

Jane Gile
Human Resources Director



CITY OF MANCHESTER

Human Resources Department

Dear Employee:

We have received your health insurance enrollment/change form requesting to enroll into the City of Manchester's Health Savings Account which is tied to a High Deductible Health Plan. The bank that the City has chosen to administer the City's Health Savings Account is Citizens Bank. Attached is a welcome letter from Citizens Bank and an Enrollment Guide outlining how to enroll in your Citizens Bank H S A online. You can not open a Health Savings Account at a branch. We have also included a Payroll Deduction Authorization Form if you would like to make additional deposits into your HSA account through payroll deductions.

You will find in this packet a letter from the City of Manchester's Human Resources Department. Please make sure to read the letter thoroughly, sign and date it, and return it to HR Attn: Benefits Coordinator.

Please enroll in your Citizens Bank HSA as soon as possible and forward to us at benefitscoordinator@manchesternh.gov your account number. We will need this account number in order to fund your HSA account.

Following is important information you will need to enroll online:

1. City of Manchester Plan/Program number is **RBSCM1000041**
2. Member Number –your SSN

Sincerely,

Susan Figg

Benefits Coordinator

Jane Gile
Human Resources Director



CITY OF MANCHESTER Human Resources Department

FOR WATER UNION HIRED AFTER 7/31/13
and
PDSS UNION HIRED AFTER 10/15/13

In order to enroll into the City of Manchester's Health Savings Account, this form, along with the Anthem Enrollment/Change Form must be signed, dated and returned to Human Resources.

I understand I need to meet the following deductible effective July 1, 2015 before all of my in-network costs are covered at 100% for the plan year 7/1/2015-6/30/2016:

\$ 2,000 for a 1 person plan

\$ 4,000 for a family plan (*a family consists of 2 or more individuals*)

I understand that the City of Manchester is funding my HSA for the plan year 7/1/2015-6/30/2016 as follows:

1 person plan \$1,300 total (\$ 650 in July 2015 and \$130 for the next 5 months)

Family plan \$2,600 total (\$1,300 in July 2015 and \$260 for the next 5 months)

HSA Requirements

- I understand I or any family member covered by my plan cannot have an FSA (Health Flexible Spending Account).
- I and my covered family members are not covered under any other medical plan that is not an HSA – compatible health plan.
- I am not enrolled in Medicare Part A nor Medicare Part A and B; nor are any covered dependents.
- I am aware that I can only use my H S A funds for my spouse and the dependents I claim on my tax return.
- I am not eligible to be claimed as a dependent on another individual's tax return, nor are any covered dependents.
- I am a US resident and not a resident of Puerto Rico or American Samoa nor are any covered dependents.
- I have not received any veteran's benefits within the last 3 months nor have any covered dependents.
- I am not active in the military nor are any covered dependents.

Employee Name

Employee Signature

Date

1 City Hall Plaza • Human Resources Department • Manchester, New Hampshire 03101 • (603) 624-6543

FAX: (603) 628-6065

E-mail: HumanResources@ManchesterNH.gov • Website: www.manchesternh.gov



CITY OF MANCHESTER PAYROLL DEDUCTION AUTHORIZATION FORM FOR ADDITIONAL CONTRIBUTIONS TO HSA ACCOUNT

Employee Information

Last Name	First Name	MI
Citizens Bank HSA Account Number		Social Security Number
Address (street)		City
		State
		Zip
Home Phone	Work Phone	E-mail Address

Maximum HSA Contributions Per Calendar Year

CALENDAR YEAR	TIER	IRS MAXIMUM ALLOWED	CITY CONTRIBUTION	EMPLOYEE MAXIMUM ALLOWED

Every year the IRS sets maximum contribution limits for health savings accounts (HSAs). Failure to observe these limits may result in tax penalties. In calculating your annual contribution, take into account the funds that the City is contributing on your behalf. These funds are applied towards the limit.

Payroll Deduction Information

Enter Your Election Below:



Employee Certification and Signature

You Have Read, Understand, and Agree to the Following:

