

## HSA ONLINE ENROLLMENT GUIDE

Congratulations on making a smart financial decision by choosing to open a Health Savings Account (HSA) in connection with your employer’s high deductible health plan (HDHP). Associated Bank is pleased to provide your HSA and is committed to providing you with exceptional service.

**NEENAH JOINT SCHOOL DISTRICT** has chosen to provide you with the ease of online enrollment to access your Health Savings Account. To get started, you will need a computer with Internet connection.

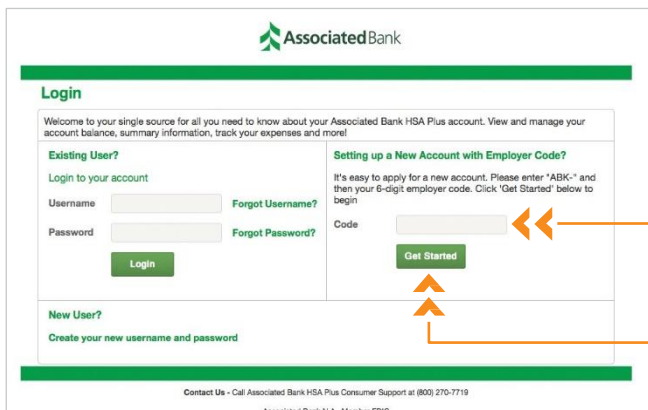
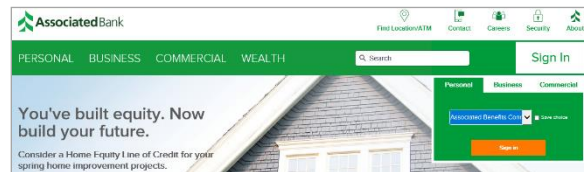
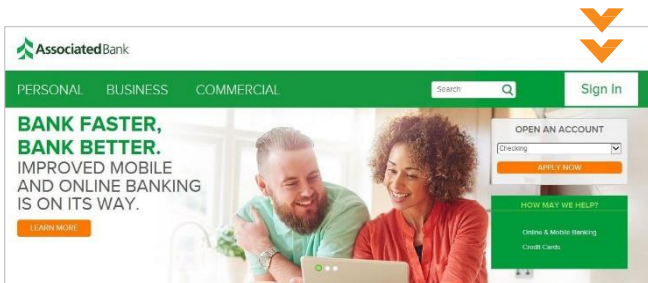
Please note contributions and distributions may not be made to the HSA account until the actual start date that coverage begins in the high deductible health plan.

### Instructions for enrolling in your Health Savings Account online

Visit [www.AssociatedBank.com](http://www.AssociatedBank.com) to access HSA enrollment page.

**STEP 1:** Go to [www.AssociatedBank.com](http://www.AssociatedBank.com), click the Sign In button, which will bring you to the Go To menu.

**STEP 2:** Click the drop-down menu, select Associated Benefit Connection, click Sign In, which will take you to the enrollment page.

