

Employer PULL ACH Authorization Form

Follow these easy steps:

1. Complete all entries on this ACH Authorization form. Please print.
2. Sign and date this form.
3. Return completed form to your Implementation Manager or Client Service Manager.

Company Information	
Company Name	Contact Title
Contact Name	Contact Phone Number
Contact Email	<input type="checkbox"/> Initiate ACH <input type="checkbox"/> Change ACH information
Bank Information	
Bank Name	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Company Name on Bank Account	Type of Account <input type="checkbox"/> Personal <input type="checkbox"/> Business
Street Address	Bank Routing Number (9 digits)
City, State, Zip Code	Account Number

- I agree to maintain a Required Minimum Funding (“RMF”) or pre-fund 4% (or 1% for HSA on Demand) of the total annual participant elections as calculated at initial enrollment to the RMF bank account listed below. In the event it is determined the percentage is not sufficient to cover the plan’s average spend, Optum Financial, Inc and its subsidiaries reserves the right to review and adjust.
- I understand that on a monthly basis, RMF is re-calculated based on the expected annual elections for all Participants active at that time. If the re-calculated RMF is greater than the current RMF by 25% or more, the RMF will increase to the new calculation.
- I confirm that I have verified the routing number entered above with my company’s financial institution as a valid ACH transaction routing number.
- I confirm that the following company IDs have been set up as authorized to debit from the account listed above.

EWFR/RMF	HSA Funding (CFR)
Bank: Optum Bank	Bank: Optum Bank
Company ID: 6261274092	Company ID: 1261274092

As a duly authorized bank account signer, I authorize ConnectYourCare, LLC, a part of Optum Financial, Inc., to initiate recurring Automated Clearing House (“ACH”) debit entries and, if necessary, to initiate any ACH credit entries and adjustments to correct any erroneous ACH debit entries to this bank account. This authorization covers ACH origination of payment for program fees and funding for employee spending account claims and required minimum balances. I certify that the above-referenced bank account is a business bank account enabled for ACH transactions, and I agree and understand that in the case of an ACH transaction being rejected for non-sufficient funds, ConnectYourCare, LLC may at its discretion and in accordance with NACHA Operating Guidelines attempt to process the charge again and may charge the company bank account for penalties and fees incurred as a result of such rejection. I understand that this authorization will remain in effect until ConnectYourCare, LLC has received written notification from an authorized representative of its termination or change. Company agrees to be bound by the NACHA operating rules.

Name

Title

Signature

Date

Please see below for an overview of the financial arrangements associated with your selected health care accounts.

Required Minimum Funding for Notional Accounts

Health Reimbursement Arrangements (“HRAs”), Flexible Spending Accounts (“FSAs”), and Dependent Care Assistance Plans (“DCAPs”), and HSA On Demand (“HSAOD”) are notional or recordkeeping accounts. With these accounts, no money is moved during the contribution cycle. Instead, employers are required to provide and maintain a contractually determined % of the total annual election amount, known as the Required Minimum Funding (“RMF”). The RMF is used to pay claims, and funds are electronically transferred each week to restore the minimum balance after that week’s claims are paid.

- Initial Funding: An email invoice is sent and funds in the amount of the RMF are pulled via ACH from the designated employer account one to two weeks prior to the plan effective date.
- Ongoing Funding: Each week, we will send an invoice via email and initiate an ACH to transfer an amount equal to that week’s claims to restore the RMF.
- Example: An employer implements an FSA and an HRA.
 - 15 employees enroll in the FSA totaling \$10,000 for the year.
 - 40 employees select the HRA plan totaling \$40,000 for the year.
 - Total Annual Election Amount for both plans is \$50,000.
 - RMF is 4% of the annual elections, \$2,000, and will be pulled via ACH prior to the start of the plan year.
 - During the first week, \$1,000 is paid in claims and will be pulled via ACH at the end of the week to replenish the balance to the RMF level.
- Each month, the RMF will be recalculated based on the expected annual elections for all Participants active at that time. If the recalculated RMF is greater than the current RMF by 25% or more, the RMF will increase to the new calculation.