



AMERICAN BENEFITS GROUP

CLIENT INFORMATION FORM - WealthCare Saver HSA

Company Profile

Legal Name of Organization: _____ Broker of Record: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website URL: _____ Employer Fed Tax ID#: _____

of Years in Business: _____ Date Established: _____

State of Incorporation: _____ # of Years at Location _____

Affiliated Employers (list): _____

None

Type of Incorporation (please check):

- Partnership*
- Sub-chapter "C" Corporation
- Non-Profit Organization
- Sole Proprietorship*
- Sub-chapter "S" Corporation*
- Government Agency
- LLC (Limited Liability Company)*
- Other _____

* **Note:** Subchapter S Corporation shareholders above the 2% level **may not** participate, but they may sponsor a plan for their employees. In addition, family members and close relatives of these shareholders **may not** participate. LLC, LLP and Sole Proprietors **may not** participate, but may sponsor a plan for their employees. However, if the spouse is a bona fide employee of the firm, he or she may participate and use the benefit for the entire family.

Employer Plan Administrators

Access: Please provide ABG with one **Primary Contact** who will manage the HR/Administrator Access for your organization.

This contact will have the ability to assign access to others in your organization. This contact should either have been designated as a privacy officer or have been cleared for access to Protected Health Information (PHI) per HIPAA requirements.

Reports: HR/Administrators can log into the WealthCare system to download scheduled reports or run them on a include information about account balances, debit card transactions and claim reimbursements.

Scheduled reports in the system do not contain PHI or Personal Information (PI).

Primary Contact:	Title:
Email:	Tel:

Primary Broker Contact:	Title:
Email:	Tel:

Form Submittal by Printed Name

Form Submittal by Signature

Form Submitted Date

Health Savings Account

Administrative

Previous HSA Bank Custodian _____

Effective Date of The Plan: Date you would like us to begin administration of this plan: _____

HSA Enrollment

Enrollment Options

- ABG Online Enrollment:** During your yearly open enrollment period, employees apply for their HSA bank account using ABG's WealthCare Portal. Using this method, they will complete their application by signing all the necessary bank disclosures during enrollment. Please note upon renewal, employees do not need to apply/enroll in the HSA. ABG will only need to be alerted to those who no longer qualify to contribute to their HSA or have terminated employer with your company.

(No census file is needed for this method; enrollees create their own demographic records in the system)

- Your Own Enrollment Method:** Collect enrollments using your own method. Once employees are entered into our system, they will receive notifications from Avidia bank prompting them to complete their HSA Bank Account Application.

You may submit your enrollment data either by:

- Using ABGs [HSA Submission Spreadsheet](#)
or
 Ongoing eligibility file feed via your HRIS vendor.

ABG HSA

Terminated Employees

If one of your employees, who was enrolled, in an HSA, should terminate employment with you, you must notify ABG of the termination by emailing processing@amben.com. ABG will process the termination of the employee's HSA under the employer's benefit options and will re-associate the employee's HSA to our an ABG Retail HSA. This will allow the employee to maintain access to their HSA balances.

1. Terminated employees with HSA balances will be provided with a new ABG Benefits card, which they should use going forward, to access their HSA funds.
2. If an employee has checks associated with their HSA, these checks are still valid for their new account.
3. The employee will need to re-register their HSA account in the WealthCare Portal, to continue to manage their HSA online. ABG will send terminated employees a notification once they have been located under the ABG HSA.
4. Going forward, a monthly fee in the amount of \$4.00 will be levied against the employees HSA account, as long as the employee has funds remaining in the account.

Limited Purpose Health Flexible Spending Account

A Limited Purpose Health Flexible Spending Account (LPF) can be used to reimburse qualified vision and dental expenses. Would you like to offer your employees an LPF? Yes No

You may also choose to have your LPF used to reimburse Post Deductible expenses once an employee has reached the federally mandated deductible, they may use the funds in their LPF/Post Deductible Health Care Flexible Spending Account to be reimbursed for General Purpose FSA medical expenses incurred after the date they reached their deductible. (\$1,500 if they are enrolled in a single HDHP, or \$3,000 if they are enrolled in a family HDHP).

Would you like LPF to include Post Deductible Health Care Expenses? Yes No

Employees must submit an Explanation of Benefits (EOB) showing that they have reached their requisite federal deductible. All General-Purpose FSA expenses submitted for reimbursement must have been incurred after the date they reached the federal deductible.

