representative understands that any changes to these accounts or services requested after the plan year effective date above may result in additional charges.

6 Electronic Funding

Please submit the [Electronic Funding Authorization](#) document with the funding account setup form.

Premera Contact Information

Name	Title	Group ID
Phone Number	Fax Number	Email address

Product Codes

Product	Fully Insured
HSA Account with Mandated Employer Contribution	WCHS0014
HSA Account without Mandated Employer Contribution	WCHS0015