

## Employer HSA Wellness Setup Form

**Please Send Completed Form To:**

CDH Administration  
40 Commercial Way, East Providence, RI 02914  
Email: [dedicated@londonhealthusa.com](mailto:dedicated@londonhealthusa.com)  
Phone: 401-435-4700 / Fax: 401-435-3937

### Part 1: About Your Company

Name of Business	Company's Tax ID #	BCBSRI Group #	Effective Date
Name of Executive Contact	Title	Telephone	Fax
Business Mailing Address (Street, City, Zip Code)		Email Address of Executive Contact	

### Part 2: Number of Eligible Employees

**Will the Company Contribute to the Members' HSAs (circle one):**  Yes  No

**How Will You Fund Your Members' HSAs (check all that apply):**

Manual Check

Payroll Direct Deposit

BCBSRI HSA Online Contribution Portal

\* Please state the bank account to ACH debit the HSA contributions

Bank Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

### Part 3: Financial Institution Selection

You understand that UMB Bank will be the financial custodian for your members' HSAs:  Yes  No

### Part 4: Wellness Incentive Frequency - (Please check one)

Beginning of Following Plan Year

Periodically Throughout The Year

*State Frequency (Ex: Monthly, Quarterly, etc.):* \_\_\_\_\_

### Part 5: Assigning Wellness Amounts:

**\*\* Under federal guidelines, wellness amounts cannot exceed 30% of the total cost for self-only coverage of the lowest-cost plan offered.**

	LEVEL 1		LEVEL 2		LEVEL 3		LEVEL 4	
	POINTS EARNED (Ex: 500 points)	HSA AMOUNTS (Ex: \$250)	POINTS EARNED (Ex: 5,000 points)	HSA AMOUNTS (Ex: \$500)	POINTS EARNED (Ex: 10,000 points)	HSA AMOUNTS (Ex: \$750)	POINTS EARNED (Ex: 15,000 points)	HSA AMOUNTS (Ex: \$1,000)
Individual Plans								
Family Plans								

### Part 6: HSA Agreement

I certify that the information in this agreement is true and complete.

Signature of Authorized Executive	Title	Date
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