

Humana Health Savings Account Employer Election Form

Company Contact Information

Business name		Federal tax ID number	
Business address (not a P.O. Box)			
City	State	Zip code	County
Business phone number		Fax number	
Management contact		Management contact e-mail address	
Administrative contact		Administrative contact e-mail address	
How many employees are eligible for coverage?			

Contribution Files

Please indicate the method by which payroll contribution files will be provided.

Complete this section if applying for an HSA:

Electronic

(Must have internet connection and file encryption capability. Additional information will be provided. Recommended for employers with 50+ HSA enrollees.)

You will receive a Humana Electronic Transmission Survey further describing options for sending data electronically.

Paper

You will receive instructions further describing how to send contribution information on paper to UMB.

Web-based Employer Contribution Tool

(Complete page four of this form if using this contribution method.)

You will receive instructions further describing how to use this tool.

Contribution funds must be sent to UMB for the HSA Account.

Persons to contact at the Client's location regarding contribution files:

Name _____ Phone Number _____

E-mail (max 50 characters) _____

HSA selection

Please select the type of HSA you would like to enroll.

NOTE: A fee per account will be charged to the employer if moving from one HSA option to another.

- HSA Enhanced (HSA with monthly fee, brokerage account and money market sweep account)
- HSA Value (HSA with no monthly fee, no brokerage account or money market sweep account)

If selecting the HSA Enhanced, how will monthly HSA administrative fees be paid?

- Bill to employer (please provide "Employer pays" HSA disclosure form to employees at enrollment)
- Charge to employees' HSA accounts (please provide "Employee pays" HSA disclosure form to employees at enrollment)
- Bill half to employer, charge half to employees' HSA accounts (please provide "Employer and employee split fee" HSA disclosure form to employees at enrollment)

Should we perform non-discrimination testing for the Health Savings Account (HSA) benefit plan? No Yes

If we perform non-discrimination testing there will be an additional fee of \$400 per plan year for this service. This fee covers non-discrimination testing for all spending account plans selected.

Enrollment

Employees are responsible to notify the employer directly if they wish to discontinue contributing to the HSA.

How will employees enroll for the HSA?

- Paper applications or small group web enrollment - Employer is responsible for collecting employee contribution elections.
- Web enrollment - Employer must access web reports (register on Humana.com) to obtain employee contribution election information.
- EDI - Employer is responsible for collecting employee contribution elections.

Contribution

Humana recommends that employer contributions to HSA accounts not exceed 50% of the HDHP deductible. No changes to employer contributions to HSAs may be made until renewal.

Who will make contributions to the HSA?

- Employee only
- Employer and Employee

If the employer chose to contribute, will the employer match employee contributions to the HSA?

- No (Please complete the Employer non-matching contributions for HSA in sub-section **A** below.)
- Yes (Please complete the Employer matching contributions for HSA in sub-section **B** on the following page.)

A. Employer non-matching contributions for HSA

If the employer will make HSA contributions, please provide the whole dollar annual amounts and frequency.

<i>Product Options</i>	<i>Contribution</i>	
Tier 1 - Employee	Single	\$
Tier 2 - Employee + Spouse	All non-single	\$
Tier 3 - Employee + Child(ren)		
Tier 4 - Family		
NOTE: For SmartSuite a minimum of \$250 Employer contribution per tier is required. The single contribution must be less than or equal to all non-single contributions.		

Employer Contribution Frequency:

- Monthly Contribution
- One Lump Sum Contribution
- Other Contribution Frequency: _____

B. Employer matching contributions for HSA

Indicate Employer contribution frequency:

- Weekly
 Bi-weekly
 Semi-monthly
 Monthly

Indicate method by which employer contribution will be capped (limited):

All matching contributions will be capped at the IRS-defined maximum HSA contribution amount.

- Dollar amount by coverage level: Single \$ _____ Non-Single \$ _____
 Dollar amount by coverage level and salary range (complete maximum employer contribution amount below)
 Dollar amount for all employees \$ _____
 Percent of HDHP deductible _____ %
 Percentage of IRS-defined maximum _____ %
 IRS-defined maximum HSA contribution amount

Indicate method and amounts of employer matching contributions:

- Match employer contribution by HDHP plan and deductible

HDHP plan name	Deductible		For every \$1 employee contribution, employer will contribute:
	Single	Family	
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

- Match employer contribution by salary range

Enter 1 to 6 salary ranges per plan	For salary ranges:	Plan name:	For every \$1 employee contribution, employer will contribute:		Maximum employer contribution amount	
			Single	Non-Single	Single	Non-Single
Range #1	\$ _____ to \$ _____		\$ _____	\$ _____	\$ _____	\$ _____
Range #2	\$ _____ to \$ _____		\$ _____	\$ _____	\$ _____	\$ _____
Range #3	\$ _____ to \$ _____		\$ _____	\$ _____	\$ _____	\$ _____
Range #4	\$ _____ to \$ _____		\$ _____	\$ _____	\$ _____	\$ _____
Range #5	\$ _____ to \$ _____		\$ _____	\$ _____	\$ _____	\$ _____
Range #6	\$ _____ to \$ _____		\$ _____	\$ _____	\$ _____	\$ _____

- Match employer contribution by salary range

Enter 1 to 6 salary ranges per plan	For salary ranges:	Plan name:	For every \$1 employee contribution, employer will contribute:		Maximum employer contribution amount	
			Single	Non-Single	Single	Non-Single
Range #1	\$ _____ to \$ _____		\$ _____	\$ _____	\$ _____	\$ _____
Range #2	\$ _____ to \$ _____		\$ _____	\$ _____	\$ _____	\$ _____
Range #3	\$ _____ to \$ _____		\$ _____	\$ _____	\$ _____	\$ _____
Range #4	\$ _____ to \$ _____		\$ _____	\$ _____	\$ _____	\$ _____
Range #5	\$ _____ to \$ _____		\$ _____	\$ _____	\$ _____	\$ _____
Range #6	\$ _____ to \$ _____		\$ _____	\$ _____	\$ _____	\$ _____

Pay Cycle 2010-2011 Calendar

Please circle the appropriate payroll dates for the plan year.

January 2010						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
7	18	19	20	21	22	23
24/31	25	26	27	28	29	30

February 2010						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March 2010						
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2010						
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May 2010						
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23/30	24/31	25	26	27	28	29

June 2010						
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July 2010						
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August 2010						
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September 2010						
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October 2010						
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November 2010						
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28	29	30				

December 2010						
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January 2011						
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February 2011						
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March 2011						
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April 2011						
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29	30	31				

June 2011						
Su	M	Tu	W	Th	F	Sa
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December 2011						
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