Active Consent Account Opening – Employee Completes Online Bank Application

- During open enrollment, employee will enroll in the High Deductible Health Plan with HSA.
- HSA Bank will provide a client specific URL to Cigna/Client for employees to complete an online application to open an HSA at HSA Bank. Client will provide this URL to their employees.
- 3 Client prepares their medical eligibility file and sends to Cigna.
- Employees who wish to open an HSA complete the online bank application via the URL provided.
 - Cigna loads medical eligibility into Cigna eligibility system.
- HSA Bank receives bank application information from the URL.**
 HSA Bank sends list of open HSAs back to Cigna.

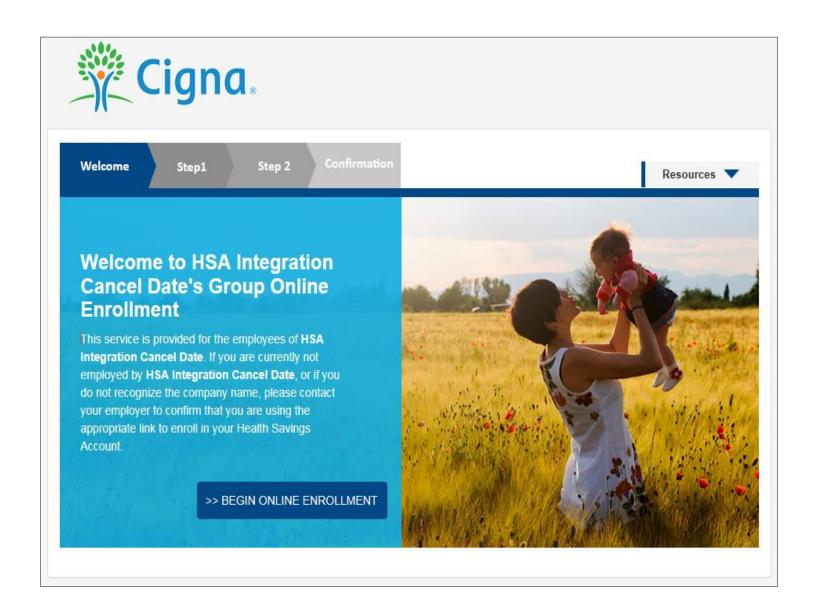
Cigna receives file from HSA Bank and matches against eligibility received from client.

6 Cigna sends HSA Bank employee branch number and medical tier coverage information.

Cigna creates Bank Enrollment Status Report on CignaAccess.com.

**HSA Bank must receive records that contain all required data elements in order to proceed with account opening. This includes: Complete name, SSN, date of birth, and residence address. . The employee must include a residence address when completing the bank application







Welcome Step1	Step 2 Confirmation	Resources 🕶
Step 1: Your Identification & Health Plan *Required Please provide the below information in order to process your application with HSA Bank. Fields indicated with an asterisk(*) are required.		
*First Name:		
M.L.:		
*Last Name:		
*Date of Birth:		
*Social Security Number:		
*Street Address:		
	(If foreign address, please supply City, State and ZIP Code all in Address Line 2)	
*Address Country:	US 🖃	
*City:		
*State:	Select	
*Zip Code:		
*Home Phone Number:		
Business Phone Number:	ext.	
*Email Address:		
*Are you a U.S. Citizen: *Effective Date of your Health		
Insurance:		
*Health Insurance:	TIDITY Marviadai only – \$1000,	
*Deductible Amount:	HDHP Family coverage = \$3200	
*Do You Want to Add an Authorized Signer:	© Employed © Self-employed © Unemployed © Retired © Yes ♥ No	
Order Debit Cards:	To like to order a second FREE debit card for my Authorized Signer.	
Note: To help the government fight the fur	nding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and What this means to your When you open an account we will need you and your authorized singer to provide page.	and record information that

Note: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opers an account. What this means to your without you open an account we will need you and your authorized signer to provide name, street address, date of birth and other information that will allow us to identify you and your authorized signer. We may also ask to see your driver's license or other identifying documents. If your identify cannot be authenticated, or your application is incomplete, your account will be open status.







Please review the following information before so

Your Identification Edit

Name: SAMPLE El

Street Address: 50 ROAD

City SHEBOYGA

State: WI

Zip Code: 53081

Home Phone: (555) 555-5

Business Phone: N/A

Email Address: SAMPLE@

Social Security Number: XXX-XX-67

Date of Birth: 01/01/1970



Welcome Step1 Step 2 Confirmation

Congratulations!

Your application has been successfully submitted and is being processed.

Application:

Please print and save a copy of your application for your records. Your application will open in a new

window, so please disable any pop-up blockers. Click Here to print your application.

Welcome Kit:

After your Health Savings Account application is processed, for which HSA Bank is the custodian, you will receive a Welcome Kit in the mail. The Welcome Kit contains your account number and our disclosures. It also outlines our services and details how to manage your account. If you do not receive your Welcome Kit in 7 - 10 business days, please contact Cigna at the number on the back of

your ID card.

Resources V

