



## ACS Mellon Health Savings Account Small Employer Discovery Document

### Directions:

Complete all requested information and return this document to your Horizon Blue Cross Blue Shield of New Jersey Sales Representative.

Health Plan Name	Horizon Blue Cross Blue Shield of New Jersey
Health Plan Customer ID	502

### General Employer Information

Employer ID (to be assigned)	
Sub-account Number (to be assigned)	
Employer Name	
Employer Address . Line 1	
Employer Address . Line 2	
Employer City	
Employer State	
Employer ZIP Code	
Employer Funding Contact Name	
Employer Funding Contact Phone	
Employer Funding Contact E-mail	
Group Effective Date	
Expected number of HSA accounts	



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### Implementation Design Decisions

- 1) Who Pays Account Set-up Fees?  Health Plan Paid
- 2) Who Pays Account Maintenance Fees?  Health Plan Paid
- 3) Will the Employer Contribute to each Employee's Account?  Yes  
 No
- 4) Will the Employer Allow Employees to Make Pre-Tax Payroll Contributions?  
(A Section 125 Plan is required for Pre-Tax Payroll Contributions).  Yes  
 No  
*Note:* Employees always have the option of making manual deposits to their HSAs.

Complete questions 5 & 6 if you answered YES to questions 3 OR 4

### HSA Contributions and Instructions

- 5) How Will Mellon Receive Employee Contributions and Instructions?
- 5a:  **Individual ACH Transactions**  
Employer transmits funds directly to each employee's account via the Automated Clearing House (ACH). *Note:* The employer will need to set this up with their payroll administrator.
- 5b:  **Payroll on the Web (POW!)**  
A lump sum transfer of funds accompanied by allocation instructions entered and submitted via our Payroll on the Web (POW!) application.
- 6) If funding will be made via a Lump Sum Contribution (Option 5b above), by what method will the employer transmit the lump sum payment? *Note:* Deposit instructions are provided in the Employer Guide.
- Wire Transfer  
 ACH  
 Check

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#### Instructions to Horizon Sales Representatives:

Email completed document to: [HSAEmployerSetup@acs-inc.com](mailto:HSAEmployerSetup@acs-inc.com)

Include the following information in the email subject line:

- Group Name
- Group Number
- Group Effective date