

**Directions:** Please complete all requested information for each employer setup and return to the HSA Solution Employer Support Team at [HSAEmployerSetup@acs-inc.com](mailto:HSAEmployerSetup@acs-inc.com). In addition, please provide copies of any employee communications regarding the HSA product along with date it was or will be distributed.

If the employer needs support for more than one payroll file/system, please provide a separate form for each required set up. (Note – more than one payroll file per employer may result in additional fees).

Health Plan Name	UPMC
Health Plan Customer ID	063

**General Employer Information**

Employer ID (to be assigned by Mellon)	
Group/Subgroup Number (to be assigned)	
Employer Name	
Employer Address – Line 1	
Employer Address – Line 2	
Employer City	
Employer State	
Employer Zip	
Employer Funding Contact Name	
Employer Funding Contact Phone	
Employer Funding Contact E-mail	
Employer Technical Contact Name (FTP set up)	
Employer Technical Contact Phone	
Employer Technical Contact E-mail	

Are there any eligible employees working abroad?

Yes

No

**Key Implementation Dates**

High Deductible Health Plan Effective Date	
Open Enrollment Start Date	
Open Enrollment End Date	
1 <sup>st</sup> date that enrollment data is submitted for this employer group	
1 <sup>st</sup> contribution file date	

**Implementation Design Decisions**

Number of eligible employees	
Expected number of HSA accounts	
Funding frequency	

*Account Set-up fees:*

Employer paid

Employee Paid

UPMC Health Plan Paid

*Account maintenance fees:*

Employer paid

Employee Paid

UPMC Health Plan Paid

*Deposit file type:*

Payroll on the Web (POW!)

Encrypted Excel

Flat File (layout)

Individual ACH

None

*Funding method:*

- Wire                       Check                       ACH                       N/A

*Contribution types:*

- Employee via payroll                       Employee and Employer via payroll  
 Employee via deposit slip

*If more than one payroll source, will separate reconciliations be required?*

- Yes                       No                       N/A

*Additional information:*

**UPMC Health Plan Information:**

Employer UPMC Corporate Number	
Employer Group Federal Tax ID	
Group Contact Name and Title	
Group Contact Telephone	
Group Contact email	
<p>Sub-Group Numbers</p> <p>Subgroup name or identifier (e.g., Pittsburgh, Erie, Salaried, Hourly, Union, Non-union)</p> <p>If there are multiple subgroups <u>with the same product and plan choices</u> list them here.</p> <p>Fill out separate Discovery Document for groups which have different product choices.</p>	
CDHC Offering and Positioning	<input type="checkbox"/> CDHC is only offering <input type="checkbox"/> Option with other UPMC plans <input type="checkbox"/> Option with other vendor plans

Account Manager/Sales Person	
Account Service Manager (if applicable)	
Qualified High Deductible Health Plan  <i>HealthyU HSA plans include a Health Incentive Account (HIA)</i>	<b><u>HealthyU Plan Options</u></b> <input type="checkbox"/> HSA PPO 1250-90 Coins RX <input type="checkbox"/> HSA PPO 1250-90 Copay RX <input type="checkbox"/> HSA PPO 2500-90 Coins RX <input type="checkbox"/> HSA PPO 2500-90 Copay RX <input type="checkbox"/> HSA PPO 3750-90 Coins RX <input type="checkbox"/> HSA PPO 3750-90 Copay RX <input type="checkbox"/> HSA EPO 1250-90 Coins RX <input type="checkbox"/> HSA EPO 1250-90 Copay RX <input type="checkbox"/> HSA EPO 2500-90 Coins RX <input type="checkbox"/> HSA EPO 2500-90 Copay RX <input type="checkbox"/> HSA EPO 3750-90 Coins RX <input type="checkbox"/> HSA EPO 3750-90 Copay RX <input type="checkbox"/> Non standard – Attach benefit grid
Employer Annual HSA Contribution	<input type="checkbox"/> Employer Contribution Single \$_____ Family \$_____ <input type="checkbox"/> No contribution
Employer Contribution Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly

Employer Approval of HSA set-up provisions:

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Print Name of Authorized Representative

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Signature

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Date

**RETURN COMPLETED FORM TO:**

HSA Solution Employer Support Team

Address: 500 Plaza Drive, 9<sup>th</sup> Floor

Address: Secaucus, NJ 07094

Phone: 201-553-6305

E-Mail: [HSAEmployerSetup@acs-inc.com](mailto:HSAEmployerSetup@acs-inc.com)

**UPMC Health Plan Distribution:**

[conadvimpl@upmc.edu](mailto:conadvimpl@upmc.edu) (consumer advantage implementation)

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**FOR INTERNAL USE ONLY**

Complete the information requested below prior to submission of Employer Discovery Documentation.

Withdrawal methodology – please indicate the withdrawal collateral to be provided to the accountholders (please indicate all that apply):

- Checkbook
- Elan Debit Card
- Evolution Benefit Debit Card
- MBI Debit Card

Confirmation of Setup and Monthly Maintenance Fees

Setup Fee: \_\_\_\_\_

Monthly Maintenance Fee (Employer Paid): \_\_\_\_\_

Monthly Maintenance Fee (Employee/Accountholder Paid): \_\_\_\_\_