CDHP HSA Small Group Questionnaire

Instructions

1. Complete all of the sections below.
2. For existing employers, please provide current Employer ID (Group#/Case#) in section A.
3. Submit completed application along with all other completed renewal or new group paperwork to your sales representative.
4. Email completed CDHP HSA Small Group Questionnaire to Broker & Employer Spending Accounts Team at **brokerandemployerspendingaccounts@anthem.com** and to your sales representative.

Section A: Employer Information and Accounts

Employer name:

Tax ID:

Employer ID (Group#/Case#):

Effective date:

Number of benefit eligible employees:

Estimated number of participants:

Employer contact name #1:

Phone:

Email:

Employer contact name #2:

Phone:

Email:

Employer contact name #3:

Phone:

Email:

Broker/Consultant contact name:

Phone:

Email:

Section B: Health Savings Accounts

HSA Custodian: WealthCare Saver

Method of providing employee/employer contributions to HSA Accounts:

☑ ACH Pull – Upload files online (up to 400 enrollees and bank account info **required**)

Payroll frequency and date:

Payroll frequency: Select one or type your other payroll frequency here

Date of first contribution: (informational, contributions are based on when files are submitted)

Provide employer HSA contribution, if applicable:

Single:

Family:

Frequency:

Expected date of first contribution:

Contributions will not post automatically based on this form. Deposits that occur on weekends or bank holidays will become available within 2–3 business days.

Employer HEREBY authorizes Anthem or its agents to initiate ACH transfer entries for the following depository:

Bank account number:

Routing number:

Type of account:

Financial institution name:

NOTE: Monthly administration fees will be deducted from employees Anthem HSA account if they opt in. If employer would like to pay the fee the employer can make deposit equal to the fee into employees account. There is a $1 non-refundable pre-note to ensure the account can be opened. If there is a filter preventing unauthorized bank entries, please see the filters to add below.

Both submitting bank BMO and your Custodian (WealthCare Saver) must be added. SUBMITTING BANK (ODFI): BMO HARRIS BANK COMPANY NAME (ACCOUNT NAME): Med-I-Bank ROUTING NUMBER: 075000051 ORIGINATION ID: 07500005 COMPANY ID (Daily POS Settlements): 1383261866 COMPANY ID (RESUBMITS): W383261866 COMPANY ID: 3333313100. For Clients using direct deposit with WealthCare Saver bank use: WealthCare Saver: ROUTING NUMBER: 052102215 WealthCare Saver BANK COMPANY ID (PAYROLL FUNDING): 1221146430

Section C: Signature Section

Date:

Handwritten signature of authorized signer required: Please print and sign.

Printed name of authorized signer:

Title of authorized signer:

Email of authorized signer:

Reset Form Save and Print

NACHA Operating Rules

Employer HEREBY authorizes Anthem or its agent, , to initiate ACH debit entries (or correcting credit entries) to the bank account listed below. Anthem or its agent shall ACH debit the employer group for the sum total of claim reimbursement activity each day. Anthem or its agent shall notify the employer of claims activity through an email as well as an employer funding report. Employer agrees not to dispute any debits with its bank provided the transaction(s) correspond to the terms indicated in this Agreement.

Both parties agree to be bound by NACHA Operating Rules as they pertain to these transactions. Employer acknowledges that the origination of ACH transactions to its account must comply with the provisions of U.S. law. This Authorization will remain in effect until Employer cancels it in writing or provides a new account authorization, allowing at least ten (10) business days for Anthem and its agent to act. Employer understands that if an ACH debit fails for any reason, including insufficient funds, and Anthem or its agent becomes obligated to settle claims, Employer will indemnify Anthem or its agent for such amounts within one (1) business day of receiving notice from Anthem or its agent. A charge of $100.00 may be assessed for each ACH return. Failure to transfer funds to Anthem or its agent as set forth herein may result in the suspension or termination of services.

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