Please complete all requested information for your employer setup and submit an electronic copy (*Microsoft Word*) to your Client Service Manager. The Security Challenge form should be returned along with this document.

On questions with check boxes, simply double-click on the appropriate box and change the “default value” to “checked; an X will then populate the box.

.

|  |  |
| --- | --- |
| Health Plan Name  | CDPHP |
| Health Plan Customer ID | 409 |

##

## General Employer Information

|  |  |
| --- | --- |
| Employer Name |  |
| Employer Address – Line 1 |  |
| Employer Address – Line 2 |  |
| Employer City |  |
| Employer State |  |
| Employer ZIP Code |  |
| Employer Business Contact Name |  |
| Employer Business Contact Phone |  |
| Employer Business Contact E-mail |  |
| Employer Funding Contact Name |  |
| Employer Funding Contact Phone |  |
| Employer Funding Contact E-mail |  |

|  |  |
| --- | --- |
| 1) Number of Eligible Employees |  |
| 2) Expected Number of HSA Accounts |  |

3) Who Pays Account Maintenance Fees?

**[x]** Employee

*Note: when employee pay, maintenance fee is deducted from account balance on last business day of the month when applicable.*

4) Will the Employer send contributions (Employer and/or Employee) to BNY Mellon on behalf of the employees?

 **[ ]** Yes **[ ]** No *If no, question 5 is n/a.*

***Note:*** *Employees always have the option of making deposits to their HSA themselves via deposit slips.*

Continued on next page

5) How Will BNY Mellon Receive Employee Contributions and Instructions?

*Please refer to the BenefitWallet Employer Guide for details on the funding/contribution options below. Employers with 50 or less employees use options 5a, 5b, or 5e.*

5a: **[ ]  Payroll on the Web (POW!) Method:** A lump sum transfer of funds accompanied by allocation instructions entered and submitted via POW! (Payroll on the Web) application.

 ***Note:*** *This option is standard for Employers with less than 50 employees and recommended for groups of any size who anticipate less than 50 accounts.*

5b: **[ ]  N/A:** Employer will not transfer employee contributions to BNY Mellon. Employees will only deposit funds via BNY Mellon deposit slips.

5c: **[ ]  Funding File Upload:** A lump sum transfer of funds accompanied by txt file providing allocation instructions uploaded via web application.

***Note:*** *This option is available to employers of any size; recommended for those over 50 and under 500 employees enrolled.*

5d: **[ ]  Flat File with FTP Connectivity:** A lump sum transfer of funds accompanied by allocation instructions in our HSA Payroll Distribution File format.

***Note:*** This approach requires FTP connectivity and four to eight weeks set-up time. Technical contact information as requested below needs to be provided to initiate this.

5e: **[ ]  ACH Direct Deposit (via Individual ACH) Method:** Employer transmits funds directly to each employee’s account via the Automated Clearing House (ACH).

***Note:*** *The employer will need to set this up with their payroll administrator or banking institution.*

For option 5d provide the employer technical contact information:

|  |  |
| --- | --- |
| Employer Technical Contact Name (regarding FTP set up) |  |
| Employer Technical Contact Phone |  |
| Employer Technical Contact E-mail |  |

**Security Challenge Questions**

To ensure the security of the employer setup and sub-account, callers to the Employer Support Team will need to authenticate using the security challenge questions on file for your company. Authorized contacts and responses to the questions may be amended by the designated business contact for your firm. Multiple contacts (i.e. payroll, HR/benefits, broker, health plan service representative) may be indicated for your firm. Identifying the contacts responsible for the day-to-day operations of the HSA and providing them with the security challenge information will facilitate our assisting your staff.

Amendments and updates to the authorized contacts are accomplished through the completion and submission of an updated security challenge form.

Please complete responses to at least five of the six questions listed below. Employer callers will need to accurately respond to up to three of these questions to authenticate identity and to protect your information.

|  |
| --- |
| **Security Challenge Questions** |
| Complete responses to at least five of the six questions listed below. Employer callers will need to accurately respond to up to three of these questions to authenticate identity and to protect your information. |
| **Question** | **Response** | **Question** | **Response** |
| Favorite City |  | Favorite Color |  |
| Favorite Animal |  | Keyword |  |
| 1st School Attended |  | Favorite Flower |  |
| **Additional Employer Contacts** |
| Use the space below to identify other authorized employer contacts for your firm. Be certain that authorized employer callers are aware of the security challenge questions and responses so that we may assist them.  |
| Employer Contact Name |  |  |  |
| Employer Contact Phone |  |  |  |
| Employer Contact E-mail |  |  |  |
| **Authorization** |
| User Name | User Signature | Date |
|  |  |  |