

CLIENT INFORMATION

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|---------------------|------------------|-----------------------|------------------------|
| CLIENT NAME | | PHONE NUMBER | |
| ADDRESS | | | |
| CLIENT MAIN CONTACT | | CLIENT EMAIL ADDRESS | |
| HIGHMARK CLIENT # | HIGHMARK GROUP # | EFFECTIVE DATE OF HSA | HSA MEDICAL DEDUCTIBLE |

HSA ADMINISTRATION

THE HEALTH SAVINGS ACCOUNT CUSTODIAN IS HIGHMARK'S PREFERRED CUSTODIAN

How will employees be enrolled within their HSA?

Please choose only one of the two options during set-up regarding how your employees' accounts will be created once they enroll in the QHDHP.

1. Option One: **Manual Enrollment** ** – This requires action by the employee for the account to be created. The employees will need to create their HSAs by going onto the Highmark member website and clicking on "Start a Health Savings Account and Save!" to open their own accounts with Highmark's Preferred Custodian. If employees do not follow this process, their HSAs will not be opened until they do so, and employers will not be able to report payroll contributions. No debit cards or Welcome Kits will be mailed until the employee creates the account online. As long as they are enrolled in the QHDHP, employees may choose to go online to create their HSAs with Highmark's Preferred Custodian at anytime.
2. Option Two: **Auto Enrollment** – This option automatically opens a Highmark's Preferred Custodian HSA for each employee once the employee's QHDHP enrollment processing is complete. Debit cards and enrollment kits are automatically created and mailed to employees when their employer chooses this option. Also, this option allows the employer to immediately process payroll contributions if needed. NOTE: If the balance of the newly-created HSA remains at \$0 for 90 consecutive days, the account will automatically close, and no further client/employee action is needed.

Choose one plan option to allow employees to create their HSA:

- Manual Enrollment **
 Auto Enrollment

** This will be the 'default' option for all Small Group Clients that do not choose an enrollment option

HSA CONTRIBUTION

Will the Employer and/or Employee make contributions towards the Health Savings Account through a payroll deduction process?

- Yes — If "Yes," please complete Reporting Contacts Section of Form
 No

Please note – there are two options to report employee payroll contributions (if needed):

1. Enter Payroll Contribution Amounts for Each Employee.
 - a) Once your employer administrative access has been created, you may go online and enter each employees' contribution amount for the calendar year.
 - b) The funds will be processed from the employer's bank account - this information will need to be entered on the Employer Portal.
 - c) The employer may update the employees' information at any time.
 - d) There is no fee for this service.
2. Upload Payroll Contribution File(s).
 - a) A special file format is required.
 - b) The file must be uploaded for each payroll period – all applicable employees can be included on the same file.
 - c) The employer must also go online to input its own banking information for this process.
 - d) There is no fee for this service.

Step-by-step instructions will be provided for employers to enter each employee's one-time contribution or ongoing payroll contribution/frequency.

REPORTING CONTACTS

Authorized Individual(s) for access to Spending Account Balance Reporting Information at an individual account level. You can list up to seven (7) additional contacts not including the signer of this Group Set-Up Form. **This form does not permit third party access to this information or third party access into the Highmark Employer Portal.**

| Internal Client Contact (please print) | E-mail Address (please print) | Phone Number |
|---|-------------------------------|--------------|
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | | () |
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You will need to access the Highmark Employer Portal (www.highmarkbcbs.com) to access the Spending Account payroll contribution function and reporting information. Once logged into the Employer Portal, you must enter your banking information for these contributions by clicking the "Assist Employees" tab. For more information on the Highmark Employer Portal, please contact your Producer/Agent or your Highmark Client Manager.

