

# CDHP HSA Small Group Questionnaire

## Act Wise CDHP

### Instructions

1. Complete all of the sections below.
2. For existing employers, please provide current Employer ID (Group#/Case#) in section A.
3. Submit completed application along with all other completed renewal or new group paperwork via your existing channels.

### Section A: Employer Information and Accounts

Employer name:	<input type="text"/>		
Tax ID:	<input type="text"/>		
Employer ID (Group#/Case#):	<input type="text"/>	Effective date:	<input type="text"/>
Number of benefit eligible employees:	<input type="text"/>		
Estimated number of participants:	<input type="text"/>		
Employer contact name #1:	<input type="text"/>		
Phone:	<input type="text"/>	Email:	<input type="text"/>
Employer contact name #2:	<input type="text"/>		
Phone:	<input type="text"/>	Email:	<input type="text"/>
Employer contact name #3:	<input type="text"/>		
Phone:	<input type="text"/>	Email:	<input type="text"/>
Broker/Consultant contact name:	<input type="text"/>		
Phone:	<input type="text"/>	Email:	<input type="text"/>

### Section B: Health Savings Accounts

HSA Custodian: PNC

Method of providing employee/employer contributions to HSA Accounts:

ACH Pull - Upload files online (up to 400 enrollees and bank account info **required**)

**Payroll frequency and date:**

Payroll frequency:

Date of first contribution:  (informational, contributions are based on when files are submitted)

**Provide employer HSA contribution, if applicable:**

Single:  Family:

Frequency:  Expected date of first contribution:

*Contributions will not post automatically based on this form. Deposits that occur on weekends or bank holidays will become available within 2-3 business days.*

**Employer HEREBY authorizes Anthem or its agents to initiate ACH transfer entries for the following depository:**

Bank account number:	<input type="text"/>	Routing number:	<input type="text"/>
Type of account:	<input type="text"/>	Financial institution name:	<input type="text"/>

NOTE: Monthly administration fees will be deducted from employees Anthem HSA account if they opt in. If employer would like to pay the fee the employer can make deposit equal to the fee into employees account. There is a \$1 non-refundable pre-note to ensure the account can be opened. If there is a filter preventing unauthorized bank entries, please see the filters to add below.

Both submitting bank BMO and your Custodian (PNC) must be added. SUBMITTING BANK (ODFI): BMO HARRIS BANK COMPANY NAME (ACCOUNT NAME): Med-I-Bank ROUTING NUMBER: 075000051 ORIGINATION ID: 07500005 COMPANY ID (Daily POS Settlements): 1383261866 COMPANY ID (RESUBMITS): W383261866 COMPANY ID: 3333313100. FOR HSA ITEMS: PNC: ROUTING NUMBER: 031000053 PNC BANK COMPANY ID (PAYROLL FUNDING): 1221146430

### Section C: Signature Section

Date:

Handwritten signature of authorized signer required:  
Please print and sign.

Printed name of authorized signer:

Title of authorized signer:

Email of authorized signer: