

***Health Savings Account
Group Information Form***

30120 HSA Trustee Services

Company Name: _____

Company Address: _____

Street Address

City

State

Zip

Contact Information:

Name

Phone

E-mail



Employer Group Enrollment Checklist

The following documentation needs to be completed and submitted with you enrollment package to American Chartered Bank:

- Complete the company information above.
- Provide an employee census of participants in the HSA compatible plan. Census information should include the names and social security numbers of qualified participants.
- Prior to submission review applications for missing information. Applications with missing information cannot be processed and may delay the group enrollment process.
- Collect and submit signature cards for employees completing electronic applications.

U.S. Patriot Act Compliance – Voluntary submission of additional information.

Each participant's personal information will be run through a verification process to confirm the information provided on their application. The applicant's personal information including name, address and social security number will be verified. The applicant can avoid possible follow up verification by providing a copy of their driver license, paystub, or utility bill showing the address on the application. In addition they can also provide a signed copy of their social security card.

Mail Applications with this form to:

American Chartered Bank
HSA Processing Dept.
PO Box 5994
Carol Stream, IL 60197-5994

Send Overnight Packages to:

American Chartered Bank
HSA Processing Dept.
955 National Parkway, Suite 60
Schaumburg, IL 60173

Internal Bank Use Only

Company Information Census Account Numbers Assembled Account Numbers Sent Funding

Completed By.