



HSA PLUS ONLINE ENROLLMENT GUIDE

Congratulations on making a smart financial decision by choosing to open a Health Savings Account (HSA) in connection with your employer's high deductible health plan (HDHP). Associated Bank is pleased to provide your HSA and is committed to providing you with exceptional service.

Zilber, LTD

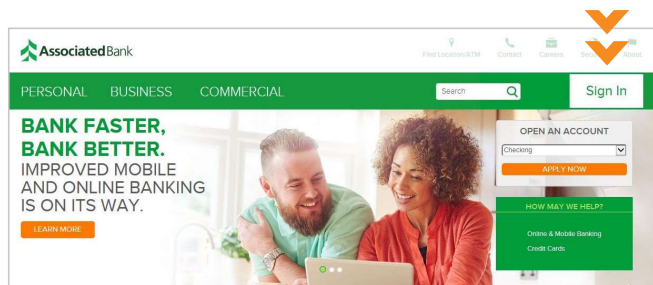
has chosen to provide you with the ease of online enrollment to open your Health Savings Account. To get started, you will need a computer with Internet connection.

Please note contributions and distributions may not be made to the HSA account until the actual start date that coverage begins in the high deductible health plan.

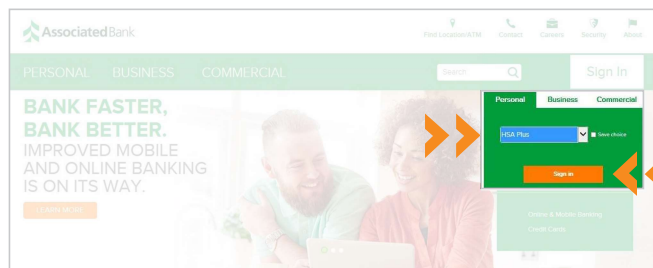
Instructions for enrolling in your HSA online

Click here: [HSA Plus Enrollment Page Link](#) or visit www.AssociatedBank.com to access HSA Plus enrollment page.

STEP 1: Go to www.AssociatedBank.com, click the Sign In button, which will bring you to the Go To menu.



STEP 2: Click the drop-down menu arrow, select HSA Plus, click Sign In, which will take you to the HSA Plus enrollment page.



Login

Welcome to your single source for all you need to know about your Associated Bank HSA Plus account. View and manage your account balance, summary information, track your expenses and more!

Existing User?

Login to your account

Username [Forgot Username?](#)

Password [Forgot Password?](#)

New User?

[Create your new username and password](#)

Setting up a New Account with Employer Code?

It's easy to apply for a new account. Please enter "ABK-" and then your 6-digit employer code. Click "Get Started" below to begin

Code

Contact Us - Call Associated Bank HSA Plus Consumer Support at (800) 270-7719

Associated Bank N.A., Member FDIC

STEP 3: In the "Setting up a New Account with Employer Code?" section, insert the employer code shown below.

ABK-CV1182

STEP 4: Click "Get Started" to begin the online enrollment process.

STEP 4 (cont.):

4.1: Fill out your personal information, including your new username and password.

4.2: Answer the security questions.

4.3: Read and agree to the account disclosures by selecting the green “Read and agree” links.

HSA Enrollment: Agreements

[Agreements](#) [Profile](#) [Dependents](#) [Eligibility](#) [Election](#) [Authorized Signers](#) [Payments](#) [Beneficiaries](#)
[Summary](#) [Confirmation](#)

You must accept the terms and conditions for this account by reviewing and accepting all agreements listed below.

| | |
|---|--------------------------------|
| Associated Bank Health Savings Account Plus Custodial Agreement Overview | Read and agree |
| Associated Bank HSA Plus Online Portal | Read and agree |
| Federal E-Sign Act Disclosure and Agreement | Read and agree |
| Patriot Act Notice | Read and agree |
| Taxpayer Identification Number (TIN) Certification | Read and agree |

[Fee Schedule](#)
[Interest Information](#)

4.4: Fill out the demographic information. You will need your driver’s license information for this section.

4.5: Choose your Qualifying Health Plan Coverage to “Individual” or “Family.”

