

Active Consent Account Opening – Employee Completes Online Bank Application

- 1** During open enrollment, employee will enroll in the High Deductible Health Plan with HSA.

- 2** HSA Bank will provide a client specific URL to Cigna/Client for employees to complete an online application to open an HSA at HSA Bank. Client will provide this URL to their employees.

- 3** Client prepares their medical eligibility file and sends to Cigna.

- 4** Employees who wish to open an HSA complete the online bank application via the URL provided.
Cigna loads medical eligibility into Cigna eligibility system.

- 5** HSA Bank receives bank application information from the URL.**
HSA Bank sends list of open HSAs back to Cigna.

- 6** Cigna receives file from HSA Bank and matches against eligibility received from client.
Cigna sends HSA Bank employee branch number and medical tier coverage information.
Cigna creates Bank Enrollment Status Report on CignaAccess.com.

**HSA Bank must receive records that contain all required data elements in order to proceed with account opening. This includes: Complete name, SSN, date of birth, and residence address. . The employee must include a residence address when completing the bank application





Welcome

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Welcome to HSA Integration Cancel Date's Group Online Enrollment

This service is provided for the employees of **HSA Integration Cancel Date**. If you are currently not employed by **HSA Integration Cancel Date**, or if you do not recognize the company name, please contact your employer to confirm that you are using the appropriate link to enroll in your Health Savings Account.

>> BEGIN ONLINE ENROLLMENT



Step 1: Your Identification & Health Plan

*Required

Please provide the below information in order to process your application with HSA Bank. Fields indicated with an asterisk(*) are required.

*First Name:

M.I.:

*Last Name:

*Date of Birth:

*Social Security Number:

*Street Address:

(If foreign address, please supply City, State and ZIP Code all in Address Line 2)

*Address Country:

*City:

*State:

*Zip Code:

*Home Phone Number:

Business Phone Number: ext.

*Email Address:

*Are you a U.S. Citizen: Yes No

*Effective Date of your Health Insurance:

*Health Insurance: Single Family

*Deductible Amount:

*Employment Status: Employed Self-employed Unemployed Retired

*Do You Want to Add an Authorized Signer: Yes No

Order Debit Cards: I'd like to order a second FREE debit card for my Authorized Signer.

HDHP Individual only = \$1500;
HDHP Family coverage = \$3000

Note: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: When you open an account we will need you and your authorized signer to provide name, street address, date of birth and other information that will allow us to identify you and your authorized signer. We may also ask to see your driver's license or other identifying documents. If your identity cannot be authenticated, or your application is incomplete, your account will be opened in a frozen status.

>> NEXT



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Step 2: Review & Submit Your Application

Please review the following information before submitting your application.

Your Identification [Edit](#)

Name: SAMPLE E

Street Address: 50 ROAD

City: SHEBOYG

State: WI

Zip Code: 53081

Home Phone: (555) 555-5

Business Phone: N/A

Email Address: SAMPLE@

Social Security Number: XXX-XX-67

Date of Birth: 01/01/1970



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Congratulations!

Your application has been successfully submitted and is being processed.

Application: Please print and save a copy of your application for your records. Your application will open in a new window, so please disable any pop-up blockers. [Click Here](#) to print your application.

Welcome Kit: After your Health Savings Account application is processed, for which HSA Bank is the custodian, you will receive a Welcome Kit in the mail. The Welcome Kit contains your account number and our disclosures. It also outlines our services and details how to manage your account. If you do not receive your Welcome Kit in 7 - 10 business days, please contact Cigna at the number on the back of your ID card.



HSABankOnlineApplication.pdf - Adobe Reader

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Health Savings Account (HSA) Online Application



hsabank.
A Division of Webster Bank, N.A., Member FDIC

GENERAL INFORMATION FOR PRIMARY ACCOUNTHOLDER				
Name: SAMPLE	Mt:	Last Name: EMPLOYEE	Date of Birth: (mm/dd/yyyy) 1/1/1970	Social Security Number: 123-45-6788
Street Address: (Required) 50 ROAD		City: SHEBOYGAN	State: WI	ZIP Code: 53081
P.O. Box: (Optional)		City:	State:	ZIP Code:
Preferred Mailing Address: <input checked="" type="checkbox"/> Street Address <input type="checkbox"/> P.O. Box		Email: SAMPLE@TEST.COM		
Home Phone: (555) 555-5555		Business Phone:	Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Status: <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not Employed/Retired <input type="checkbox"/> Self-Employed				
Employer: HSA Integration Cancel Date			Title/Profession: Analyst	
Effective Date of your Health Insurance: 1/1/2015		Coverage Type: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Family	Deductible Amount: \$ 3,000.00	
AUTHORIZED SIGNER OPTIONAL: (SUCH AS A SPOUSE OR ANOTHER THIRD PARTY)				
By completing all of the fields below, you are authorizing the person designated as "Authorized Signer" to access and initiate transactions on your account as your agent. HSA Bank will rely upon this designation until HSA Bank receives your written revocation of this authorization and has had a reasonable time to act upon it. You hold harmless and indemnify HSA Bank against any claims or losses arising out of HSA Bank's reliance on this authorization, and release HSA Bank from any liability arising from such reliance, unless otherwise prohibited by law. You remain solely responsible for any tax consequences that result from any action taken by the Authorized Signer regarding your account.				
Name:	Mt:	Last Name:	Date of Birth: (mm/dd/yyyy)	Social Security Number:
<input type="checkbox"/> Address same as Accountholder		Street Address:		
City:		State:	ZIP Code:	Phone Number:
ACCOUNT INFORMATION				
Please select the account options and enter an amount where appropriate.				
<input type="checkbox"/> Sign-up for Internet Banking	<input type="checkbox"/> Sign-up for e-statements			
<input type="checkbox"/> Primary Accountholder debit card	<input type="checkbox"/> Authorized Signer debit card			
<input type="checkbox"/> Checks	<input type="checkbox"/> Initial Contribution		\$ 0.00	
ACCOUNT AUTHORIZATION				
The electronic authorization you made during the online enrollment process serves as your official account authorization and serves as your receipt and acceptance of terms in the Account Disclosures, Interest Rates, and Service Fees. During the enrollment process you appointed HSA Bank to serve as custodian for your Health Savings Account. HSA Bank, a division of Webster Bank, N.A., and Webster Bank, N.A. are the same FDIC-insured institution. Deposits held under each trade name are not separately insured, but are combined to determine whether a depositor has exceeded the \$100,000 federal deposit insurance limit. Within seven (7) calendar days from the date you opened this HSA, you may revoke the authorization by mailing a written notice to HSA Bank.				
You have also acknowledged that you are covered by a qualified High Deductible Health Plan (HDHP), are not enrolled in Medicare or covered under other health insurance that is not compatible with an HSA, and you may not be claimed as a dependent on another person's tax return (excluding spouses per the IRS).				
Note: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: When you open an account we will need you and your authorized signers to provide name, street address, date of birth and other information that will allow us to identify you and your authorized signer. We may also ask to see your driver's license or other identifying documents. If your identity cannot be authenticated, or your application is incomplete, your account will be opened in a frozen status.				
Please keep a copy of this document for your personal records.				

