



P.O. Box 3248 • Omaha, NE 68180-0001

ID: _____

SUB. LAST NAME: _____

DOC: _____ ACRONYM: _____

Request for a Health Savings Account (HSA)

Blue Cross and Blue Shield of Nebraska (BCBSNE) recommends that you consider establishing a Health Savings Account (HSA) to maximize the benefits of your high deductible health plan. While you may open a HSA with any institution of your choice, we have arranged for you to establish your BCBSNE health plan and initiate the process of opening a HSA with BenefitWallet™, formerly known as ACS HR Solutions LLC (ACS), all in one easy step.

Please complete this form to let us know if you intend to use BenefitWallet by providing the information and authorization as noted below. BCBSNE will notify BenefitWallet once your health plan has been activated to let them know to initiate the process of opening a HSA for you.* BenefitWallet will then send you a Welcome Kit which includes information about the HSA and account terms and conditions, and a signature card that you will need to sign and return.

Please send this completed form along with your application for one of BCBSNE's HSA eligible health plans. (Note: this form is not required as part of your application for a BCBSNE health plan).

Yes, I would like to open an account with BenefitWallet. Please have BenefitWallet send me a HSA Welcome Kit and initiate the process of opening a HSA for me! *

Pay Period Frequency (check one): Weekly (52) Bi-Weekly (26) Semi-Monthly (24) Monthly (12)

Employee Contribution per Pay Period: \$ _____

I authorize Blue Cross and Blue Shield of Nebraska to provide BenefitWallet with information required to establish my HSA, including my name, address and Social Security number once my health plan is activated.

I understand that:

- ♦ The information described above is required by BenefitWallet to establish a HSA and is considered Protected Health Information (PHI) pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- ♦ In the event that a BCBSNE health plan is not activated in my name, BCBSNE will not provide BenefitWallet with this information and this authorization will expire.
- ♦ This authorization is voluntary. I may revoke this authorization at any time before a HSA is established with BenefitWallet for me by notifying BCBSNE in writing at: **Attn: Membership
Blue Cross Blue Shield of Nebraska
P.O. Box 3248
Omaha, NE 68180-0001**
- ♦ If you do revoke this authorization, it will not have any effect on any information received or actions BCBSNE or BenefitWallet took before they received the revocation.
- ♦ Payment, enrollment or eligibility for my health care coverage will not be affected if I do not sign this form or open a HSA.
- ♦ My employer will transfer any funds deducted from payroll to BenefitWallet.
- ♦ Information disclosed as a result of this authorization may no longer be protected by federal privacy laws and may be disclosed by the company or individual receiving the information.
- ♦ I should retain a copy of this authorization.

I plan on establishing a HSA with another institution (_____)

I do not plan on establishing a HSA at this time.

Male
 Female

PRINTED NAME _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

SIGNATURE OF INDIVIDUAL APPLYING FOR HEALTH PLAN _____ TODAY'S DATE (MONTH/DAY/YEAR) _____

* BCBSNE offers a high deductible health plan that allows you to establish a HSA, but does not provide any banking services in regard to the administration of the HSA. BCBSNE will not interfere with your relationship with the institution you choose. BCBSNE is not in any event liable for any act or omission of the institution providing your HSA or the agent or employee of such institution, including, but not limited to, the failure or refusal to render services to you. BCBSNE is not affiliated with or related to BenefitWallet or any custodian BenefitWallet may have a relationship with. The relationship between BCBSNE and BenefitWallet is that of independent contractors and BenefitWallet has no responsibility for BCBSNE health plans or other insurance benefits provided by BCBSNE. A Welcome Kit will be sent once your BCBSNE health plan has been activated. If this health plan is not approved and activated by BCBSNE, you will not receive a HSA Welcome Kit.

Office Use Only Section

BenefitWallet Employer ID# _____ Date Sent to BenefitWallet: _____