

# DIRECT HSA SERVICE FEE PAYMENT AGREEMENT INDIVIDUAL ENROLLMENT



Instructions – **This form is used to pay your monthly MyHSA account administration fee for 12 months in advance.**

This HSA (health savings account) service fee payment option is being provided to individual HSA account holders. If you elect this option your monthly HSA administration fee will be paid directly by (you) the HSA account holder to Alliance Benefit Group of Illinois. If you do not elect this option, your administration fee will be withdrawn on a monthly basis from your HSA account.

ACCOUNT HOLDER INFORMATION		
Name: (First):	(MI):	(Last):
Social Security Number:	Daytime Phone Number:	
Mailing Address:		
City:	State:	Zip:
Email Address:		

\$ 54.00

Amount of Payment

## Details:

Your account will be paid in full for the next 12 months. You will receive a reminder notice 2 months prior to the end of fee coverage giving you the option to prepay your fees again for the following 12 months. **Payment must be received prior to the first day of any month for which administration fees are due or your monthly HSA service fees will be automatically withdrawn directly from your HSA account.**

If you elect to pay your HSA fees by direct check payment, Alliance Benefit Group of Illinois reserves the right to calculate fees and decline any payment if fees have been calculated incorrectly. If for any reason any check payment is returned by your bank, all future fees including the returned payment will be automatically withdrawn directly from your HSA account.

Note: Returned checks will incur an additional \$10.00 service fee; this service fee will also be deducted from your HSA account.

**Make your admin fee check payable to Alliance Benefit Group of Illinois and send it along with this form to the address listed below.** Please note fees paid in advance are nonrefundable.

HSA Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and return this form along with your check to:**

Alliance Benefit Group  
MyHSA Department  
456 Fulton Street, Suite 345  
Peoria, IL 61602

If you have any questions please call 800-57MyHSA (800-576-9472).