

Health Savings Account (HSA) Online Enrollment Guide

Follow the steps below to open your HSA with 24HourFlex. You will need bank account information to sign up for direct deposit as well as demographic information about any dependents who will be covered under your HSA. If you run into problems or have further questions, please contact our customer service team via one of the following methods and we will be happy to help you:

Email: info@24hourflex.com

Live chat: www.24houflex.com (chat button) | 7AM - 6PM, Mon - Fri, MT

Phone: 303-369-7886 | 7AM - 6PM, Mon - Fri, MT

Toll free: 800-651-4855 | 7AM - 6PM, Mon - Fri, MT

1. Log into your online account at: participant.24hourflex.com

Note: You already have a temporary username and password as follows:

Username: First name first initial + last name + last four of your SSN

Password: Last four of SSN

Example: John Smith, with a social security number ending in 0989 will have a username of jsmith0989 and password of 0989

Tips

- You will be prompted to select and answer three security questions upon initial login. Make sure you remember your answers as you will be asked to provide them in the future if you make changes to your account.
- You will be prompted to change your username and password upon logging in for the first time. We recommend using your email address as your username and creating a unique password that you only use with your 24HourFlex account.

Login

Existing User?
Login to your account

Username [Forgot Username?](#)

Password [Forgot Password?](#)

Login

Setting up a New Account?
It's easy to apply for a new account. Click 'Get Started' below to begin.

Code

Get Started

New User?
[Create your new username and password](#)

2. Click on the “HSA Enrollment” Link in the Message Center.

The screenshot shows the 24HourFlex dashboard. At the top, there are navigation tabs: Home, Accounts, Profile, Statements & Notifications, Tools & Support, and Dashboard. Below the navigation is a sidebar with 'I Want To...' and 'Available Balance' sections. The main content area features a 'Welcome' message and a 'Message Center' section with a notification icon. The 'HSA Enrollment' link in the Message Center is circled in red. A red arrow points from the text 'Click here to open your new HSA with 24HourFlex' to the circled link.

3. Read the Summary of Accounts page and then click the “Next” button

The screenshot shows the 'Summary of Accounts' page. At the top, there are navigation tabs: Agreements, Profile, Dependents, Eligibility, Payments, Beneficiaries, Summary, and Confirmation. Below the navigation is a section for 'HSA' with a 'View Details' link. The main content area contains text about Health Savings Accounts (HSAs) and their relationship with high-deductible health plans (HDHP). At the bottom, there are 'Cancel' and 'Next >' buttons. A red arrow points from the 'Next >' button to the right.

4. Read through all of the information on the Agreements page and then click the Next button.

HSA Enrollment: Agreements
Agreements Profile Dependents Eligibility Payments Beneficiaries Summary Confirmation

You must accept the terms and conditions for this account by reviewing and accepting all agreements listed below.

Designated Representative Agreement	Read and agree	← Click on each link and affirm you've read and agree.
Electronic Disclosure	Read and agree	
HSA Custodial Agreement and Disclosure Statement	Read and agree	
Important Information on Patriot Act Requirements	Read and agree	

[Fee Schedule](#) ← You may review fee and interest information via these two links
[Interest Information](#)

Cancel < Previous Next >

Tips: When viewing an agreement, you must read through it and scroll to the bottom before you will be able to check the agreement checkbox.

Designated Representative Agreement X

You must scroll to the bottom of the agreement before you can click the accept check box below

Designation of Representative by Accountholder

The Health Savings Account (“HSA”) Accountholder named on the Healthcare Bank Custodial Agreement and Disclosure Statement (“Accountholder”) hereby appoints, designates, and authorizes Retirement Planning Services, Inc. dba 24HourFlex (“TPA”) to serve as its Designated Representative and HSA Administrator. The TPA hereby accepts the appointment by the Accountholder, subject to the terms and conditions set forth below.

1. **Designated Representative.** In its role as Designated Representative, the TPA will serve as primary liaison between the Accountholder and Healthcare Bank (“Custodian”). The TPA will not provide any services to the Accountholder or the Accountholder’s HSA as a fiduciary under Section 3(21) of ERISA, under any comparable and applicable provisions of state or local law, or under the Investment Advisor’s Act of 1940.

