

Employer Portal User Update Form

Use this form to update your employer contacts.

Please complete and return this form to your assigned Cigna Healthcare Consumer Account Specialist.

Company Information on File With HSA Bank (All fields required)		
Company Name:	Tax ID Number:	Client/Group ID: (For Bank use only)
Add/Update Contacts		
Name:	<input type="checkbox"/> Add	<input type="checkbox"/> Remove <input type="checkbox"/> Update
Email:	<input type="checkbox"/> Primary	<input type="checkbox"/> Funding Only <input type="checkbox"/> View Access Only
Phone:		
Name:	<input type="checkbox"/> Add	<input type="checkbox"/> Remove <input type="checkbox"/> Update
Email:	<input type="checkbox"/> Primary	<input type="checkbox"/> Funding Only <input type="checkbox"/> View Access Only
Phone:		
Name:	<input type="checkbox"/> Add	<input type="checkbox"/> Remove <input type="checkbox"/> Update
Email:	<input type="checkbox"/> Primary	<input type="checkbox"/> Funding Only <input type="checkbox"/> View Access Only
Phone:		
Authorization		
This Agreement is accepted and agreed to by the parties as of the date below.		
Name:	Title:	
Authorized Signature:	Date:	
Permissions Based on Title (If granted Employer Administration Site access)		
Primary Contacts: Access to employee data and reporting, as well as the ability to import demographic, enrollment, and contribution files.		
Funding Contacts: Access to reporting and the ability to import files.		
View Only: Access to view employee data and reporting.		
FOR INTERNAL USE ONLY		
<input type="checkbox"/> ACH DIRECT DEPOSIT <input type="checkbox"/> GOC <input type="checkbox"/> TXT SECURE <input type="checkbox"/> TXT PORTAL		
Special instructions if applicable:		