(You must notify your HR department of any changes.)

Health Savings Account Qualification * = required field

To qualify for an HSA, you must meet the following requirements. You are responsible for ensuring that you meet these requirements and are eligible to contribute to an HSA.

You must have a qualifying health plan or be opening an account to rollover balances from an existing HSA account. ?

You cannot have any other disqualifying health coverage. ?

You cannot be covered by a first-dollar full coverage health flexible spending account (FSA) or health reimbursement arrangement (HRA). You can be covered by a limited purpose or post-deductible FSA or HRA as well as a retirement or suspended HRA. ?

You cannot be claimed as a dependent on anyone else's tax return.

You cannot be enrolled in Medicare, Medicaid, or TRICARE.

Other circumstances may affect your eligibility to establish or contribute to an HSA. Refer to [IRS publication 969](#), "Health Savings Accounts and Other Tax Favored Health Plans", for information about special rules that affect eligibility. You may download a copy of this publication from [www.irs.gov](#). The publication is also available by calling 1-800-829-3676. You are solely responsible for determining whether you are eligible for an HSA, and for determining you remain eligible in the future.

☒ **I certify that I meet the qualifications to open a Health Savings Account**

Qualifying Health Plan Coverage

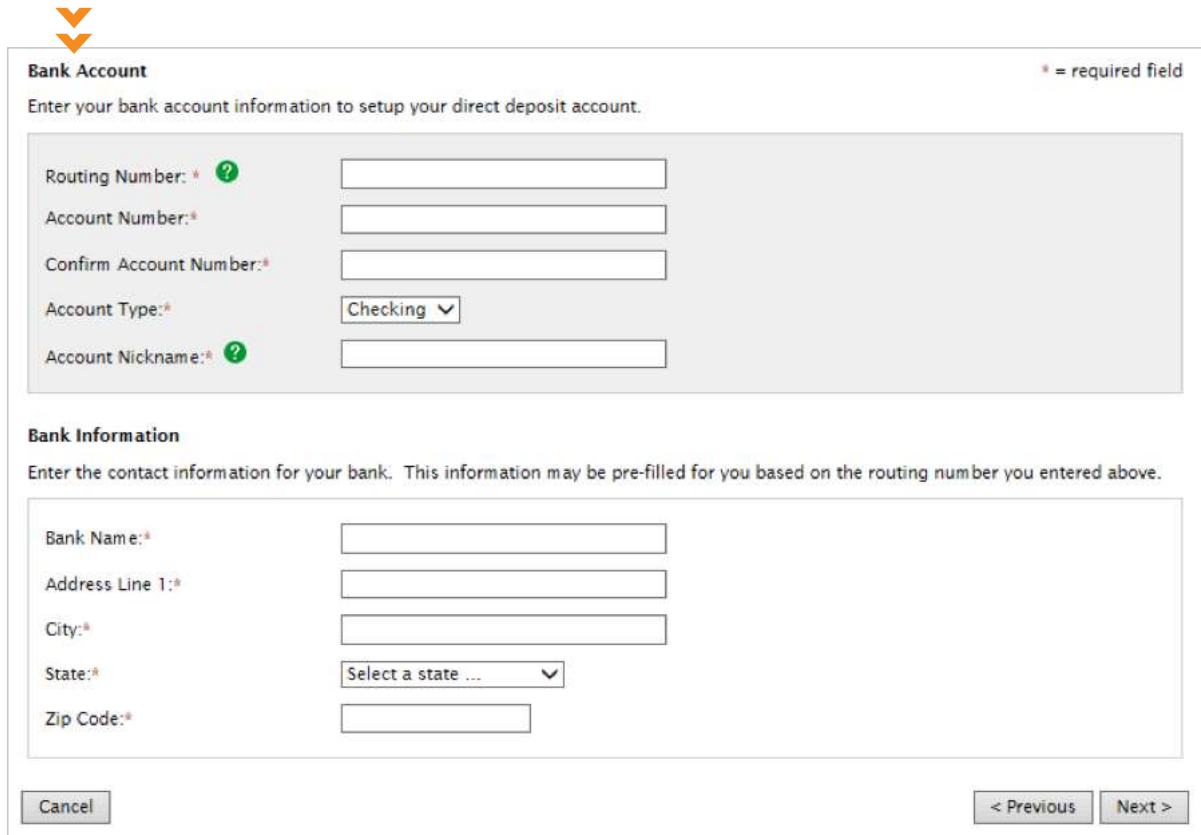
Provide the following information about your qualifying health plan coverage to determine your maximum contribution to your HSA.

