

Funding Account Setup – For Small Groups (1-50) 2021

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.

Estimated number of HSA participants:

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

Employee Contribution Plan – fully integrated with ConnectYourCare

Medical plan

Plus HSA Qualified Gold 1500
Plus HSA Qualified Silver 2800
Plus HSA Qualified Silver 3500
Plus HSA Qualified Bronze 5250
Plus HSA Qualified Bronze 6000
Select HSA Qualified Bronze 5250

3 Contributions

Contributions to HSA accounts typically follow a company payroll schedule.

Will employer make payroll contributions?

Yes No

Contribution amounts should be uploaded online using the employer dashboard.

Disclaimer

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 must review this document to ensure that it accurately reflects the accounts and services that the group has requested Premera to administer on behalf of the group(s), as expressly agreed to in the signed contract with Premera. Any changes to these accounts or services requested after the plan year effective date above may result in additional charges.

Electronic Funding Authorization

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 Code

Product	Fully Insured
HSA Account without Mandated Employer Contribution	ACHS0007