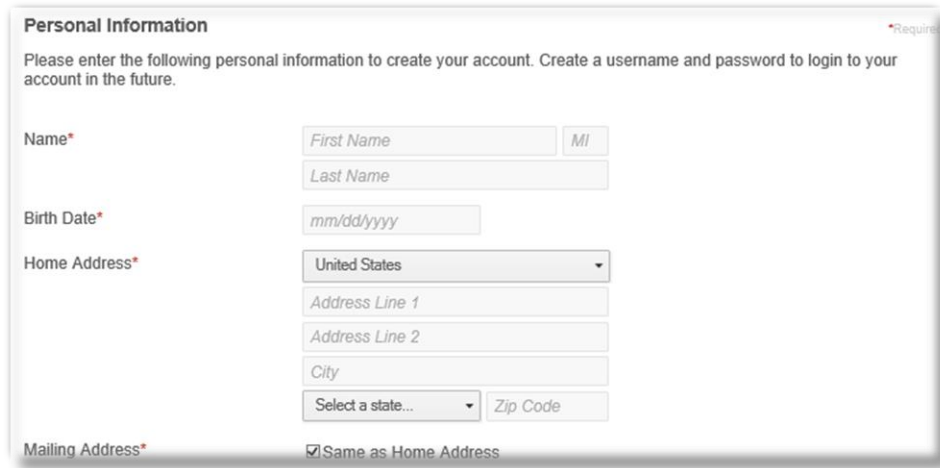


**STEP 3:** In the “Setting up a New Account with Employer Code?” section, insert the employer code shown below.

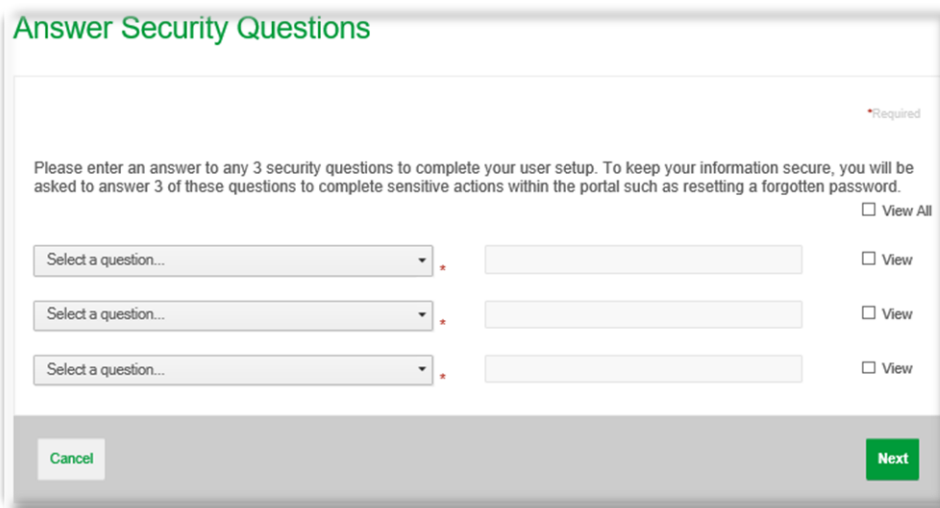
**ABK-RCKT22**

**STEP 4:** Click “Get Started” to begin the online enrollment process.

5. Enter Personal information
  - a. If PO Box, please enter residential address and uncheck the box next to mailing address
  - b. Create username and password



6. Click Next
7. Select 3 security questions in the drop down



8. Review the Summary of Account> Click Next
9. Open and view Agreements provided:
  - a. Associated Bank HSA Plus Online Portal
  - b. Federal E-Sign Act Disclosure and Agreement
10. Proceed to enter additional Demographic and contact information
  - a. Demographic information
  - b. Contact information
  - c. Citizenship and Employment Status information
  - d. Identification information

**HSA Enrollment: Profile**  
Agreements Profile Dependents Eligibility Payments Beneficiaries Summary Confirmation

Demographic Information \* = required field

First Name:\*

Middle Initial:

Last Name:\*

- 11. Click Next
- 12. Add Dependents(not required)
  - a. If no dependents, click Next

**HSA Enrollment: Dependents**  
Agreements Profile Dependents Eligibility Payments Beneficiaries Summary Confirmation

\* = required field

Complete the dependent information below if you have any dependents and click the *Add Dependent* button to add the dependent. If you do not have any dependents or when you have added all of your dependents, click the *Next* button.

First Name:\*

Middle Initial:

