



# Employer Set Up Form

Custodian Choice:



Submit form to:  
[HSAEmployerSetup@acs-inc.com](mailto:HSAEmployerSetup@acs-inc.com)  
Or fax to: 201-633-0134

Submit form to  
[healthsavingsolutions@usbank.com](mailto:healthsavingsolutions@usbank.com)  
or fax to: 1-866-350-2417

Note: If employer or individual(s) have previously established HSA account(s) with another custodian, transfers/rollovers can only be processed by submitting completed transfer or rollover forms.

**Directions:** Please complete all requested information for each employer setup and return to the Implementation Team listed below the custodian choice above.

If the employer needs support for more than one payroll file/system, please provide a separate form for each required set up. (Note – more than one payroll file per employer may result in additional fees).

Health Plan Name	
Health Plan Customer ID	

## General Employer Information

Employer ID (to be assigned)	To be assigned by ACS
Sub-account Number (to be assigned)	To be assigned by ACS
Employer Name	
Employer Address – Line 1	
Employer Address – Line 2	
Employer City	
Employer State	



## Employer Set Up Form

Employer Zip	
Employer Funding Contact Name	
Employer Funding Contact Phone	
Employer Funding Contact E-mail	
Employer Technical Contact Name (FTP set up)	
Employer Technical Contact Phone	
Employer Technical Contact E-mail	

Are there any eligible employees working abroad?

Yes

No

### Key Implementation Dates

High Deductible Health Plan Effective Date	
Deductibles: Single/Family	
Are you offering other non-HDHP plans?	
Open Enrollment Start Date	
Open Enrollment End Date	
1 <sup>st</sup> date that enrollment data is submitted for this employer group	
1 <sup>st</sup> contribution file date	

### Implementation Design Decisions

Number of eligible employees	
Expected number of HSA accounts	
Funding frequency	



# Employer Set Up Form

Employer will offer credit on HSA?	
Contact name and phone number:	

*Account Set-up fees:*

- Employer paid     
  Health plan paid     
  Employee Paid

*Account maintenance fees:*

- Employer paid     
  Health plan paid     
  Employee Paid

*Deposit file type:*

- Payroll on the Web (POW!)   
  Flat File (layout)   
  Excel to text   
  None

*Funding method:*

- EFT Debit     
  N/A

*Contribution types:*

- Employee via payroll     
  Employee and Employer via payroll  
 Employee via deposit slip

*If more than one payroll source, will separate reconciliations be required?*

- Yes     
  No     
  N/A

\*\*\*\*\*

**Employer funding contact:**

Please print or type all requested information. The information provided will be used for authenticating certain users for password resets.

**SECURITY CHALLENGE INFORMATION:**

Supply answers [20 characters maximum] to at least five (5) questions.)

**Favorite City:**

**Favorite Animal:**

**1<sup>st</sup> School Attended:**



## Employer Set Up Form

**Favorite Color:**

**Keyword:**

**Favorite Flower:**

For Internal Use Only:      Implementation Specialist \_\_\_\_\_