

## Employer Sign-Up Form (Starmark Groups)

HSA Bank's Employer Site is designed to help you manage your employees who have accounts with HSA Bank. At this site, employers will be able to manage their HSA programs, receive updates regarding HSA Bank, and access updates regarding IRS Rulings. There is also an option to make contributions to employees' accounts through this site using the online contributions tool. A welcome kit will be emailed to you with a separate form to sign up for this option.

**Instructions:** (Be sure that you have completed Starmark's Custodian Election Form and that you have been assigned a group number prior to completing this form.) Only complete the Agent Identification Number (AIN) field below if you are working with an agent who is registered with HSA Bank. **All other fields are required.** Fax this signed & completed form to Business Relations: (920) 803-4184. If you have questions, please call (866) 357-5232, M - F, 7 a.m. - 7 p.m. CST.

### Company Information

Company Name

Federal Tax ID #  **AIN**  **Starmark Health Plan Group #**

Address

City  State  Zip

Phone  -  -  Fax  -  -

### **Business Type**

- Sole Proprietor   
  Joint Venture   
  LLC   
  Partnership  
 Corporation   
  Trust   
  Non-Profit   
  Association/Cooperative   
 Other \_\_\_\_\_

### Main Administrator Information

First Name    
 Last Name    
 Extension

Email

Select User Name  (min. 8 characters) (letters and numbers only)

**A random password will be assigned and emailed to you. You will be asked to change this password the first time you log into the Employer Site.**

**Important note:** The Main Administrator is the only individual that will have full administrative rights. This means that only they will have the ability to add other administrative users and assign rights for accessing or updating your account.



**RESOLUTIONS AUTHORIZING SIGNERS**

The Authorized Representative is/are (the singular shall include the plural):

- the Employer (Sole Proprietor)
- a/the (Specify Title) \_\_\_\_\_ of the Corporation/Municipality/Other (circle one)
- The general partners (Partnership)     Managers (LLC)     Members of the Employer (LLC)

**ADOPTION OF RESOLUTIONS:** Employer/Business Partner, acting herein by the undersigned Authorized Representative (Section 2) does hereby adopt the Resolutions set forth below, and certify that such resolutions are in accordance and conformity with the Employer's governing documents, all agreements with third parties, and all laws applicable to the Employer.

The undersigned Authorized Representative (Section 2) is duly authorized to execute the resolutions herein on behalf of Employer and to complete all information in said resolutions. The undersigned Authorized Representative (Section 2) certifies on behalf of the Employer that the following Main Administrator (Section 1) is empowered to act alone for and on behalf of the Employer Partner with respect to the Employer website, which shall contain confidential employee information, and to agree on the Employer's behalf to terms and conditions for the use of the Employer site:

**Section 1: Main Administrator Signature**

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Name (please print)	Title	Signature
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The Bank may rely on the accuracy of the foregoing certification until the Bank has actually received written notice of a change and has had a reasonable period of time to act on such notice.

The undersigned Authorized Representative (Section 2) agree(s) to notify the Bank promptly and in writing of the happening of any change in the identity of officers, members, managers or partners of the Employer or in the ownership of the Employer or in the Employer's legal structure and of the happening of any dissolution or bankruptcy of the Employer or of any partner, manager, member or owner of the Employer.

**CERTIFICATION OF RESOLUTIONS:** The undersigned Authorized Representative (Section 2) is authorized by the Employer to certify, and hereby does certify, that the resolutions set forth above were properly adopted on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the Employer. In accordance and conformity with the Employer's governing documents, all agreements with third parties, and all laws applicable to the Employer, have not been modified or rescinded, and are in full force and effect and binding on the Employer.

**IN WITNESS WHEREOF,** I/We have signed this certificate as duly Authorized Representative(s) of Employer; Employer validly exists and is in good standing under applicable law, and that the name of the Employer identified herein is accurate and complete at this date, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

**Section 2: Authorized Representative Signature**

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Name (please print)	Title	Authorized Signature
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Name (please print)	Title	Authorized Signature
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**NOTE: THE PERSON SIGNING AS THE MAIN ADMINISTRATOR IN SECTION 1 MUST BE DIFFERENT THAN THE AUTHORIZED REPRESENTATIVE SIGNER IN SECTION 2, UNLESS THE EMPLOYER IS A SOLE PROPRIETOR.**

Privacy, the USA PATRIOT Act, and the Employer Site

At HSA Bank we respect and protect the confidentiality of customer information. Some of the information we request is required by a Federal law called the USA PATRIOT Act and regulations adopted by governmental agencies to implement it. This law requires HSA Bank to obtain, verify and record information that identifies each person or entity that opens an account. This information helps the government fight the funding of terrorism and money laundering activities. When you sign up for the Employer Site, we will ask you for your company's name and address. We will also ask you for an identification number such as your Social Security, EIN or Tax Identification number. This information will allow us to identify you. In some instances we may also ask to see identifying documents. Please rest assured that all customer information is kept in the strictest confidence, unless required by law to be disclosed.