Last Name:\*

Social Security Number:  -  -

Confirm Social Security Number:  -  -

Birth Date:\*

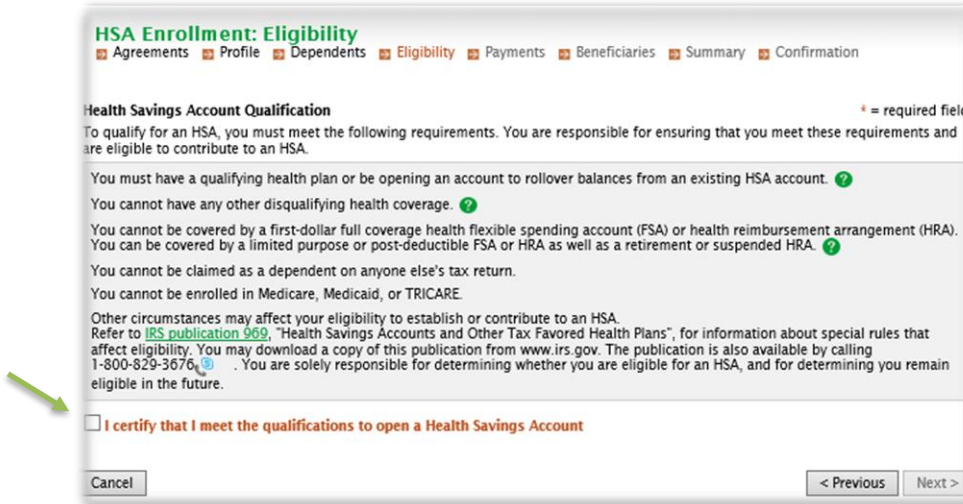
Gender:

Full Time Student:\*  Yes  No

Relationship:\*

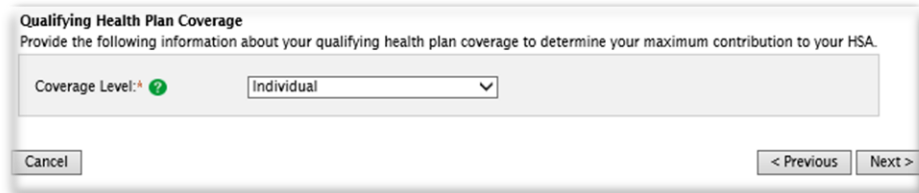
13. View HSA Enrollment Eligibility

- a. Click the box certifying that the requirements are met



The screenshot shows the 'HSA Enrollment: Eligibility' form. At the top, there are navigation tabs: Agreements, Profile, Dependents, Eligibility (selected), Payments, Beneficiaries, Summary, and Confirmation. Below the tabs is the title 'HSA Enrollment: Eligibility' and a note '\* = required field'. The main heading is 'Health Savings Account Qualification'. The text explains the requirements for an HSA: 'To qualify for an HSA, you must meet the following requirements. You are responsible for ensuring that you meet these requirements and are eligible to contribute to an HSA.' The requirements listed are: 'You must have a qualifying health plan or be opening an account to rollover balances from an existing HSA account.', 'You cannot have any other disqualifying health coverage.', 'You cannot be covered by a first-dollar full coverage health flexible spending account (FSA) or health reimbursement arrangement (HRA). You can be covered by a limited purpose or post-deductible FSA or HRA as well as a retirement or suspended HRA.', 'You cannot be claimed as a dependent on anyone else's tax return.', and 'You cannot be enrolled in Medicare, Medicaid, or TRICARE.' A note mentions that other circumstances may affect eligibility and refers to IRS publication 969. At the bottom, there is a checkbox labeled 'I certify that I meet the qualifications to open a Health Savings Account' which is currently unchecked. A green arrow points to this checkbox. There are 'Cancel', '< Previous', and 'Next >' buttons at the bottom of the form.

14. Select Coverage Level

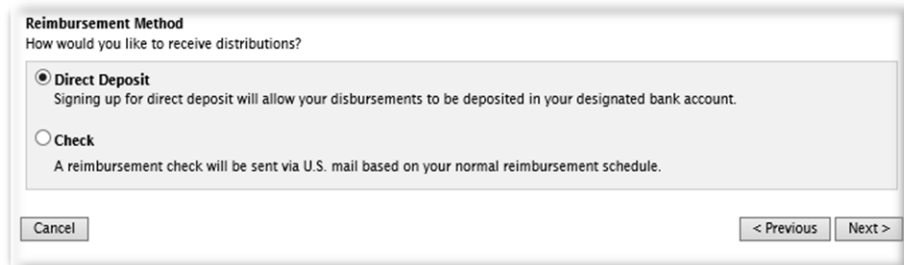


The screenshot shows the 'Qualifying Health Plan Coverage' form. The title is 'Qualifying Health Plan Coverage' and the instruction is 'Provide the following information about your qualifying health plan coverage to determine your maximum contribution to your HSA.' There is a dropdown menu for 'Coverage Level:' with 'Individual' selected. There are 'Cancel', '< Previous', and 'Next >' buttons at the bottom of the form.

