



# Health Savings Account (HSA) Application Guide



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## Online Enrollment

Once your application is submitted you will not be allowed to make any changes to your per pay period election. These changes will need to be done after your account is open through your company's enrollment system.

### HSA Annual Contribution Limits:

**2021**

**Individual:** \$3,600

**Family:** \$7,200



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# Important Information

## **What you need to know about for opening an HSA account:**

To help the government fight the funding of terrorist 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 information you need to complete the application:**

When you apply for an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask for your driver's license or other identifying documents.

## **How long it takes to complete the application:**

The account application should take only 10-15 minutes of your time. The account opening process will take 2-3 days. Once your application has been approved, you will receive a welcome email with additional instructions.



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**Browse to: [www.amben.com/enroll](http://www.amben.com/enroll)**

For best results use the google chrome browser. If you already have a WealthCare Portal user account you can SIGN IN.



800-499-3539  
support@amben.com



SIGN IN



REGISTER

Open Enrollment



Find my  
Employer ID

Already Have a WealthCare Portal User Account?

If you have already registered in the WealthCare Portal you may log into your account using the SIGN IN button above. Once logged in you can enroll or make benefit elections, based on your Employers offerings.



Open Enrollment

Please enter the following information to begin:

\* - Required Field



Employer/Enrollment ID \*



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# Employer ID

Enter your Employer ID; then click Submit. Your Employer ID will begin with “ABG\_\_\_\_\_” and will be provided to you separately from this set of instructions.



800-499-3539  
support@amben.com



SIGN IN



REGISTER

## Open Enrollment



Find my  
Employer ID

### Already Have a WealthCare Portal User Account?

If you have already registered in the WealthCare Portal you may log into your account using the SIGN IN button above. Once logged in you can enroll or make benefit elections, based on your Employers offerings.



## Open Enrollment

Please enter the following information to begin:

\* - Required Field



Employer/Enrollment ID \*

ABGXYZ



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## Employee ID

Your Employee ID / Participant ID is your Social Security Number (SSN), without any spaces or dashes. Enter your SSN, and your Last Name. Check I'm not a robot and click submit.



### Open Enrollment

Please enter the following information to begin:

\* - Required Field



Employer/Enrollment ID \*

ABGXYZ



Employee ID/Participant ID \*



Last Name \*



Enter text for verification \*



I'm not a robot



reCAPTCHA  
Privacy - Terms



SUBMIT

A circular graphic with a green border and a blue center. The text "ENROLL NOW!" is written in white, bold, capital letters inside the blue circle.

# Health Savings Account - Application

- ▶ Choose HSA.
- ▶ Begin the enrollment process by clicking the START button.

## What you need to know about procedures for opening an account:

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## What will you need to complete this application:

When you apply for an account, we will ask your name, address, date of birth, and other information that will allow us to identify you. We may also ask for your driver's license or other identifying documents.

## How long will this take to complete:

The account application should take only 10-15 minutes of your time. Once your application has been approved, you will receive a welcome email with additional instructions.

### HSA

Health Savings Account - ABH

*New*

Enrollment Dates  
Rolling Enrollment

START

A large yellow arrow with a black outline, pointing from the bottom right towards the START button.

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# Health Savings Account - Application

► Choose ENROLL

## Enrollment Summary

Below are benefit plans in which you are eligible to enroll. Please click on the "Enroll" or "Waive" link under the Action column to either enroll or waive your enrollment for each plan.

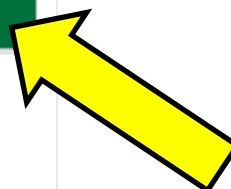
### HSA

Health Savings Account - ABH

*New*

Enrollment Dates  
Rolling Enrollment

ENROLL





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NOW!

# Health Savings Account - Application

## HSA Online Enrollment

STEP 1

STEP 2

STEP 3

### 1. Personal Information

**Please Note:**

**Social Security Number:** should be a total of 9 digits and entered with no spaces or dashes.

**Email Address:** entered during enrollment will be used for all communications including HSA Statements and HSA Welcome Kit.

**Home Address:** must be a physical address location; NOT a Post Office Box. You can have a PO Box for a mailing address; but not for a primary home address.

**Authorized Signer:** If you would like to add an Authorized Signer to your HSA account click "Add Authorized Signer" below. If you would like your authorized signer to receive an ABG Benefits Card, please contact American Benefits Group at 800-499-3539 or support@amben.com. **Please note that any individual listed as an Authorized Signer must be at least 18 years of age.**



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## Add or Verify Your General Info

### General Info

First Name \*



Phone \*

Last Name \*



Email \*



Date of Birth \*



Re-Enter Re-enter Email \*



SSN \*

Marital

Employment Status \*

Employer Name

Employer City

Employer State



**If you have an HSA, PO Boxes need to be entered as the Mailing Address and you must provide your Home/physical Address.**

✓ NEXT

A circular graphic with a green border and a blue textured center containing the text "ENROLL NOW!" in white capital letters.

ENROLL  
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# Account Details

Per Pay Period Election – This would be the initial amount, check with your employer if you want to change this amount in the future.

## HSA Online Enrollment

STEP 1 STEP 2 STEP 3

### 2. Additional Information

- Add Primary and/or Contingent Beneficiaries
- Provide one form of ID from the list of acceptable forms of ID

#### Account Details

Per Pay Period Election

0.00

A large yellow arrow with a black outline pointing from the right towards the input field containing "0.00".