HSA LEGAL NOTICE

Applicant Agrees to the following eDelivery Terms:

1. In General. "eDelivery" means a service allowing for the electronic presentment and retrieval of reports and other agreed-upon data, and may include the ability to electronically view and pay bills owed to Highmark via Highmark's System (known as "eBill").
2. Users of eDelivery. Unless Highmark is otherwise agreed, the signer of this application and the employees listed as the financial contact will be deemed to be "Users" of eDelivery. Users will be required to complete an application for access and/or other required User form(s) before obtaining a User ID and password.
3. Logon IDs and Passwords. Each User shall not disclose or otherwise make logon IDs or passwords available to any third party. If a User ceases to be a User for any reason, including termination from employment or contractual obligation, or the User otherwise discloses his or her intent to resign, Client shall notify Highmark within three (3) days so that Highmark can disable the applicable logon ID and password. Client and Plan are responsible for any breaches of security relating to use of any User's logon ID and password until Highmark has disabled that logon ID and password. If a breach or suspected breach of this provision occurs, Client or a User must notify Highmark immediately by telephone.
4. Security. Client and Plan shall maintain reasonable and appropriate security procedures to prevent unauthorized access to Data in their office(s) or system(s). Further, and to the extent applicable, such procedures shall comply with the Privacy and Security Rules and any other applicable rule governing data imposed by state or federal laws and regulations.
5. Liability. Client, Plan and Agents agree that Highmark, its affiliates, employees officers or directors, suppliers and licensors shall not be liable for any direct, indirect, special, incidental, consequential or punitive damages, losses or expenses arising out of eDelivery, any use or the inability to use Highmark's information systems (including Highmark's Website), or in connection with any failure, error, omission, interruption, defect, delay in operation or transmission, computer virus, or line or system failure, even if Highmark is advised of the possibility of such damages, losses or expenses.
6. Further Assurances. Highmark may require Client to make further amendment to this eDelivery Addendum as necessary to keep the eDelivery service compliant with applicable laws and regulations. By its execution of the User Form, each User automatically agrees to be bound by any such amendment.

Please see next page of form

HSA LEGAL NOTICE (continued)

7. Intellectual Property Restrictions. Nothing within any of the material and content of the eDelivery service shall be construed as conferring any license under Highmark's or any third party's intellectual property rights, whether by estoppel, implication, waiver or the material and content of the eDelivery service shall be construed as conferring any license under Highmark's or any third party's intellectual property rights, whether by estoppel, implication, waiver or otherwise. Except as expressly provided to the contrary, Client, Plan and Agents agree not to modify, alter, or deface any trademarks, service marks, or other intellectual property of Highmark made available through the eDelivery service. Client, Plan and Agents further agree not to (i) use any of the trademarks, service marks or other content accessible through the eDelivery service by Highmark, or (ii) adapt, translate, modify, decompile, disassemble, or reverse engineer the eDelivery service or any software or programs used in connection with the eDelivery service.
8. Confidentiality. Each User shall comply with the confidentiality provisions of the Agreement and shall likewise apply to this eDelivery Addendum as if fully set forth herein.
9. Standard Transactions. To the extent applicable, each User shall comply with the requirements of the Transactions Rule. Highmark EDI reference guides and companion documents shall apply in connection with any transaction contemplated herein.
10. Termination. Highmark reserves the right to terminate a User's use of eDelivery at any time with or without cause. Highmark may immediately terminate a User's use of eDelivery if the User breached any agreement with Highmark (including a breach of the Agreement) or Highmark has reason to believe that there has been or may be an unauthorized use or disclosure of a logon ID or password or the eDelivery service.

By signing this application, I represent that I have the full authority to bind the company identified below.*

NAME (Please print)

SIGNATURE

COMPANY

TITLE

DATE

E-MAIL ADDRESS

*** Unless Highmark is otherwise instructed, the signer of this application and the employee(s) listed as the Financial Contact(s) will be deemed to be authorized to receive Spending Account balance report information.**

Highmark's Preferred Custodian is an independent company that is the custodian of the Highmark HSAs. Highmark does not offer banking, investment or financial services. HSA funds are maintained in accounts under the custody of Highmark's Preferred Custodian, a separate company that does not offer Blue Cross and/or Blue Shield products or services.

Insurance or benefit administration may be provided by Highmark Blue Cross Blue Shield, First Priority Life Insurance Company or First Priority Health, all of which are independent licensees of the Blue Cross and Blue Shield Association.

Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。
请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.