



ASSOCIATED BENEFITS CONNECTION® 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.

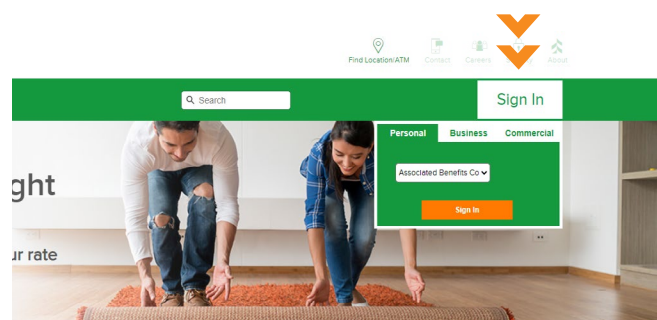
Associated Bank is proud to offer easy online enrollment to open your HSA. To get started, you will need a computer with an internet connection.

Please note that contributions and distributions may not be made to your HSA until the actual date that coverage begins in the HDHP.

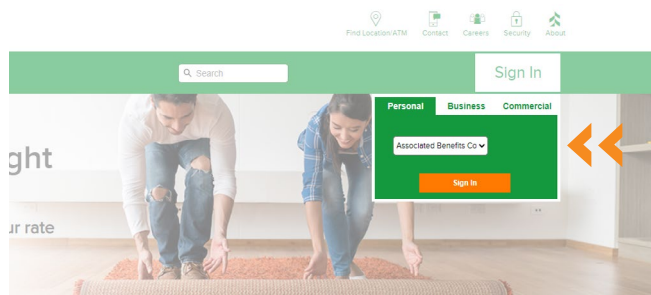
Instructions for enrolling in your HSA online

Click here: [HSA Enrollment Page Link](#) or visit AssociatedBank.com to access the Associated Benefits Connection enrollment page.

STEP 1: Go to AssociatedBank.com and click the Sign In button. Select the **Personal** tab.



STEP 2: Click the drop-down menu arrow and select Associated Benefits Connection. Click **Sign In** to open the Associated Benefits Connection enrollment page.



Login

Welcome to your single source for all you need to know about your Associated Benefits Connection® account(s). View and manage your account balance, summary information, track your expenses and more!

Existing User?

Username [Forgot Username?](#)

Next

Setting up a New Account with Employer Code?

Enter a code given to you, or create a new account.

Code

Next

New User?

Create your new username and password

Get Started

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

ABK-FR2GT5

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

STEP 4 (cont.):

- 4.1:** Fill out your personal information, including your new username and password.
- 4.2:** Answer the security questions.
- 4.3:** Review the account disclosures.

HSA Enrollment: Agreements

[Agreements](#) [Profile](#) [Dependents](#) [Eligibility](#) [Election](#) [Authorized Signers](#) [Payments](#) [Beneficiaries](#)
[Summary](#) [Confirmation](#)

No agreements need to be accepted for the plan.

[Fee Schedule](#)
[Interest Information](#)

Questions?

Contact Associated Benefits Connection at: (800) 270-7719 or ParticipantServices@AssociatedBank.com

- 4.4:** Fill out the demographic information. You will need your driver's license information for this section.
- 4.5:** Certify that you meet the qualifications to open a health savings account.

HSA Enrollment: Eligibility

[Agreements](#) [Profile](#) [Dependents](#) [Eligibility](#) [Election](#) [Authorized Signers](#) [Payments](#) [Beneficiaries](#)
[Summary](#) [Confirmation](#)

Health Savings Account Qualification * = required field

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.

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.

You cannot be enrolled in Medicare, Medicaid, or TRICARE.


Other circumstances may affect your eligibility to establish or contribute to an HSA. Refer to [IRS publication 969](#), "Health Savings Accounts and Other Tax Favored Health Plans", for information about special rules that affect eligibility. You may download a copy of this publication from www.irs.gov. The publication is also available by calling 1-800-829-3676 [CalCalCalCal](#) . You are solely responsible for determining whether you are eligible for an HSA, and for determining you remain eligible in the future.

☐ I certify that I meet the qualifications to open a Health Savings Account

4.6: Enter the amount you would like to deduct from each paycheck. (You must notify your HR department of any changes.)

4.7: Debit Card: Choose your reimbursement method by selecting **Direct Deposit** or **Check**.

4.8: If you select **Direct Deposit**, you will need to fill out your bank account information (see below).



HSA Enrollment: Payments

[Agreements](#) [Profile](#) [Dependents](#) [Eligibility](#) [Election](#) [Authorized Signers](#) [Payments](#) [Beneficiaries](#)

[Summary](#) [Confirmation](#)

Bank Account * = required field

Enter your bank account information to setup your direct deposit account.

Routing Number: * ?

Account Number: *

Confirm Account Number: *

Account Type: *
Checking ▾

Account Nickname: * ?

Bank Information

Enter the contact information for your bank. This information may be pre-filled for you based on the routing number you entered above.

Bank Name: *

Address Line 1: *

City: *

State: *
Select a state ... ▾

Zip Code: *

Cancel

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Next >

4.9: Finally, check the enrollment boxes and then select Submit Enrollment to finish opening your account (see below). You will be asked to verify your identity.

HSA Enrollment: Creation Authorization

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[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.

 **Submit Enrollment**

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Authorized Signer

You may add a spouse or dependent over the age of 18 as an authorized signer. Each signer will be issued their own debit card for HSA-eligible purchases. Authorized signers do not have access to your account information, only debit card usage. To remove an authorized signer, you must contact Customer Care at 800-270-7719 to deactivate their card.

Under the **Profile** tab, select **Add Authorized User**, complete the form and click **Submit**.

The screenshot displays the 'Profile / Add Authorized Signer' form within the Associated Bank online portal. The top navigation bar includes links for Home, Dashboard, Accounts, Tools & Support, Statements & Notifications, and Profile (which is currently selected). A green 'I Want to...' dropdown menu is located on the right. On the left side of the form, there is a sidebar with links for Banking/Cards, Payment Method, and Login Information. The main form area is titled 'Profile / Add Authorized Signer' and contains a section for 'Authorized Signer Information' with a '*Required' label. The fields include: Name (with sub-fields for First Name and Last Name), SSN (with a hyphen separator), Birth Date (with a date picker), Address (with sub-fields for Address Line one, Address Line two, City, a state dropdown menu, and Zip Code), and Phone (with a hyphen separator). At the bottom of the form, there are 'Cancel' and 'Submit' buttons.

Again, welcome to Associated Bank. Should you have any questions about opening your account, ask your Human Resources department or contact one of our HSA Specialists at 800-270-7719.



AssociatedBank.com/HSA
800-270-7719