



ID: _____

SUB. LAST NAME: _____

DOC: _____ ACRONYM: _____

Request for a Health Savings Account (HSA)

Blue Cross and Blue Shield of Nebraska (BCBSNE) recommends that you consider establishing a Health Savings Account (HSA) to maximize the benefits of your high deductible health plan. While you may open a HSA with any institution of your choice, we have arranged for you to establish your BCBSNE health plan and initiate the process of opening a HSA with ACS HR Solutions LLC (ACS), using Mellon Trust of New England as the custodian of the HSA Account, all in one easy step.

Please complete this form to let us know if you intend to use the ACS/Mellon Health Savings Account (HSA) Solutionsm by providing the information and authorization as noted below. BCBSNE will notify ACS once your health plan has been activated to let them know to initiate the process of opening a HSA for you.* ACS will then send you a Welcome Kit which includes information about the HSA and account terms and conditions, and a signature card that you will need to sign and return to Mellon.

Please send this completed form along with your application for one of BCBSNE's HSA eligible health plans. (Note: this form is not required as part of your application for a BCBSNE health plan).

Yes, I would like to open an ACS/Mellon HSA. Please have ACS send me a HSA Welcome Kit and initiate the process of opening a HSA for me! *

I authorize Blue Cross and Blue Shield of Nebraska to provide ACS with information required to establish my HSA, including my name, address and Social Security number once my health plan is activated.

I understand that:

- ♦ The information described above is required by ACS to establish a HSA and is considered Protected Health Information (PHI) pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- ♦ In the event that a BCBSNE health plan is not activated in my name, BCBSNE will not provide Mellon with this information and this authorization will expire.
- ♦ This authorization is voluntary.
- ♦ Payment, enrollment or eligibility for my health care coverage will not be affected if I do not sign this form or open a HSA.
- ♦ I may revoke this authorization at any time before a HSA is established with ACS for me by notifying BCBSNE in writing at:

**Attn: Membership
BlueCross BlueShield of NE
7261 Mercy Road
Omaha, NE 68180-0001**

If you do revoke this authorization, it will not have any effect on any information received or actions BCBSNE or ACS took before they received the revocation.

- ♦ Information disclosed as a result of this authorization may no longer be protected by federal privacy laws and may be disclosed by the company or individual receiving the information.
- ♦ I should retain a copy of this authorization.

I plan on establishing a HSA with another institution (_____)

I do not plan on establishing a HSA at this time.

Male
 Female

PRINTED NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
STREET ADDRESS	CITY	STATE ZIP
SIGNATURE OF INDIVIDUAL APPLYING FOR HEALTH PLAN		TODAY'S DATE (MONTH/DAY/YEAR)

* The choice of an institution that offers HSAs is solely your choice and BCBSNE will not interfere with your relationship with the institution you choose. BCBSNE does not itself undertake to provide financial services, but solely to arrange for the provision of health care services and to make payments to providers for Covered Services received by you under your health plan. BCBSNE is not in any event liable for any act or omission of the institution providing your HSA or the agent or employee of such institution, including, but not limited to, the failure or refusal to render services to you. BCBSNE is not affiliated with or related to Mellon Trust of New England ("Mellon") or ACS HR Solutions LLC ("ACS"). The relationship between BCBSNE and ACS is that of independent contractors and ACS has no responsibility for BCBSNE health plans or other insurance benefits provided by BCBSNE. An ACS Welcome Kit will be sent once your BCBSNE health plan has been activated. If this health plan is not approved and activated by BCBSNE, you will not receive a HSA Welcome Kit.

Office Use Only Section

ACS Employer ID# _____ Date Sent to ACS: _____