



Health Savings Account Employer Notification Form

If the Employer Group elects to promote Optum Bank to administer their Health Savings Accounts (HSAs), this form is to be used during implementation to gather information about their requirements for system set up.

The completed form can be emailed to hsasetup@optumbank.com or Faxed to (800) 765-6766

* Denotes a required field. All required fields must be completed in order to avoid processing delays.

<input type="checkbox"/> New Form <input type="checkbox"/> Updated Form		Date Submitted: / /	
Medical Policy# / Group ID# : *		Medical Carrier / Provider: *	
1 - Employer Information			
Employer Name: *			
Employer Address 1: *			
Employer Address 2:			
City: *		State: *	Zip Code: *
Agency Name:		Agency Tax ID #: - -	
Agency Address:			
Agency Contact Name:			
Agency Phone #: () -		Agency Fax # :() -	Agency E-mail: FORMTEXT
Broker Name:		Broker ID/License #: - -	
Broker Address:			
Broker Phone #: () -		Broker Fax # :() -	Broker E-mail: FORMTEXT
2 - Policy Information			
Effective Date of High Deductible Health Plan: * / /			
Estimated Number of HSAs :		HSA Sold Date: / /	
3 - Enrollment Method * (must select one of the following as the primary enrollment method)			
<input type="checkbox"/> Employer Portal <input type="checkbox"/> Batch <input type="checkbox"/> Online <input type="checkbox"/> Paper			
Enrollment Year: *			
4 - Will Payroll deductions be deposited into the Employee's HSA? *			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
5 - Will Employer be contributing funds to the Employee's HSA? *			
<input type="checkbox"/> Yes <input type="checkbox"/> No			



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6 - Contribution Method *(required if YES to sections 4 or 5)	
<input type="checkbox"/> ACH Direct Deposit <input type="checkbox"/> Combined Sum ACH/ Wire <input type="checkbox"/> Employer Portal	
7 - Contribution Frequency *(required if YES to sections 4 or 5)	
<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	
8 - Does Employer want to receive a listing of the Employee Account #'s (Account Number File / ANF) via secure email? *(required if YES to sections 4 or 5)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recipient Name:	
Phone #: () -	E-mail: FORMTEXT
Frequency : <input type="checkbox"/> Daily <input type="checkbox"/> Semi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
9 - Contact Information	
1. Form Submitter: *	
Phone #: * () -	E-mail: * @
2. Primary Contact (HR Contact): *	
Phone #: * () -	E-mail: * @
3. Enrollment/Eligibility Contact <input type="checkbox"/> check if same as Primary Contact (#2)	
Phone #: () -	E-mail: @
4. Reporting Contact: * <input type="checkbox"/> check if same as Primary Contact (#2)	
Phone #: * () -	E-mail: * @
5. Contribution Contact: <input type="checkbox"/> check if same as Primary Contact (#2) *(required if YES to sections 4 or 5)	
Phone #: * () -	E-mail: * @
6. Payroll Vendor/System Contact: <input type="checkbox"/> check if same as Primary Contact (#2)	
Phone #: () -	E-mail: @
10 - Additional Contacts:	
Contact Name:	Contact Type:
Phone #: () -	E-mail: @
Contact Name:	Contact Type:
Phone #: () -	E-mail: @

Notes:



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