



# MEDICAL MUTUAL®

## HSA Set-Up Form

(Return electronically to Medical Mutual Sales Team)

### Group Information

Group Name:

Group Address:

Group Tax ID #:

Broker Name Contact:

Phone:

Email:

Group Accounting Contact:

Phone:

Email:

Group HR Contact:

Phone:

Email:

Other Group Contact(s):

Phone:

Email:

### Funding Method Options (Choose only one):

Utilize Medical Mutual's payroll Contribution Manager system.

- Employer manages payroll contribution through our self-serve portal. Medical Mutual will pull funds based on the amounts designed per employee.
- Requires EFT banking form to be completed.
- Ability to differentiate employer vs. employee contribution on HSA platform.

Group will direct deposit into employee accounts.

- Employer requests employee account/routing numbers from Medical Mutual.
- Employer will manage HSA account deposits.
- Inability to differentiate employer vs. employee contribution on HSA platform.

Member direct

- No payroll contribution facilitated by employer.

### Electronic Signature:

Group Official: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Official: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Mutual Information (Internal use only)

Market Segment (Select One):  2-50  51-99  100+

Prepared By:

Cost Center:

Phone:

Date:

Group Account Executive Name:

Effective Date:

Base Group Name:

Base Group Number:

Section Numbers:

Is this an existing Medical Mutual group?  yes  no

Is this group part of a consortium or association? Or does the group have multiple group numbers or bill groups?  yes  no If yes to either, contact Product Management.

Debit Card Stock:  Standard  Standard w/4<sup>th</sup> line (51+ Groups only) Text: (26 spaces max) \_\_\_\_\_

Comments: