Benefit Design Guide Form

Is this Benefit Design Guide (BDG) New or an Update?

New ☐   Update ☐ (Please check the applicable sections and provide the updated information)

All information provided in this new or updated BDG Form is accurate and complete.

Enrollment Method

Standard Cigna Healthcare Enrollment ☐

Alternate Enrollment Method ☐

If Alternate Enrollment Method selected, choose one:

Cigna Gateway ☐

GOE ☐

If GOE, please provide Cigna Healthcare with the correct URL for GOE to be communicated to the client after configuration and setup are complete. **Note to HSA Bank – If alternate enrollment process, special configuration is required.**

Section 1: Client Information

			Update
1.1	Legal Client Name (no special characters except - and '):		☐
1.2	Corporate Tax ID:		☐
1.3	Cigna Healthcare Client ID:	Division/CDB#:	☐
1.4	Would you like divisions? *(A division number is required for setup.)*	Yes ☐ No ☐	☐
	Division/CDB#:	Active ☐ Inactive ☐ Default Division? Yes ☐ No ☐	☐
	Division/CDB Number:	Active ☐ Inactive ☐ Default Division? Yes ☐ No ☐	☐
	Division/CDB Number:	Active ☐ Inactive ☐ Default Division? Yes ☐ No ☐	☐
1.5	Corporate Physical Address:		☐
1.6	Mailing Address (if different from above):		☐
1.7	City:		☐
1.8	State:		☐
1.9	Zip:		☐
1.10	Number of Benefit-Eligible Employees: *If greater than 5,000, HSA Bank recommends creating a custom debit card package (even if customization is not required). See section 4.1 or 4.2 to set up.*		☐
1.11	Effective Date of Plan:		☐
1.12	Client Entity: *Examples: Corporation, S Corporation, Partnership, Sole Proprietorship, Government Entity or Church, Non-Profit Organization, or Limited Liability Corporation*		☐
Restrictions may apply to certain entity types. For example, owners (and family members of owners) in LLCs and S-Corps are not eligible to participate.			
1.13	Do you want participants assigned to divisions for reporting purposes? Yes ☐ No ☐ *(If yes, attach listing of divisions. No special characters are allowed in division names.)*		☐

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Section 2: Contacts				Update
2.1	Cigna Healthcare Primary HSA Contact**:			☐
	Email Address:		Phone:	☐
	Client Portal Access:	*This contact will be given access to the Web Portal.*		☐
2.2	Backup Cigna Healthcare HSA Contact:			☐
	Email Address:		Phone:	☐
	Client Portal Access:	*This contact will be given access to the Web Portal.*		☐
2.3	Client Contact for the Portal: *Client representative*			☐
	Email Address:		Phone:	☐
	Client Portal Access:	*This contact will be given access to the Web Portal. Note: This is the client contact who will have access to pull reporting and view employee information.*		☐
	Receive Clearing Acct Transparency:	☐ Yes ☐ No *If Yes, Contact(s) will receive emails regarding daily clearing account activity and a monthly summary report.*		☐
	Receive Funding File Email:	☐ Yes ☐ No *If Yes, Contact(s) will receive emails regarding the health of their funding files.*		☐
2.4	Client Contact for Clearing Account Transparency**: *Client representative*			☐
	Email Address:		Phone:	☐
	Client Portal Access:	*This contact will be given access to the Web Portal. Note: This is the client contact who will have access to pull reporting and view employee information.* ****Required when using Text File Deliver via FTP or alternative funding method**		☐
	Receive Funding File Email:	☐ Yes ☐ No *If Yes, Contact(s) will receive emails regarding the health of their funding files.*		☐
	Receive Clearing Acct Transparency:	☐ Yes ☐ No *If Yes, Contact(s) will receive emails regarding daily clearing account activity and a monthly summary report.*		☐
2.5	Client Contact for Funding File**: *Client representative*			☐
	Email Address:		Phone:	☐
	Client Portal Access:	*Contact(s) will be given access to the Web Portal. Note: This is the client contact who will have access to pull reporting, view employee information, and perform portal funding.* ****Required when using Text File Deliver via FTP or alternative funding method**		☐
	Receive Funding File Email:	☐ Yes ☐ No *If Yes, Contact(s) will receive emails regarding the health of their funding files.*		☐
	Receive Clearing Acct Transparency:	☐ Yes ☐ No *If Yes, Contact(s) will receive emails regarding daily clearing account activity and a monthly summary report.*		☐
2.6	Cigna Healthcare Technical Funding Contact:			☐
	Email Address:		Phone:	☐
	Client Portal Access:	Yes ☐ No ☐	*Note: this is the technical support person who will be assisting clients with funding files sent through Cigna gateway.*	☐
2.7	Additional Authorized Contact:			☐
	Email Address:		Phone:	☐

