Appointment of Employer as Authorized Agent to Open an HSA for Kaiser or Sutter Health

*** Return this completed and signed form to MyBenefits@SacCounty.net ***
Do not send to Optum Bank

Employee Information

First Name | *Middle Initial* | *Last Name*

Residential Street Address (Not P.O. Box) | *City* | *State* | *Zip Code*

Home Phone Number | *Date of Birth (mm/dd/yyyy)* | *Social Security Number*

Country of Citizenship | *Residency Status (US Citizen or Permanent /Resident Alien or Non-Permanent/Non-Resident Alien)*

Appointment and Certification

By signing below, I appoint ___**County of Sacramento**____("Employer") as my agent for the purpose of opening and administering/maintaining an Optum Bank, Inc. ("Bank") Health Savings Account ("HSA") on my behalf and authorize Employer to send and receive information to and from the Bank on my behalf (including account number) in order to accomplish this purpose. I authorize the Bank to make any inquiries that it considers appropriate to determine if it should open and maintain my HSA, and I acknowledge that I have received the Bank's USA PATRIOT Act Notice provided below:

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT
To help the government fight the funding of terrorism 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 this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I certify that I am eligible to contribute to an HSA under Internal Revenue Code Section 223. I authorize and direct the Bank to issue a Debit MasterCard® to me. I certify that I have received or viewed the Bank's statement of the hardware and software requirements for access to and retention of electronic records and that I have the ability to access the Bank's website where electronic statements and other documentation are stored. I instruct the Bank, unless otherwise notified and instructed by me, to provide the Custodial and Deposit Agreement and all other HSA notices, disclosures and information related to and governing my HSA to me online at www.optumbank.com. I understand that monthly account statements and other documentation and notices will be delivered or made available electronically. If I want HSA statements mailed to my home, I must notify the Bank directly.

I agree that Employer will remain my agent unless and until Employer and the Bank receive notice that the appointment of Employer as my agent has been terminated, that I am no longer employed by Employer, or that I am no longer an HSA eligible individual; or I receive a notice from the Bank that my application for an HSA has been declined.

_____ _____
Employee Signature *Date*

Optum Bank Access to and Retention of Electronic HSA Records

To view the Bank's hardware and software requirements, instructions for viewing and downloading copies of electronic documents, and instruction for updating an email address, follow the link below.

https://www.optumbank.com/content/dam/optumbank/resources/ns/238-Hardware-and-Software-Requirements.pdf

HSA Authorization Form

FOR GROUP HEALTH COVERAGE

HealthEquity®
Building Health Savings℠

As a benefit of your membership on an HSA-compatible health plan with Western Health Advantage, you have access to a Health Savings Account (HSA) with WHA's partner, HealthEquity, with no setup or monthly fees.* This partnership also allows WHA to communicate information about your claims directly to HealthEquity, making it easier for you to compare your financial responsibility under insurance with your payments from your HSA.

This signed HSA Authorization Form must be returned with your WHA Enrollment/Change Form in order for you to be enrolled in this benefit.

ELIGIBILITY REQUIREMENTS FOR A HEALTH SAVINGS ACCOUNT (HSA)

This HSA Authorization Form regards the establishment of an HSA that is used to accumulate assets for the payment of qualified health care expenses. Your HSA is your financial asset even if you change health plans or employers. Please note, however, that a change to your health plan will inactivate WHA's arrangement with HealthEquity. This may result in monthly fees for your HSA with HealthEquity.

To be eligible to open an HSA you must meet the following requirements:**

1. If you are currently participating in the General-Purpose Medical FSA, you must have a zero balance on December 31 of any calendar year in order to be HSA-eligible on January 1 of the following calendar year. That means that claims must be incurred and filed in time to be reimbursed with the last FSA check process of the year that will occur on December 31 of the initial year.

As of the effective date:

2. You must be covered by an HSA-qualified High Deductible Health Plan (HDHP) and must not be covered by other health insurance that is not an HDHP. Certain types of insurance (e.g., dental, vision, disibility and long-term care) are not considered "health insurance" and will not jeopardize an individual's eligibility for an HSA.
3. You cannot be covered by another health plan, including Medicare.
4. You cannot have an HSA if a spouse's FSA or HRA can pay for any medical expenses before the HDHP deductible is met.
5. You cannot be claimed as a dependent on another individual's tax return.
6. You must be 18 years of age or older.

*Note: If you do not elect to switch from paper to electronic statement delivery, the account includes a $1/month paper statement fee. This can be changed at the time you activate your debit card, or any time through your HealthEquity Member Portal.

**Neither Western Health Advantage nor HealthEquity provides medical or tax advice. Content should not in any case replace professional medical or tax advice. If you have questions regarding a medical condition, please consult a qualified healthcare professional. All tax references are on the federal level. State taxes may vary. Please consult your tax advisor.

Primary Account Holder Information

Effective Date _____

Employer County of Sacramento WHA Group # 107282-A000W15L

Employee Last Name _____ First Name _____ MI _____

Authorization and Certification

- I hereby certify that I meet the HSA Eligibility Requirements outlined above.
- I understand that, in compliance with the USA Patriot Act, HealthEquity must verify the identity of all customers seeking to open an HSA, and that I may be contacted to provide additional information and/or documentation if this is required to comply with the Act.
- I understand that, with this signed Authorization, a HealthEquity HSA will be opened for me as part of my enrollment with WHA.
- I authorize WHA to disclose my claims data to HealthEquity after my HSA is established in order to make that information available to me for reconciliation with my HSA.

_____ _____

Signature Today's Date

FDIC

The balance in your HSA is insured by the Federal Deposit Insurance Corporation (FDIC), subject to applicable deposit limits.

Western Health Advantage