

Health Savings Account Employer Set-up Bank Notification

Instructions: If the Employer Group elects to promote Exante Bank Health Savings Accounts, this form is to be used during implementation to (a) gather information from the Employer Group about their requirements for a Health Savings Account (HSA), and (b) inform Exante Bank that a case has been sold and provide information about the Employer Group's HSA requirements. A definitions list for all data requested on this form is on page 3.

* denotes a **required** field, all required fields must be completed or the form will be rejected and sent back to the submitter.

The completed form is to be mailed to Oxford Health Insurance 14 Central Park Drive, Hooksett, NH 03106 * Attn: Group Enrollment Department.

<input type="checkbox"/> New Form <input type="checkbox"/> Updated Form		Date Submitted: _____	
Base Medical Policy # (Group ID):*			
1- Employer Information			
Employer Name:*			
Employer Address 1:*			
Employer Address 2:			
City:*		State:*	Zip Code:*
Broker Agency Name:		Broker Agency Tax ID #: - -	
Broker Agency Address:			
Broker Agency Contact Name:			
Broker Agency Phone #: () -		Broker Agency Fax # :() -	Broker Agency E-mail:
Broker Name:		Broker ID/License #: - -	
Broker Address:			
Broker Phone #: () -		Broker Fax # :() -	Broker E-mail:
2 - Policy Information			
Effective Date of High Deductible Health Plan:*		Case Sold Date: :*	
Projected Number of HSA Accounts:		As of Date: / /	
3 - Enrollment Information			
Method of Enrollment:*(must select one of the following as the primary enrollment method)			
<input type="checkbox"/> Online			
<input type="checkbox"/> Paper			
<input type="checkbox"/> Batch File			
If Batch* - <input type="checkbox"/> Standard Format <input type="checkbox"/> Non-standard format (If Non-standard, include approved PRP in #9)			
If Batch* - Will employer obtain Exante HSA Affirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Open Enrollment Meeting Date: / /		Enrollment Year:*	
Open enrollment period from: : / / to : / /			
Open enrollment HSA phone number: () -			
Is the employer contract signed?: <input type="checkbox"/> Yes <input type="checkbox"/> No (applicable only to employers who select Batch with Affirmation enrollment method)			
4 - Will Payroll deductions be transferred into the Employee's account?*			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
5 - Will Employer be Contributing to the Employee's HSA account?*			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
6 - Contribution Method			
<input type="checkbox"/> ACH Direct Deposit via payroll <input type="checkbox"/> Combined Sum ACH <input type="checkbox"/> Wire <input type="checkbox"/> Check			

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7 - Contribution Frequency (if applicable)		
<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other		
8 – Will Employer Want to Receive a Listing of Employee Account Numbers? (Required* if yes to #4 &/or #5)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Account Number File Recipient Name:		
Phone #: () -	E-mail:	
Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-weekly <input type="checkbox"/> Monthly		
9– Approved PRP Requests (for Exante Bank use only)		
Is a PRP request associated to Employer Group?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If PRP = “Yes” Please enter PRP number(s) below)</i>		
PRP #:	Brief Description:	
PRP #:	Brief Description:	
PRP #:	Brief Description:	
Comments:		
10 - 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) (<i>*required if batch selected</i>):		
Phone #: () -	E-mail: _____@_____	
4. Reporting Contact: * <input type="checkbox"/> check if same as Primary Contact (#2)		
Phone #: * () -	E-mail: * _____@_____	
Address:		
City:	State:	Zip Code:
5. Contribution Contact: <input type="checkbox"/> check if same as Primary Contact (#2) <i>(*required if employer initiating contributions to an employee account)</i>		
Phone #: () -	E-mail: _____@_____	
6. Payroll Vendor/System Contact: <input type="checkbox"/> check if same as Primary Contact (#2)		
Phone #: () -	E-mail: _____@_____	
11– Additional Contacts:		
Contact Name:	Contact Type:	
Phone #: () -	E-mail: _____@_____	
Contact Name:	Contact Type:	
Phone #: () -	E-mail: _____@_____	

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Definitions of Data Requested:

Base Medical Policy # (Group ID)	Employer group ID
1. Employer Information:	
Employer Name	Name of Employer
Employer Address 1	Employer's street address (1)
Employer Address 2	Employer's street address (2), if applicable
City	Employer's city
State	Employer's state
Zip	Employer's zip
Payer/ TPA Name	Insurer offering the High Deductible Health Plan
Broker Agency Name	Name of Broker Agency
Broker Agency Tax ID #	Broker Agency Tax Identification Number
Broker Agency Address	Broker Agency address
Broker Agency Contact Name	Name of contact at Broker Agency
Broker Agency Phone#	Phone number of Broker Agency
Broker Agency Fax #	Fax number of Broker Agency
Broker Agency E-mail	E-mail address of Broker Agency
Broker Name	Name of Broker
Broker ID/License #	Broker's ID or License number
Broker Address	Broker's address
Broker Phone #	Broker's phone number
Broker Fax #	Broker's fax number
Broker E-mail	Broker's E-mail address
2. Policy Information	
Effective date of High Deductible Health Plan	Date High Deductible Health Plan is effective
Case Sold Date	Date the High Deductible Health Plan was sold to the employer group
Projected Number of HSA accounts	Estimated number of HSA Accounts this group will have based on membership
As of date:	Date associated to the projected number of HSA accounts provided
3. Enrollment Information:	
Enrollment Method	<p>Method employer would like to enroll employees:</p> <p>Online = Employee will enroll in their Exante Bank HSA account through Exante's online enrollment tool found at www.exantebankhsa.com</p> <p>Paper = Send PDF of all enrollment materials to HSA Primary Contact - Employee will complete, sign, and mail Exante Bank's HSA paper application. Exante Bank to e-mail employer a PDF file of the enrollment kit.</p> <p>Paper = Send enrollment kits to HSA Primary Contact - Employee will complete, sign, and mail Exante Bank's HSA paper application. Exante Bank to mail employer requested number of enrollment kits.</p> <p>HSA Batch File =</p> <p>Batch (With Affirmation) - Employer FTPs Exante Bank an electronic eligibility batch enrollment file based on a defined frequency. Standard file format to be provided during implementation. Employer provides Exante HSA Terms and Conditions, captures employees' HSA affirmation, and includes affirmation on Exante standard batch file. A confirmation of application will be mailed to the employee requesting a signature. The employee cannot access their funds until the signature is received.</p> <p>Batch (Without Affirmation) - Employer FTPs Exante Bank an electronic eligibility batch enrollment file based on a defined frequency. Standard file format to be provided during implementation. A confirmation of application will be mailed to the employee requesting a signature. The account will not be opened (and contributions will not be accepted) until the signature is received</p>
Enrollment Year	Year enrolling in HSA
Open Enrollment Meeting Date	Date on which employer's open enrollment meetings will be held. If more than one date indicate first one
Open enrollment period from	Date of employer's open enrollment period
Open enrollment HSA phone number	Employer's open enrollment HSA phone number (toll-free)
Is the employer contract signed?	Question asking if we have an Employer Agreement for HSA Affirmation
4. Will Payroll Deductions be Transferred into the Employee's HSA Account?	Question asking if contributions will be made via payroll deduction
5. Will Employer be Contributing to Employee's HSA Account?	Question asking if the employer will be contributing to employee's HSA

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6. Contribution Method	
ACH Direct Deposit via payroll	Automated Clearing House network transaction. This is a reliable and efficient nationwide batch-oriented electronic funds transfer system governed by NACHA OPERATING RULES which provide for the interbank clearing of electronic payments for participating depository financial institutions. The Federal Reserve and Electronic Payments Network act as ACH Operators, central-clearing facilities through which financial institutions transmit or receive ACH entries. Content and format for each of these components is very specific and must follow predefined formats to be valid. SEE EXANTE BANK "CONTRIBUTION ADMINISTRATIVE GUIDE FOR THE HSA PRODUCT" FOR DETAILS.
Combined Sum ACH	Electronic Combined Sum ACH contributions to an HSA account is a simple, two-part process. The first step consists of sending an electronic contribution file detailing the specific employee accounts and the dollar amounts that are to be deposited. The second step is to send an ACH to Exante Bank for the total amount. Content and format for each of these components is very specific and must follow predefined formats to be valid. SEE EXANTE BANK "CONTRIBUTION ADMINISTRATIVE GUIDE FOR THE HSA PRODUCT" FOR DETAILS.
Wire	Electronic wire contributions to an HSA account is a simple, two-part process. The first step consists of sending an electronic contribution file detailing the specific employee accounts and the dollar amounts that are to be deposited. The second step is to send an electronic funds wire to Exante Bank for the total amount. Content and format for each of these components is very specific and must follow predefined formats to be valid. SEE EXANTE BANK "CONTRIBUTION ADMINISTRATIVE GUIDE FOR THE HSA PRODUCT" FOR DETAILS.
Check	Contributions may be made by either the employer or the account holder (i.e., employee) via a manual check that is submitted with worksheet detailing the contribution. This contribution method is for employers with less than 100 employees or Account Holders. SEE EXANTE BANK "CONTRIBUTION ADMINISTRATIVE GUIDE FOR THE HSA PRODUCT" FOR DETAILS.
7. Contribution Frequency:	Frequency by which contributions will be made to employee accounts. Selections are weekly, semi-monthly, monthly and other.
8. Will Employer Want to Receive a Listing of Employee Account Numbers ?	Question asking if employer wants to receive listing of account numbers.
Account Number File Recipient Name	a. Name of employer contact who would like to receive a listing of account numbers for their employees who have an open HSA account. The account numbers will be needed by the employer when making contributions.
Phone	Phone number of employer contact receiving account number file
E-mail	E-mail address of employer contact receiving account number file
Frequency	Frequency of the account number file. Selections are weekly, bi-weekly, monthly and other
9. Approved PRP Requests	
Is a PRP request associated to Employer Group?	Question asking if there is an approved PRP associated with this Employer Group.
PRP #	PRP number
Brief Description	Brief description of PRP
Comments	Section for comments
10. Contact Information:	
Form Submitter	Name of person filling in form
Phone	Phone number of person filling in form
E-mail	E-mail address of person filling in form
Primary Contact	Employer's Human Resources contact for HSA Account
Phone	Phone number of employer's Human Resources contact for HSA Account
E-mail	E-mail address of employer's Human Resources contact for HSA Account
Enrollment/Eligibility Contact	Employer's Enrollment/Eligibility contact
Phone	Phone number of employer's Enrollment/Eligibility contact
E-mail	E-mail address of employer's Enrollment/Eligibility contact
Reporting Contact	Employer's contact for reports
Phone	Phone number of employer's contact for reports
E-mail	E-mail address of employer's contact for reports
Contribution Contact	Employer's contact for contributions
Phone	Phone number of employer's contact for contributions
E-mail	E-mail address of Employer's contact for contributions
Payroll Vendor/System Contact	Employer's contact for payroll (this could be a vendor)
Phone	Phone number of employer's contact for payroll (this could be a vendor)
E-mail	E-mail address of employer's contact for payroll (this could be a vendor)
11. Additional Contacts	
Contact Name	Name of additional contact for HSA Account
Contact Type	Contact Type of additional contact for HSA Account (reports, contributions, account number file, etc.)
Phone	Phone number of additional contact for HSA Account
E-mail	E-mail address of additional contact for HSA Account