PLEASE NOTE: The **ABG Benefits Card** will only work for dental and vision expenses, claims for Post Deductible Health Care expenses will need to be filed manually.

HSA Payroll Funding

Employee Contributions

Employee Payroll Frequency: Monthly (12) Semi-Monthly (24) Bi-Weekly (26) Weekly (52)

First payroll date in the plan year: _____

Will The Employer Make Contributions? Yes No

Frequency: Yearly (1) Monthly (12) Semi-Monthly (24) Bi-Weekly (26) Weekly (52)

First employer contribution date in the plan year: _____

HSA Funding Directions

Please note that for your HSA Account, unless you have:

Established an Ongoing Payroll File (separate from eligibility file) with ABG (a connection between your HRIS or payroll vendor and our IT Department)

- and -

You have received confirmation that this file is in production from ABG's IT Department, then: You must provide your HSA funding each pay period, by submitting the Funding template linked here http://amben.com/demos/HSA/ABG_HSA_FundingTemplate.xls. Securely email this spreadsheet to processing@amben.com each pay period. Please make the effective date equal to the payroll date and designate if it is an employer deposit or an employee deposit. If you submit funding on this file, please submit three days prior to payroll date to assure funds will be in employee's accounts on their payroll date. Or you may use ABGs Contribution Manager.

DO NOT TAKE DEDUCTIONS UNTIL YOU VERIFY A BANK ACCOUNT IS OPEN.

Example using Friday as payroll date:

Tuesday	Send file to ABG
Wednesday	File Processing Complete
Thursday	Funds draft out of Employer's HSA bank account
Thursday PM	Funds available to the employee
Friday	Pay Day

HSA IRS Limits:	Single	Family
2023 Maximum Contribution	\$3,850	\$7,750
2024 Maximum Contribution	\$4,150	\$8,300
Catch-up Contribution (age 55+)	\$1,000	\$1,000

Please ensure that the HSA funding you request us to process conforms to these maximums.

PRE-AUTHORIZED ELECTRONIC BANK DRAFT AUTHORIZATION

WealthCare Saver Prime (WCSP): Company IDs and Routing Numbers

ACH Filters using the Company IDs can and should be added in advance. The IDs and numbers have been provided below; we encourage adding these accounts as soon as possible to avoid any delays in funding. Employers should provide Company ID's and Routing numbers to their bank.

Purpose	ACH Origination Institution	Company ID	Routing Number*
Payroll Funding	BMO Harris	I900808825	071000288

*These routing numbers should not be used for unsolicited ACH debits or credits. Please refer to the section below for unsolicited ACH details.

WealthCare Saver Prime: Unsolicited ACH Routing Numbers

The following routing number should be used to initiate an ACH debit or credit to a WCSP HSA through a third party, outside of the WealthCare system (for example: a payroll company or a personal bank account).

Purpose	ACH Origination Institution	Routing Number
Unsolicited ACH Transactions	BMO Harris	075072157

HSA contributions will be processed in accordance with the HSA Payroll Funding Data File provided by the Client. Payroll funds submitted on the HSA Payroll Funding Data File will be transferred to individual participant HSA accounts. It is important to make sure that all data submitted on the HSA Payroll Funding Data File is complete and accurate.

IMPORTANT: When the bank account is initially set up there will be a non-refundable, pre-authorization transaction (penny test); this pre-authorization is a requirement to verify the account information. Payroll Debits will show with Company ID **I900808825**. **If there are ACH failures you will be billed \$50 for each failure.**

American Benefits Group is hereby authorized to make withdrawals from the specified checking account of the undersigned Client at the bank(s) named herein for the sole purpose of funding participants' HSA Accounts.

Authorized Bank Account Information

We _____ authorize American Benefits Group to debit the following account to fund HSA accounts provided on the periodic HSA Payroll Funding Data Files:

Bank Name _____

Routing #: Account #:

Printed Name of Authorized Signer

Signature of Authorized Signer on Bank Account

Either the Company or the Client may terminate this agreement at any time by a notice in writing, mailed to or delivered at the last known address of the other party, and that any payments due at the date of such termination, or thereafter falling due, shall be payable by the Client in accordance with its obligations as Administrator under its Health Savings Account.