1. You acknowledge that you are authorizing us, The City of Manchester, to directly deposit tax deferred monies from your payroll check to your Citizens Banks Health Savings Account.
2. TAX WITHHOLDING CERTIFICATE: Under penalties of perjury, the ACCOUNT OWNER certifies (1) that the Taxpayer Identification Number shown on this form is the ACCOUNT OWNER'S correct Taxpayer identification Number, (2) that the ACCOUNT OWNER is not subject to backup withholding either because (a) the ACCOUNT OWNER has not been notified that the ACCOUNT OWNER is subject to backup withholding as a result of a failure to report all interest and dividends, or (b) the Internal Revenue Service has notified the ACCOUNT OWNER that the ACCOUNT OWNER is no longer subject to backup withholding*, and (3) the ACCOUNT OWNER is a U.S person (including a U.S. resident alien). *Strike part (2) of this paragraph if the ACCOUNT OWNER has been notified that the ACCOUNT OWNER is subject to backup withholding due to underreporting and has not received a notice from the Internal Revenue Service that backup withholding has terminated. (Failure to provide a Tax Identification Number may subject the account to backup withholding.)
3. To establish automated contributions, you are providing your new (HSA) account number to us. You understand that your account number will not be assigned until Citizens Bank has completed your HSA Enrollment.
4. I understand it is my responsibility to manage my contributions in accordance with federal guidelines based on my eligibility as well as my dependents. I also understand that in order to avoid tax consequences, it is my responsibility to ensure that claims drawn from this account are eligible medical expenses with substantiated receipts.



Employee (Account Owner) Signature

Date



Introducing the Citizens Bank Health Savings Account Program

The Citizens Bank Health Savings Account (HSA) is a great way to enjoy tax-free savings¹ for expenses under your employer's High-Deductible Health Plan (HDHP). Your Citizens Bank HSA offers you 24-hour access to your money via a Citizens Bank HSA Debit MasterCard® and Citizens Bank HSA Online where you can review your transactions, pay providers, invest in mutual funds and print statements in a secure web environment.

Getting started.

First, visit us at <http://employee.citizensbankhsa.com>. Here, you will find valuable information about your new HSA program, including informative videos, calculator tools, and links to other helpful websites.

Once you have carefully reviewed the information, you will be ready to enroll online by clicking the "[Enroll Now](#)" link. This link will connect you with our online enrollment service where you can open your HSA, designate beneficiaries, elect to receive an additional debit card (free), and review and print the Account Agreements.

Before you enroll, you will need to have the following key information:

- Your Drivers License or other document that includes your legal name and address
- Your HSA Plan ID is: **RBSCM1000041**
- Your Social Security Number
- The Social Security Number and Date of Birth of your secondary card holder
- The Social Security Number(s) and Date(s) of Birth of your designated beneficiaries

After you have completed your enrollment.

After your enrollment is complete, you will receive an electronic welcome kit. The kit will provide you with instructions on how to register as a first time user in order to access your account and view your account number. Supply the account number to your employer to make tax-free payroll deductions. In addition, within 7-10 days, you will receive your Citizens Bank HSA Debit MasterCard.

You can also use paper checks² to pay providers or reimburse yourself from your HSA for qualified medical expenses. You can download a signature card from our website and mail it in. We will order you a package of 25 checks. There is an additional fee for this service - both for checks as well as the monthly maintenance fee will increase.

We're here to serve you.

At Citizens Bank, we're committed to making your banking experience as convenient and friendly as possible. If you have any questions about your Health Savings Account, please call us at 1-888-784-4584, 8 a.m. - 8 p.m. eastern time, Monday through Friday.

Thank you again for choosing Citizens Bank.

Sincerely,

Health Savings Administration

¹ State tax treatment may vary. Consult a tax professional or IRS publication 969 for specific tax information.

² Additional fees apply consult your Fees & Features guide as part of your account agreement

Registering for the first time

1. Go to <http://www.citizensbankhsa.com/reg/employee/hsa>
Or www.citizensbankhsa.com

2. Click Access

HSA Account Access

[Access](#) your Citizens Bank HSA

3. Click in the top right of the screen Register



4. Complete all of the information that is requested:

User name: select a user name that you will use each time you sign into the system i.e JSmith1

First Name: your first name i.e John

Last Name: Smith

Email Address: Jsmith1@yahoo.com

Enter password – the password will be used each time you want access to your account i.e. Password1

Confirm Password – enter same password as the one you just entered

Employee ID: SSN

Registration ID: **RBSCM1000041**

Accept the Terms of Service – check the box

Click Register on the bottom



User Registration

User Registration

How to Register

To register with this site, you must have an **EmployeeID** and a **Registration ID** from Your Employer or if you are not registering through your employer, please use **RBSCM1000050** as your **Registration ID**.

Please enter your desired **UserName** and then enter your **First Name**, **Last Name** and an **Email Address**. You may select your own password.

All fields marked with a red arrow are required. - (Note: - Registration may take several seconds. Once you click the Register button please wait until the system responds.) All fields marked with a red arrow are required. - (Note: - Registration may take several seconds. Once you click the Register button please wait until the system responds.)

User Name: 

First Name: 

Last Name: 

Email Address: 

Enter a password.