Coverage Level: ? Individual

4.6: Enter the amount you would like to deduct from each paycheck. (You must notify your HR department of any changes.)

4.7: Debit Card: Choose your reimbursement method by selecting “Direct Deposit” or “Check”

4.8: If you select “Direct Deposit,” you will need to fill out your bank account information (see below).



Bank Account * = required field

Enter your bank account information to setup your direct deposit account.

Routing Number: * ?

Account Number: *

Confirm Account Number: *

Account Type: *

Account Nickname: * ?

Bank Information

Enter the contact information for your bank. This information may be pre-filled for you based on the routing number you entered above.

Bank Name: *

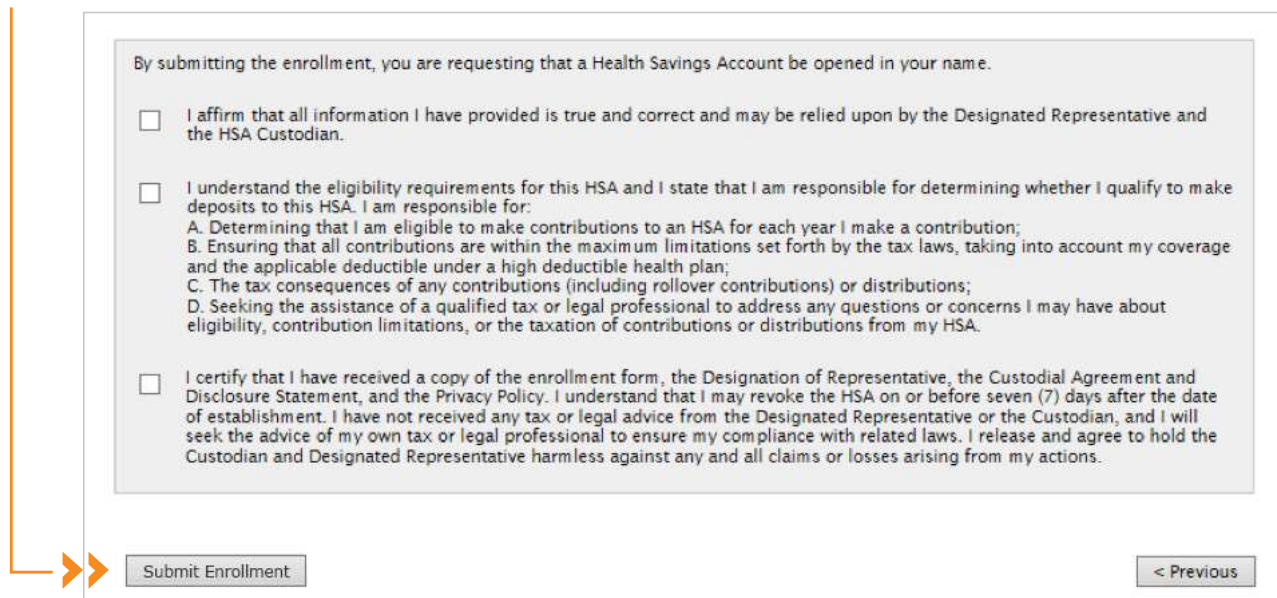
Address Line 1: *

City: *

State: *

Zip Code: *

4.9: Finally, check the enrollment boxes and then select “Submit Enrollment” to complete your account opening (see below).



By submitting the enrollment, you are requesting that a Health Savings Account be opened in your name.

☐ I affirm that all information I have provided is true and correct and may be relied upon by the Designated Representative and the HSA Custodian.

