



Health Savings Account

EMPLOYER SIGN UP FORM:

To begin the process of setting up Health Savings Accounts with First American Bank for your employees, we need to gather information about your company. Please complete all sections below. One of our account managers will contact you within 24 hours of submission of this form.

1. COMPANY INFORMATION All fields required

Company Name:	Contact Person / Title:	Tax ID Number:	
Address:	City:	State:	Zip:
Phone Number:	Fax Number:	Email Address:	

2. ACCOUNT REQUIREMENTS / INFORMATION All fields required

Number of Employees:	Number of Employees participating in HDHP/ HSA option:	
Who will fund the accounts? <input type="checkbox"/> Employee <input type="checkbox"/> Employer <input type="checkbox"/> Both	Will any employees be making a rollover into the new account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective date of coverage / HSA Establishment: ____/____/____
How will you be funding the accounts? <input type="checkbox"/> Employer Initiated ACH Credit (through your Payroll Company) <input type="checkbox"/> Employer Initiated ACH Credit (through your local financial institution) <input type="checkbox"/> Check <input type="checkbox"/> Other <input type="checkbox"/> Employer will not be funding		

3. HIGH DEDUCTIBLE COVERAGE INFORMATION All fields required

Health Insurance Carrier:	Agent Name / Title:	Agency / Company Name:
Agent Phone Number:	Agent Email Address:	Were you referred to First American by <u>this</u> Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____

Please send completed forms to:

- BY FAX: (847) 264-2308.
- BY EMAIL: Scan and email to HSA@FirstAmBank.com

If you have any questions please send an email to: HSA@FirstAmBank.com and one of our account managers will contact you as soon as possible.

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