

## Health Savings Account (HSA) Authorization

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1. You must be enrolled in the CU Health Plan-High Deductible as a primary member to enroll in a Health Savings Account.
2. Refer to our [HSA webpage](https://www.cu.edu/employee-services/pre-tax-savings-plans) for current calendar year limits (<https://www.cu.edu/employee-services/pre-tax-savings-plans>).
3. Complete this form if you want to enroll, change or stop deductions for your HSA.
4. Review, sign and date the second page of this form.
5. Submit this form to Employee Services (ES) by the 10th of the month, in which the change is to be effective to ensure that your election is entered for that monthly pay cycle.
6. Once your account is opened, you'll receive a welcome packet from Optum Bank in the mail with information about using your HSA, creating an online account and the agreements governing your account.

### Employee Information

Employee ID#: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Enrollment Type** (*select one*) –      New enrollment      Change in enrollment      Stop contributions

**Effective Date** - \_\_\_\_\_

**Deduction** - For current calendar year limits, refer to our [HSA webpage](http://www.cu.edu/node/153425) ([www.cu.edu/node/153425](http://www.cu.edu/node/153425)).

*Select one box and fill out the deduction amount(s).*

I elect to enroll in an annual pledge of \$ \_\_\_\_\_.

I understand that my annual pledge amount entered above includes any deductions already taken in the current calendar year plus any pending deductions.

I elect a one-time lump sum amount of \$ \_\_\_\_\_.

I understand that the lump sum will replace my regular monthly deduction amount for the month in which it is taken.

My annual pledge will be \$ \_\_\_\_\_ after the lump sum is taken.

I understand my annual pledge amount includes any deductions already taken in the current calendar year plus any pending deductions, including this lump sum.

**Acknowledgment** - I understand and agree to the following:

1. I would like to open an Optum Bank HSA, and I am eligible to contribute to an HSA.
2. I authorize the University of Colorado to act as my agent to open an Optum Bank HSA for me and to send my name, residential address, date of birth, Social Security Number/Individual Taxpayer Identification Number, phone number, email address, country of citizenship and residency status to Optum Bank. As an agent on my behalf, the University of Colorado will receive a notice from Optum Bank, which explains that Optum Bank will obtain, verify and record information to identify me before it opens my HSA. Optum Bank does this to help the United States government fight money laundering activities and terrorism funding.
3. I agree that the University of Colorado will be my agent until the first of three events occurs:
  - I receive my HSA welcome packet from Optum Bank.
  - I give the University of Colorado my written notice that I do not want the University of Colorado to act as my agent, and the University of Colorado has enough time to act on my notice.
  - I receive a notice from Optum Bank that my application for an HSA has been declined.
4. I also authorize Optum Bank to make any inquiries it considers appropriate to determine if it should open and maintain my HSA. This may include obtaining information from a credit reporting agency for identity verification and fraud protection.

Once your account is opened, you'll receive a welcome packet in the mail with information about using your HSA, creating an online account and the agreements governing your account. If you no longer want an HSA, you'll have seven business days after receiving your welcome packet to cancel the account.

If you have other questions or would like to review the agreements, visit the [Optum Bank website](https://www.optumbank.com/) (https://www.optumbank.com/) or call 1-844-326-7967.

**Authorization and Signature**

By my signature below, I agree that for amounts paid after the date this agreement is effective, my salary will be reduced by the dollar amount elected herein. I am eligible to enroll in an HSA, and I have reviewed, understand and agree to the provisions listed under the Acknowledgement section of this agreement.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Complete Your Enrollment: How to Upload This Form

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Upload your Health Savings Account (HSA) Authorization Form electronically for a fast and secure method to complete your enrollment:

1. **Complete** and **sign** (page 2).
2. **Save** this form to your device.
3. **Upload** your saved form and supporting documents if applicable. You will be prompted to sign into your employee portal if you are not already signed in.

If you **do not** have access to the employee portal, securely [upload your form](#).

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## Alternate Ways to Complete Form

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In the event you are unable to complete your enrollment electronically, you may do so in the ways described below. Note that these methods take longer to process.

### **Make a copy and mail the original to:**

Employee Services  
University of Colorado  
1800 Grant Street, Suite 400  
Denver, CO 80203

### **By fax**

Fax to 303-860-4299 (retain a copy of the fax transmission)

### **By email**

Documents with personal information should never be emailed for security reasons.