



Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East
Newark, NJ 07105-2200
www.HorizonBlue.com

You may complete the required fields below online and then save or print a copy for submission. To save a completed copy to your computer, choose File > Save As to rename the file and save the form with your information to your computer.

Confirmation of HSA Selection

Your selection of this Horizon Blue Cross Blue Shield of New Jersey health plan enables your employees to benefit from a Health Savings Account for tax-free saving and health care spending. Horizon BCBSNJ offers the Horizon MyWay HSA product at no cost to you or your employees. Please review the benefits of the Horizon MyWay HSA below.

| Horizon <i>MyWay</i> ™ HSA Advantages | |
|---|--|
| • Integrated with ACS BNY Mellon (nation's leading HSA administrator) | • No account setup fee* |
| • Free online bill pay and debit card | • No monthly account fee* |
| • Free checkbook and check writing | • No enrollment forms |
| • Same premium as compatible plan | • No claim forms |
| • Simple online account opening | • No employer involvement required |
| • Investment options available | • No cross-selling of other banking products |

**While an active member in the Horizon MyWay plan, Horizon BCBSNJ pays these fees for fully insured client groups.*

Yes, I would like the **Horizon MyWay**™ HSA Product

No, I would like the Compatible HSA Product. I may utilize a separate HSA administrator and be responsible for all fees, enrollment and administration. I understand that the HSA will not be integrated with Horizon BCBSNJ.

Signing of this form reflects agreement to funding arrangement selected for one year and must be adhered to. This **cannot be changed** until the following renewal.

Agreed to funding checked off above by:

Group Administrator: _____ Date: ____ / ____ / ____
MM DD YYYY

Name of Group: _____

Witnessed by Broker: _____ Date: ____ / ____ / ____
MM DD YYYY