2. **Investments.** All investment transactions, including all communications and instructions, must be completed by the Accountholder through the investment portal (“Investment Portal”) available

I have read and agree to the Designated Representative Agreement.

5. Verify your Demographic Information page is correct, complete any missing selections and then click the “Next” button

Note: You may not create your HSA account with a PO Box due to Patriot Act rules. Please enter a physical mailing address and then email info@24hourflex.com with your PO Box upon completion and we will update the address for you. If you do not have a physical mailing address, please use your work address for this step and then email your PO Box address to info@24hourflex.com.

HSA Account: Profile

[Agreements](#) [Profile](#) [Dependents](#) [Eligibility](#) [Payments](#) [Beneficiaries](#) [Summary](#) [Confirmation](#)

Demographic Information

First Name:*	<input type="text"/>	Review the demographic information and correct anything that is not accurate. Also complete gender and marital status if not already selected.
Middle Initial:	<input type="text"/>	
Last Name:*	<input type="text"/>	
Social Security Number:*	<input type="text"/>	
Birth Date:*	<input type="text" value="3/1/1982"/>	
Gender:	<input type="radio"/> Female <input checked="" type="radio"/> Male	
Marital Status:	<input checked="" type="radio"/> Married <input type="radio"/> Single	

Contact Information

Country:*	<input type="text" value="United States"/>	Verify your contact information is filled out and accurate. We do need a valid phone number and email address.
Address Line 1:*	<input type="text"/>	
Address Line 2:	<input type="text"/>	
City:*	<input type="text" value="Littleton"/>	
State:*	<input type="text" value="Colorado"/>	
Zip Code:*	<input type="text" value="80120"/>	
Home Phone:*	(<input type="text"/>) <input type="text"/> - <input type="text"/>	
Email Address:*	<input type="text"/>	
Confirm Email Address:*	<input type="text"/>	

* = required field

6. If you have dependents covered under your HSA, enter their information and then click on the “Add Dependent” button.

Tips:

- Do this for all the dependents covered under your HSA and once finished click the “Next” button.
- Entering dependent information allows you to track expenses per dependent in the future, so you can see how your HSA funds are being used.

HSA Account: Dependents

➤ Agreements ➤ Profile ➤ **Dependents** ➤ Eligibility ➤ Payments ➤ Beneficiaries ➤ Summary ➤ Confirmation

Complete the dependent information below if you have any dependents and click the *Add Dependent* button to add the dependent. If you do not have any dependents or when you have added all of your dependents, click the *Next* button.

First Name:*	<input type="text"/>	You may add information about your spouse and any dependent children that you have here.
Middle Initial:	<input type="text"/>	
Last Name:*	<input type="text"/>	
Birth Date:*	<input type="text"/>	
Gender:	<input checked="" type="radio"/> Female <input type="radio"/> Male	
Full Time Student:*	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Relationship:*	<input type="text" value="Spouse"/>	

* = required field

7. Read through the HSA qualification criteria to verify you are eligible to open an HSA. Then check the certification checkbox, select your coverage level from the drop down menu and click on the “Next” button.

HSA Account: Eligibility
➤ Agreements ➤ Profile ➤ Dependents ➤ **Eligibility** ➤ Payments ➤ Beneficiaries ➤ Summary ➤ Confirmation

Health Savings Account (HSA) Qualification
To qualify for an HSA, you must meet the following requirements. You are responsible for ensuring that you meet these requirements and are eligible to contribute to an HSA.

You must have a qualifying health plan or be opening an account to rollover balances from an existing HSA account. ?
You cannot have any other disqualifying health coverage. ?
You cannot be covered by a first-dollar full coverage health flexible spending account (FSA) or health reimbursement arrangement (HRA). You can be covered by a limited purpose or post-deductible FSA or HRA as well as a retirement or suspended HRA. ?
You cannot be claimed as a dependent on anyone else's tax return.
You cannot be enrolled in Medicare, Medicaid, or TRICARE.
Other circumstances may affect your eligibility to establish or contribute to an HSA. Refer to [IRS publication 969](#), "Health Savings Accounts and Other Tax Favored Health Plans", for information about special rules that affect eligibility. You may download a copy of this publication from www.irs.gov. The publication is also available by calling 1-800-829-3676. You are solely responsible for determining whether you are eligible for an HSA, and for determining you remain eligible in the future.

