Employer Group HSA Initiation Form

Please complete the following information.

General Information

Enter the company's legal name (limited to 22 characters):

___ ___

TIN _____

Will the company contribute to employee HSAs? ☐ Yes ☐ No

If yes, please describe the contribution amount:

☐ Same amount per employee: $_____

☐ Percentage of health plan deductible

☐ Other (please describe below):

_____

_____

If you choose to make contributions to employees' HSA accounts, the law requires "comparable contributions on behalf of all comparable participating employees." Contributions are considered comparable if they are either the same amount or same percentage of the deductible under the HDHP.

Will the company deduct HSA contributions from employee payroll? ☐ Yes ☐ No

If yes, will payroll deposits be provided via electronic funds transfer (EFT) or check?

☐ **EFT** – This should be selected if an electronic funds transfer of employer contributions and/or employee payroll deductions will be deposited directly to the individual's Chase HSA. The individual employee account numbers will be provided to the primary group contact when the HSAs are opened by Chase.

☐ **Check** – This should be selected if a deposit check will be provided to Chase along with a detailed funding roster. Individual employee account numbers will be provided when the HSA accounts are opened by Chase. The roster should include the participant's first name, last name, deposit amount, deposit effective date and HSA account number. The check total must equal the sum of the roster, or the deposit and roster will be returned to the primary contact. Checks should be made payable to "Chase E-funds" and mailed to:

Chase E-funds Processing Center
21715 Network Place
Chicago, IL 60673-1217

Please note: If you are processing payroll deductions, you must obtain your employee's authorization or retain a copy of the Employee Enrollment form in order to maintain authorization of the requested employee deduction. It is your responsibility to discern the per-pay-period deductions that will need to be taken to reach the employee's required election. In addition, it is the employer's responsibility to accept election changes from the employee at-will.

CHASE
THE RIGHT RELATIONSHIP IS EVERYTHING.®

Company Contact Information

Mailing Address

Street address _____

City _____ State ____ Postal code _____ Country _____

Phone number _____ Alternate phone number _____

Fax number _____ E-mail address _____

Web address _____

• **Primary Contact**

Name _____

Title _____ Phone number _____

• **Secondary Contact**

Name _____

Title _____ Phone number _____

• **Other Contact**

Name _____

Title _____ Phone number _____

For Internal Use Only

• *Please note: This section must be completed by the business unit.*

MBU description (GA-ISG, BCC-Large, etc.) _____ MBU code _____

Unique employer group identifier (WGS-Case#, STAR-Entity#, Facets & Q-Care-Group #) _____

Notes _____

Signature _____ Date _____

• *Please note: This section must be completed by the HSA unit.*

Name _____ Title _____

Signature _____ Date _____

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