15. Click Next

16. Choose your reimbursement method- as an HSA Mastercard debt card will be automatically ordered

- a. Direct Deposit- you will be required to enter primary banking account information including account and routing number.
- b. Check- funds will be sent via check to the address on the account



The screenshot shows the 'Reimbursement Method' form. The title is 'Reimbursement Method' and the question is 'How would you like to receive distributions?'. There are two radio button options: 'Direct Deposit' (selected) and 'Check'. The 'Direct Deposit' option includes the text 'Signing up for direct deposit will allow your disbursements to be deposited in your designated bank account.' The 'Check' option includes the text 'A reimbursement check will be sent via U.S. mail based on your normal reimbursement schedule.' There are 'Cancel', '< Previous', and 'Next >' buttons at the bottom of the form.

17. Click Next

18. Add Beneficiaries- not required, but highly recommended

**HSA Enrollment: Beneficiaries**  
Agreements Profile Dependents Eligibility Payments Beneficiaries Summary Confirmation

\* = required field

You may designate a beneficiary for your Health Savings Account. The designated beneficiary will receive your HSA assets in the event of your death.

If you are married in common law or in a community property state, you must designate your spouse as your Primary Beneficiary. You can change beneficiaries by submitting a notarized [Beneficiary Change Form](#) with your spouse's signature of consent.

Please complete the fields below with the requested beneficiary information.

First Name:\*

Middle Initial:

Last Name:\*

- 19. Review your HSA summary from the enrollment that was completed and make any corrections or updates.
- 20. Click Next

**HSA Enrollment: Summary**  
Agreements Profile Dependents Eligibility Payments Beneficiaries Summary Confirmation

Please verify the following information is correct and click Next to continue your enrollment.

21. HSA Enrollment: Creation Authorization

**HSA Enrollment: Creation Authorization**  
Agreements Profile Dependents Eligibility Payments Beneficiaries Summary Confirmation

By submitting the enrollment, you are requesting that a Health Savings Account be opened in your name.

- I affirm that all information I have provided is true and correct and may be relied upon by the Designated Representative and the HSA Custodian.
- I understand the eligibility requirements for this HSA and I state that I am responsible for determining whether I qualify to make deposits to this HSA. I am responsible for: A. Determining that I am eligible to make contributions to an HSA for each year I make a contribution; B. Ensuring that all contributions are within the maximum limitations set forth by the tax laws, taking into account my coverage and the applicable deductible under a high deductible health plan; C. The tax consequences of any contributions (including rollover contributions) or distributions; D. Seeking the assistance of a qualified tax or legal professional to address any questions or concerns I may have about eligibility, contribution limitations, or the taxation of contributions or distributions from my HSA.
- I certify that I have received a copy of the enrollment form, the Designation of Representative, the Custodial Agreement and Disclosure Statement, and the Privacy Policy. I understand that I may revoke the HSA on or before seven (7) days after the date of establishment. I have not received any tax or legal advice from the Designated Representative or the Custodian, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold the Custodian and Designated Representative harmless against any and all claims or losses arising from my actions.

22. Click Submit enrollment to the **bottom left**
23. Recommend printing enrollment confirmation provided

### HSA Enrollment: Confirmation

Agreements Profile Dependents Eligibility Payments Beneficiaries Summary Confirmation

✔ Successfully Enrolled in Health Savings Account

Congratulations, you have enrolled in your Health Savings Account. Please print this page for your records.

Home Print

The HSA account will be open the following business day with overnight processing.

### We are here to help

If you have any questions in regard to your Health Savings Account, please contact the **Associated Benefits Connection®** Participant Services Team at 1-800-270-7719 or by email at [ParticipantServices@AssociatedBank.com](mailto:ParticipantServices@AssociatedBank.com).