

# HSA Employer Group Set 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 one business day of submission.

**New Employer**       **Update Contact Information Only**

## 1. Company Information

Company Name	Tax ID Number		
Address	City	State	Zip

## Primary Contact Information

First Name	Last Name	Title
Phone	Extension	Fax
Email		

## Secondary Contact Information

First Name	Last Name	Title
Phone	Extension	Fax
Email		

## 2. Account Requirements/Information

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 account: <input type="checkbox"/> Payroll deduction/direct deposit to employees <input type="checkbox"/> Establish First American Bank account with commercial online ACH origination <input type="checkbox"/> Utilize account with commercial online ACH origination at another financial institution <input type="checkbox"/> Require alternative method not listed above		

## 3. High deductible coverage information

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

**Please send completed forms to:**

By Fax: (847) 890-6733

By Email: Scan and email to [HSASales@firstam.bank.com](mailto:HSASales@firstam.bank.com)

If you have any questions, please send an email to [HSASales@firstam.bank.com](mailto:HSASales@firstam.bank.com) and one of our account managers will contact you as soon as possible.

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