

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? | | Plan year effective date? | |

Contribution Files

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

Complete this section if applying for an HSA: You will receive further information on all the options listed below providing you details on how to use.

File Transfer Protocol (FTP)

The FTP is a predefined text file format which is uploaded to Humana's Electronic Transmission (ET) site every pay period. Humana will provide the specifications for the file format. This method may require some system coding on your side to create the file then place it on Humana's ET site.

Check and List

The Check and List (HSA only) is a check attached to a list of active HSA participants, their account numbers, and their contribution amounts for a specific calendar year which is sent directly to UMB.

UMB Portal

The UMB Portal is a web based system which allows you to either input contribution amounts into UMB's web interface or upload an Excel spreadsheet containing the HSA account numbers and contribution amounts for effective HSA participants each pay period. Contributions submitted on the UMB Portal will be available to participants within 15 minutes.

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:

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. **Please note:** We are only able to perform three of the required nine tests. The completion of the three tests can be indicative of a discrimination issue with your plans. However, since all nine tests are required, we recommend that you contact a consultant to ensure you are meeting these requirements.

Enrollment

Employees are responsible for notifying 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.
- Electronic Data Interchange (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
- Employer only

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

- No
- Yes (Please complete the Employer matching contributions for HSA below)

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 | | |

Employer Contribution Frequency:

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