Password: 

Confirm Password: 

Employee ID 

Registration ID 

Accept the [Terms of Service](#) 

Continue with the rest of the registration process – enter a personal phrase that will always appear each time you sign in

RBS Test | Logout

Secure Authentication Setup FAQs

Step 1 – Select a picture and personal phrase

Please select a picture and passphrase. These visual cues are displayed when you sign on and are your assurance that it is safe to enter your access information. You can use the default picture next to your personal phrase, or choose a different picture. Please be sure to enter a personal phrase before clicking "Continue Setup".

Enter a personal phrase:



Your personal phrase will always appear alongside your picture when you sign on. A phrase can be up to 40 characters long.

[Continue Setup](#)

You may select a different picture by clicking on the picture you wish to use.



You can browse through additional pictures by category. Simply select the category and click "Browse".

Category: [Browse](#)

[Need To Cancel?](#) We encourage you to complete the authentication setup now. If you cancel setup, you'll need to start from the beginning the next time you login.

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For Customer Service, please call: 1-888-SV4-HLTH (1-888-784-4584)
Ver: 5.6.2.6 Build Date: 08/18/2011 2:48 PM Server: HCS-BETA-WCPWB1

Caliri, Holly
The Edge of Modern Agriculture
...Thank the best thing to do...run an employee report out of

Select security questions that you like and answer them

Step 2 – Provide answers to challenge questions.

Please use the following drop-down lists to choose four questions which are relevant to you, and then enter answers to those questions. These questions may be asked during the sign on process to confirm that an authorized individual can access account information online. When you are done, click "Continue Setup".

Note: We recommend you provide answers which you can easily remember. For best results, do not enter made-up or fake answers, and avoid answers with tricky spelling or punctuation.

Question:

Answer:

Question:

Answer:

Question:

Answer:

Question:

Answer:

[Need To Cancel?](#) We encourage you to complete the authentication setup now. If you cancel setup, you'll need to start from the beginning the next time you login.

If you would like to register your computer on the site, select that option

RBS Test | Logout

Secure Authentication Setup

FAQs

Step 3 – Register your computer (or not).

With your permission, we can automatically register this computer as a location that is authorized to access your account information. When we recognize a computer that is registered to you, you'll be able to sign on quickly without having to answer challenge questions. *Please remember:* You can register more than one computer, but we *don't recommend registering public computers.*

- Register this computer.** Check this option if you wish to register this computer as a location that is authorized to access your account information. A registered computer allows for faster sign on.
- Do Not Register This Computer.** Check this option if you do not want to have this computer identified as a registered location for accessing your information. Instead, challenge questions will be asked when you sign on to protect your personal information.

[Continue Setup](#)

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Enter your email address and click continue Setup

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Secure Authentication Setup FAQs

Step 4 – Verify Email Address.

Please verify your name and email address below. You may change your email address directly on this page. When you are done, click "Continue Setup".

The email address entered is used for security encryption only. It is not used for solicitation purposes.

First Name: RBS

Last Name: Test

Email:

[Continue Setup](#)

Need To Cancel? We encourage you to complete the authentication setup now. If you cancel setup, you'll need to start from the beginning the next time you login.

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Enter your password and click on Submit Setup Information



RBS Test | Logout

Set Up Secure Authentication

[FAQs](#)

Your setup information has not yet been submitted. Please verify your information below and enter your password before clicking "Submit Setup Information". If you need to make a change before submitting, click the appropriate "Change Information" link.

Picture and Personal Phrase

[Change information](#)



Johnson

Questions and Answers

[Change information](#)

In what year were you married? (YYYY)	1994
In what month did you get married?(spell out)	December
What is your mother's middle name?	Lowery
In what month is your father's birthday? (spell out)	September

Computer Registration

[Change information](#)

Register this computer.

Personal Information

[Change information](#)

First Name:	RBS
Last Name:	Test
Email Address:	gale.hagele@citizensbank.com

Password

Your password is a key part of Secure Authentication and must be submitted with your setup request. You may reuse your existing password or choose a new password. The password must be 8-12 characters long and contain at least one alpha and one numeric characters.

Password:

Confirm Password:

[Submit Setup Information](#)

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Either sign off or proceed to account

RBS Test | Logout

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[Set Up Secure Authentication](#) [FAQs](#)

You have successfully completed the setup process.
You are now set up for Secure Authentication into *Citizens Bank HSA Online*®. The next time you sign on to access your account information:

- You will be asked for your username.
- We will then display your picture and personal phrase (so you know it's us).
- After verifying your picture and personal phrase, you will be asked for your password.

In addition, when you sign on from a computer that is not registered, you will also be asked challenge questions.
Thank you for helping us make a *Citizens Bank HSA Online*® more secure.

[Sign Off](#) [Proceed to Account](#)

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