



Blue KC UMB HSA Solution Profile & Set-up Form

UMB Bank provides Health Savings Account services to Blue Cross Blue Shield of Kansas City (“Blue KC”) members, but is not affiliated with Blue KC. Blue KC or its designated broker, certifies to UMB Bank that it represents the Employer named below in connection with establishing employee HSAs at UMB. In order to facilitate the establishment of an Employer Group for those HSAs, the group, its broker, or BlueKC is providing the following information to UMB. Blue KC is an independent licensee of the Blue Cross and Blue Shield Association.

To Be Completed by Blue KC	ACCT EXEC	BROKER	GROUP ID
Initial Enrollment Method:	<input type="checkbox"/> BE@EE	<input type="checkbox"/> BE@ER	<input type="checkbox"/> Paper
	<input type="checkbox"/> other: EDI@ER	<input type="checkbox"/> Other: EDI@EE	ACTUAL # HSAs

To be Completed by Group or Broker	EMPLOYER NAME		
TYPE OF BUSINESS			
STREET ADDRESS			
STREET ADDRESS 2	CITY	STATE:	ZIP:
BUSINESS CONTACT	PHONE		

HDHP COVERAGE BEGINS:	NUMBER OF EMPLOYEES:	NUMBER OF ANTICIPATED HSAs:
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Fees Set-up Fee: **No Charge.** Monthly Fee: **\$2.50 per month, per account**

Monthly Fee is a fee charged to each HSA Account Holder. This fee is waived for accounts when average daily balance exceeds \$3,000. Bank may revise the above fees at any time with 60 days notice to Employer. Payment for set-up (if applicable) and monthly fee is due within 30 days of invoice date. Payments received after date will be assessed a Late Fee of 1.5 percent per month until paid. Employee is responsible for all other HSA fees, as disclosed in their Terms and Conditions.

Please Choose Monthly Fee Payment Structure (Select only one): Employee will pay this fee Employer will pay this fee

If the employer elects to pay the monthly fee, UMB makes two options available for payment: 1) the employer can authorize UMB to ACH debit the employer’s account on or about the 15th of each month for amounts due; or 2) UMB can directly bill the employer for the total fees due on behalf of the group’s employees via invoice with payment due within 30 days of invoice date.

Note: Employer may revoke payment agreement in writing or by fax at least ten (10) business days before the intended effective date of the change. In this instance, account holder will have the fee deducted from their HSA account, monthly. If employer does not pay the Monthly Account Holder Fee within 120 days of due date, employer understands payment for monthly fees will be debited from employee’s HSA accounts, monthly.

Employer Contact – If Employer is paying monthly fee, please provide Accounts Payable information:

NAME			
ADDRESS			
PHONE	EMAIL	FAX	

Contributions – Will Employer be sending contributions to its employees’ HSA (either payroll deductions or employer funding)? Yes No

Employer Contribution Contact Information – Only Needed if “Yes” checked in “Contributions” Above.

By providing this information, it is understood that UMB will contact the Employer regarding available contribution methods.

NAME	
PHONE	EMAIL

Employer listed above wishes to offer its employees’ access to Health Savings Accounts through UMB Bank, n.a. The person signing this form on behalf of Employer certifies that they are authorized to do so and that the information on this form is true and correct.

COMPLETED BY:	TITLE	DATE
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Send completed form to your BlueKC Marketing Representative

UMB HSA Contacts, if needed:

Operations: HSA.Administration@umb.com

Sales: HCS.support@umb.com

To be completed by UMB:		
TPAID:	ER GROUP ID:	
T00903		
PACKAGE CODE:	ACCOUNT PLAN:	SC:
BCN:	HO2C:	WELCOME LETTER ID:
		BCBS01