Section 3: Health Savings Account (HSA)/ Client Funding Requirements		Update
3.1	**Client Contribution Method (check all funding methods that apply)** ☐ Client Portal (GOC) - *Complete section 3.2.* ☐ Client Portal - Alternative Funding via Request Tab (clearing account) - *Complete section 3.3.* ☐ Text File Deliver via FTP (clearing account) - *Complete section 3.3.* ☐ Direct Deposit ☐ Check and Pay-list ☐ Undecided If Direct Deposit is selected, please provide up to 10 Company IDs (Must be a 10-digit number) Company ID 1: _____ Company ID 2: _____ Company ID 3: _____ Company ID 4: _____ Company ID 5: _____ Company ID 6: _____ Company ID 7: _____ Company ID 8: _____ Company ID 9: _____ Company ID 10: _____	☐
3.1a	**Method for Division/CDB#** CDB#: _____ ☐ Client Portal ☐ Client Portal - Alternative Funding via Request Tab ☐ Text File Deliver via FTP ☐ Check and Pay-list ☐ Direct Deposit	☐
3.1b	**Method for Division/CDB#** CDB#: _____ ☐ Client Portal ☐ Client Portal - Alternative Funding via Request Tab ☐ Text File Deliver via FTP ☐ Check and Pay-list ☐ Direct Deposit	☐
3.1c	**Method for Division/CDB#** CDB#: _____ ☐ Client Portal ☐ Client Portal - Alternative Funding via Request Tab ☐ Text File Deliver via FTP ☐ Check and Pay-list ☐ Direct Deposit	☐
3.1d	**Method for Division/CDB#** CDB#: _____ ☐ Client Portal ☐ Client Portal - Alternative Funding via Request Tab ☐ Text File Deliver via FTP ☐ Check and Pay-list ☐ Direct Deposit	☐
3.2	Would you like Group Online Contribution (GOC) enabled? ☐ Yes* ☐ No *A separate agreement and form are required to enable GOC.*	☐

3.3	For text file delivery, how many clearing accounts required?		☐
	Email Frequency for Clearing Account Transparency? **Email Frequency is based on Clearing Account Number; the default option is both (Daily and Monthly). ☐ Daily ☐ Monthly		☐
	Clearing Account Name:		☐
	Clearing Account Name:		☐
	Clearing Account Name:		☐
	Clearing Account Name:		☐
3.3a	Method of funding the clearing account: ☐ Client-initiated push (ACH or wire [standard]) ☐ Bank-initiated ACH pull (Formal approval is a prerequisite. A separate agreement may be required to enable ACH pull.)		☐
3.3b	*Complete section 3.3b **only** if you selected the "Pull" option in section 3.3a.*		☐
	Company's Financial Institution Information	Financial Institution Name (Required): **Note:** Your bank information will be verified with your financial institution enabling the transfer of funds.	
		Phone:	
	ACH Routing Number:	Account Number: ☐ Checking ☐ Saving	
3.4	Will the Client make contributions? ☐ Yes ☐ No		☐
	Employer contributions? ☐ Yes ☐ No		☐
	Employee contributions? ☐ Yes ☐ No		☐
	First Funding Date:		☐
3.5	If Employer Contributions, Annual Contribution Amount:	Individual: $	Family: $	☐
	☐ Annual	☐ First of each month		☐
	☐ Per Pay Period	☐ Customized *(List dates)*		☐
3.6	If Employee Contributions, Funding Cycle:		☐
	☐ Annual	☐ First of each month		☐
	☐ Per Pay Period	☐ Customized *(List dates)*		☐
3.7	Will funding be restricted (only fund accounts within the employer)? ☐ Yes (default) ☐ No		☐
3.8	Would you like HSA Fast Forward enabled? ☐ Yes* ☐ No *A separate agreement may be required to enable HSA Fast Forward.*		☐
3.8a	Company's Financial Institution Information	Financial Institution Name (Required): **Note:** Your bank information will be verified with your financial institution enabling the transfer of funds.	☐
		Phone:	
	ACH Routing Number:	Account Number: ☐ Checking ☐ Saving	

Section 4: Pricing & Debit Card Info | Update

			Update
4.1	**Select one HSA fee package here if client was implemented after Jan. 1, 2020:** ☐ Monthly maintenance fee paid by customer (Simplified 1.85 NOBW) ☐ Monthly maintenance fee billed to Cigna Healthcare (Simplified 0.00 NOBW Only ER)		☐
	Custom debit card package (5,000 or more benefit-eligible employees): ☐ Debit card package with customization ☐ Debit card package with NO customization	Investment threshold: $1,000	☐
	NOTE: Standard Card is MasterCard.		☐
	Comments:		☐
4.2	**Select one HSA fee package here if client was implemented before Jan. 1, 2020:** ☐ Monthly maintenance fee paid by customer (Standard 1.85, 9.2 GP) ☐ Monthly maintenance fee billed to Cigna Healthcare (10.2 GP)		☐
	Custom debit card package (5,000 or more benefit-eligible employees): ☐ Debit card package with customization ☐ Debit card package with NO customization	Investment threshold: $1,000	☐
	NOTE: Standard Card is MasterCard.		☐
	Comments:		☐

Section 5: Current Cigna EDI Transmission Information (Cigna Use Only) | Update

		Update
5.1	Protocol Type: ☐ Cigna Gateway ☐ Other:	☐

Section 6: Contribution Processing Rules for Accounts that have CIP Exceptions | Update

		Update
6.1	☐ Hold funds for CIP exceptions ☐ Post funds for CIP exceptions	☐

Section 7: Customization | Update

			Update
7.1	Do you have any special reporting requirements? ☐ Yes ☐ No If yes, please include here: *Standard Reports Available:* HSA Program Summary Report HSA Funding Collection Notification All Account Report		☐
	Do you require a custom phone number other than 800-CIGNA24? If so, please provide:		☐
7.2	Would you like a custom welcome message? ☐ Yes ☐ No If yes, please list:		☐
7.3	Client Logo:	☐ Yes ☐ No	If yes, please send the logo with the complete BDG and Agreements.	☐
7.4	Welcome Kit Code:	CG2_004	If this value if different, it must be provided to Cigna Healthcare from HSA Bank personnel.	☐

Section 8: For Bank Use Only

Client Code:		**Initials of Implementer:**	
Health Plan Code:		**Marketing Code:**	
AIN:		**Instance Code:**	
CIPICOMP Date:		**Processor:**	
Daily Limit:		**Approved Limit:**	
Authorized Signature:		**Date:**	
Clearing Account(s):		**Routing Number:**	075907947
Comments:			