



# Employer HSA New Group Application

Client Information		
Name:		
DBA (if applicable):		
Company address:		
City:	State:	ZIP Code:
Federal Tax ID:	Date Incorporated:	Organization is operating pursuant to the state laws of:
Plan Administrator		
Primary Contact:	Title/Position:	
Primary Email Address:	Primary Phone #:	Ext:
Broker Contact Information		
Broker Name:	Broker Firm:	
Broker Email Address:	Primary Phone #:	Ext:
Requesting commission to be collected and remitted to broker: <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, additional paperwork will be required from the broker)	General Agency Name:	
Health Savings Account Plan Information:		
Plan Effective Date: ____/____/____ (MM/DD/YEAR)	Plan Deductible: _____ / _____ Single Family	
<input type="checkbox"/> Health Insurance Name/Plan Type (i.e. Aetna Bronze HSA, etc.): _____		
Is this a take-over HSA from another administrator? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, employees may complete an HSA Transfer to move HSA funds)		
HSA Pricing		
<input type="checkbox"/> \$2.95 Per Account Per Month		
Who Will Pay the Monthly Fee?		
<input type="checkbox"/> Employer <input type="checkbox"/> Employee (OCA will debit the monthly fee directly from the employee's HSA account)		
Employer Signature		
A signature from someone with authority to make changes to the organization's benefits and/or banking information is required. This signature indicates that you have had an opportunity to review this document in its entirety and that you agree to the terms and conditions set forth by OCA		
Signature: _____ <i>Signature of a company authorized signer</i>		Effective Date: _____

## HSA Client Banking And Invoicing Set-up

Invoice Remittance Contact Person (if different than primary contact):

Mailing Address:

City/State/Zip:

Email:

## Invoice Payment Set-up *(method used to remit OCA monthly HSA fees)*

Company Check

EFT – use same account as below

EFT – use alternate account

If payment is being remitted via an EFT (Electronic Fund Transfer), please note that monthly invoices will be drawn on the 15<sup>th</sup> of each month. Annual fees are drawn in the month of the renewal date of the Plan for each line of service that applies. Should the 15<sup>th</sup> of the month happen to fall on a weekend, bank holiday or a day in which OCA is closed the funds will be drawn the business day prior. A surcharge of \$45 will be assessed to those accounts in which funds were not available at time of draw. Additionally, all lines of service for said Company will be placed on hold until the payment is able to be collected.

## Employer Banking for HSA Contribution Management

We authorize OCA to originate credit/debit entries to and from the below named account via EFT services provided by BMO/Harris Bank (descriptor is MED-I-BANK SETL MMDD). Prior to plan inception the employer account listed below will be subject to a **\$1.00 pre-notification fee** from OCA's banking partner to confirm that the account is valid. We understand if banking information is not provided debit cards cannot be issued.

Bank Name:

Routing Number (9 digit #):

Account Number:

\*\*\* It is the responsibility of the employer to make contributions\*\*\*