A health savings account (HSA) is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a high-deductible health plan (HDHP). The funds contributed to an account are not subject to federal income tax at the time of deposit. HSA funds roll over and accumulate year to year if not spent



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## Statements & Forms

Please note that mailed statements are \$1.25/month. To receive statements electronically only, open the PDF and add the PIN Number.

### Statements & Forms

#### Statements



E-Statements will be available on the online portal as a PDF document. Please check the box below to confirm your ability to open PDF documents. Thank you.

Electronic Only

#### Electronic Documents Access

In order to elect Electronic Documents, you must verify your ability to access Electronic Documents.

Please open [Sample PDF File](#) and enter the PIN Number below.

Enter PDF PIN Number



[Click here to open PDF](#)



Get Adobe  
Acrobat



# Beneficiaries

Add your beneficiaries, please note that both your Primary and Contingent Beneficiaries will need to equal 100%.

## Beneficiaries

### Primary Beneficiary

You have the option to add primary beneficiary but are not required to do so.

ADD  
BENEFICIARY

### Contingent Beneficiary

You have an option to add a contingent beneficiary after adding primary beneficiary.

ADD  
BENEFICIARY



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# Beneficiaries

Add your beneficiaries, please note that both your Primary and Contingent Beneficiaries will need to equal 100%.

## Add Primary Beneficiary

Full Name \*

required

### General Info



Relationship \*

required

Select Relationship



Date of Birth \*



SSN \*



Beneficiary Percentage \*

### Address

[Click here to use your primary address for this beneficiary.](#)



Address 1 \*



Address 2



City \*



State \*

Select state



ZIP \*



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# Identification Information

Please choose a form of identification which is current.  
Then click I Agree. Then click NEXT.

Identification Information

Please select and enter the applicable information for one form of identification for the primary applicant from the list below.

Choose one form of identification from the list\*

required

Select One

Select One

Drivers License

State ID

Passport

Government or Military ID

Other ID

Other Info

The information provided on this HSA application is accurate to the best of my knowledge. I understand that providing false information will result in the denial of my application request.

☐

I Agree. Please continue with the HSA application process.

✓

NEXT

⌚

SAVE FOR LATER

✕

CANCEL

16

Items with an \* are required





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## Account Details

- ▶ Scroll up to the top of the page to review your information.
- ▶ Edit if necessary than sign by completing the name fields.
- ▶ Find the HSA Custodial Bank Disclosures.



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## Disclosures

- ▶ Open, Review, and confirm you have reviewed the disclosures.
- ▶ Accept the disclosures.

### Disclosures

Clicking "Yes, I accept" below constitutes your agreement to be bound by the terms of each of the Account Documents contained at the links below and your acknowledgment that you have opened, read, understood and hereby agree to the terms of each of these Account Documents. You must click and review the links below to continue the application process. Please print and retain these Account Documents for your records. This will be your only opportunity to print them during this online application.

Electronic Records and Disclosure Agreement  
*click here to read again*



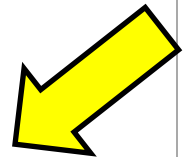
HSA Online Deposit and Disclosure Agreements  
*click here to read again*



Privacy Disclosure  
*click here to read again*



Yes I Accept\*



A circular graphic with a green border and a blue center. Inside the blue center, the words "ENROLL NOW!" are written in white, bold, capital letters. The blue center has a textured, paint-splatter-like appearance.

ENROLL  
NOW!

## Electronic Signature

- ▶ Scroll to the bottom of the page.
- ▶ Sign by completing the name fields.
- ▶ Then SUBMIT.

### Electronic Signature

By electronically signing this application, the undersigned acknowledges that they have opened a Avidia Bank Checking Account, and have read, understand and agree to be bound by the terms of the Deposit Account Agreement and HSA Custodial Agreement. The undersigned further acknowledges that they have read and understand the disclosures made available in this online application. The undersigned authorizes Avidia Bank to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account. Please note: The signature is case sensitive, it must match the way your name was entered in your demographics.

First Name \*

required

Last Name \*

required

Confirm First Name \*

Confirm Last Name \*

Date Signed

Jul 11, 2018



SUBMIT



SAVE FOR LATER



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A circular graphic with a green border and a blue textured center. The words "ENROLL NOW!" are written in white, bold, uppercase letters in the center.

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# Application Confirmation

- ▶ Review and click “Done”.
- ▶ If there are other benefits to enroll in you may do so.



Thank you!

Your application has been submitted.

Thank you for completing the online application for your WealthCare HSA.

Most applications are approved in 2-3 business days. Upon approval, you will receive a welcome email with confirmation that your HSA account has been opened. If you do not currently have an ABG Benefits Card one will be ordered for you. Your welcome email will also include instructions for accessing your HSA account in the WealthCare Portal.



DONE

A circular graphic with a green border. Inside, there is a blue circle with a white, textured, splatter-like background. The words "ENROLL NOW!" are written in white, bold, sans-serif capital letters across the center of the blue circle.

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## **USA Patriot Act**

- ▶ **Customer Identification Program (“CIP”) regulations issued under the USA PATRIOT ACT require financial institutions, including HSA custodial banks, to obtain and verify certain identifying information for each person who opens an account.**
- ▶ **If presented, please provide answers to the out-of-pocket questions.**
- ▶ **Your application is now complete.**
- ▶ **If the HSA Custodial Bank requires more information about your identity, you will be notified via email.**



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## Need Help?

If you need assistance with the Online Enrollment process please reach out to our Flexible Benefits Administrators:

- ▶ Call 800-499-3539
- ▶ Monday – Friday 8:30am to 5:00pm EST
- ▶ Email [support@amben.com](mailto:support@amben.com)



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