

# Chase Health Savings Account (HSA)

## 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  
21405 Network Place  
Chicago, IL 60673-1214

*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.*

*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 \_\_\_\_\_