☐ I understand the eligibility requirements for this HSA and I state that I am responsible for determining whether I qualify to make deposits to this HSA. I am responsible for:

A. Determining that I am eligible to make contributions to an HSA for each year I make a contribution;


B. Ensuring that all contributions are within the maximum limitations set forth by the tax laws, taking into account my coverage and the applicable deductible under a high deductible health plan;

C. The tax consequences of any contributions (including rollover contributions) or distributions;

D. Seeking the assistance of a qualified tax or legal professional to address any questions or concerns I may have about eligibility, contribution limitations, or the taxation of contributions or distributions from my HSA.

☐ I certify that I have received a copy of the enrollment form, the Designation of Representative, the Custodial Agreement and Disclosure Statement, and the Privacy Policy. I understand that I may revoke the HSA on or before seven (7) days after the date of establishment. I have not received any tax or legal advice from the Designated Representative or the Custodian, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold the Custodian and Designated Representative harmless against any and all claims or losses arising from my actions.

STEP 5: Complete the enrollment. You can view your successful enrollment on the “Confirmation” page.



HSA Enrollment: Confirmation

Agreements

Profile

Dependents

Eligibility

Election

Authorized Signers

Payments

Beneficiaries

Summary

Confirmation

✔ Successfully Enrolled in Health Savings Account

Congratulations, you have enrolled in your Health Savings Account. Please print this page for your records.

| | My Election | My Total Election | Employer Contribution | Total |
|------------------------|------------------|-------------------|-----------------------|--------|
| Health Savings Account | \$0.00 / Payroll | \$0.00 | \$0.00 | \$0.00 |

Home

Print

STEP 6: Naming beneficiaries is not required, but highly recommended. You will need the Social Security number of any designated beneficiary.

STEP 7: Notify your employer that the account has been established.

You will receive your debit card within two weeks of opening the account. Note: the debit card mailing will contain instructions for activating and establishing your PIN.

Beneficiaries

You can add or change a beneficiary under the Profile tab. You must enter the social security number of any named beneficiary to complete this process. Total percentage of assets given to all primary beneficiaries must equal 100%.

Home

Dashboard

Accounts

Tools & Support

Statements & Notifications

Profile

I Want to...

Profile

Banking/Cards

Payment Method

Login Information

Profile / Add Beneficiary

Beneficiary Information

You may designate a beneficiary for your Health Savings Account. The designated beneficiary will receive your HSA assets in the event of your death. If you are married in common law or marital property states, you must designate your spouse as your Primary Beneficiary. You can change beneficiaries by submitting a notarized **Beneficiary Change Form** with your spouse's signature of consent.

Name *

First Name

MI

Last Name

SSN *

Birth Date *

mm/dd/yyyy

Address *

Address Line one

Address Line two

City

Select a state...

Zip Code

Relationship *

Select a relationship...

Type *

☒ Primary

☐ Contingent

Primary Beneficiary Share Percentage

%

New Beneficiary

%

Authorized Signer

You may add a spouse or dependent over the age of 18 as an authorized signer. Each signer will be issued their own debit card for HSA eligible purchases. Authorized signers do not have access to your account information, only debit card usage. To remove an authorized signer you must contact Customer Care at 800-270-7719 to deactivate card.

Under the Profile tab, select Add Authorized User, complete form and click Submit.

The screenshot shows the 'Profile / Add Authorized Signer' form. The top navigation bar includes 'Home', 'Dashboard', 'Accounts', 'Tools & Support', 'Statements & Notifications', and 'Profile'. The 'Profile' tab is selected. On the left, there is a sidebar with 'Banking/Cards', 'Payment Method', and 'Login Information'. The main content area is titled 'Profile / Add Authorized Signer' and contains the following fields:

- Name ***: First Name, Last Name
- SSN ***: Social Security Number
- Birth Date ***: mm/dd/yyyy
- Address ***: Address Line one, Address Line two, City
- State**: Select a state (dropdown)
- Zip Code**: Zip Code
- Phone ***: Phone Number

At the bottom of the form, there are 'Cancel' and 'Submit' buttons.

Again, welcome to Associated Bank. Should you have any questions relative to opening your account, direct them to your Human Resources department or contact one of our HSA Specialists at 800-270-7719.



AssociatedBank.com/HSAPlus
800-270-7719