I certify that I meet the qualifications to open a Health Savings Account **← Check this box**

Qualifying Health Plan Coverage
Provide the following information about your qualifying health plan coverage to determine your maximum contribution to your HSA.

Coverage Level:* ?


* = required field **Select your coverage level (Individual or Family)**

8. On the 24HourFlex debit card page, select the checkbox titled “Issue Card” next to your name. ****By default, you will receive two cards by checking that box, one for you and one for your spouse or another dependent to use.****

Tips:

- If you check the box next to the name of any of your dependents, you will receive two additional cards per box you select. **If you only need two cards total, only select the checkbox next to your name (this is the normal choice).**
- Sign up for direct deposit in the event you need to request an HSA distribution for an expense you did not pay for with your 24HourFlex card. The money will be sent to the bank account you specify for free.
- If you select the check option and receive a check distribution, a fee will be deducted from your HSA account.

HSA Account: Payments
 > Agreements > Profile > Dependents > Eligibility > Payments > Beneficiaries > Summary > Confirmation



Debit Card

Your Debit Card provides convenient access to your benefit dollars. Use the card to pay qualified medical expenses for you and your qualified dependents.

By checking "Issue Card" next to your name you will automatically receive two 24HourFlex cards. If you need more than two cards you can check the name of your spouse or other dependents.

Name		Accounts Available on Card	Card Shipped To
[Redacted]	<input type="checkbox"/> Issue Card	HSA	[Redacted]
[Redacted]	<input type="checkbox"/> Issue Card	HSA	[Redacted]

Verify your address is correct

Reimbursement Method
 How would you like to receive distributions?

Sign up for direct deposit to avoid fees associated with issuing checks for HSA distributions

Direct Deposit
 Signing up for direct deposit will allow your disbursements to be deposited in your designated bank account.

Check
 A reimbursement check will be sent via U.S. mail based on your normal reimbursement schedule.

Cancel
< Previous
Next >

9. Specify who will be the beneficiary for your HSA in the event of your death. You do not have to specify a beneficiary if you are not married or do not have dependents.

Tip: If you have already entered information about your spouse, click on their name under the Dependents area on the right side of the screen and their information will auto-populate in the form.

HSA Account: Beneficiaries

[Agreements](#) [Profile](#) [Dependents](#) [Eligibility](#) [Payments](#) [Beneficiaries](#) [Summary](#) [Confirmation](#)

You may designate a beneficiary for your Health Savings Account (HSA). The designated beneficiary will receive your HSA assets in the event of your death.

If you are married in common law or in a community property state, you must designate your spouse as your Primary Beneficiary. You can change beneficiaries by submitting a notarized [Beneficiary Change Form](#) with your spouse's signature of consent.

Please complete the fields below with the requested beneficiary information.

First Name:*	<input type="text"/>	Dependents Select a dependent to pre-fill form with the dependent's information. Amber Hayes If you entered a dependent previously, select their name to automatically populate information here.
Middle Initial:	<input type="text"/>	
Last Name:*	<input type="text"/>	
Social Security Number:*	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Birth Date:*	<input type="text"/>	
Address Line 1:*	<input type="text"/>	
Address Line 2:	<input type="text"/>	
City:*	<input type="text"/>	
State:*	Select a state ... ▼	
Zip Code:*	<input type="text"/>	
Type:*	<input checked="" type="radio"/> Primary <input type="radio"/> Contingent	
Relationship:*	Select one... ▼	
Share Percentage:*	<input type="text"/>	
<input type="button" value="Add Beneficiary"/>		

* = required field

10. On the Summary page, verify that the information you entered is correct, make any necessary updates, and then click the “Next” button.

HSA Account: Summary

[Agreements](#)
[Profile](#)
[Dependents](#)
[Eligibility](#)
[Payments](#)
[Beneficiaries](#)
[Summary](#)
[Confirmation](#)

Please verify the following information is correct and click Next to continue your enrollment.

Profile Update

Name: [Redacted] Address: [Redacted]

Social Security Number: [Redacted] United States

Birth Date: 3/1/1982

Gender: Male Home Phone: [Redacted]

Marital Status: Married Email Address: [Redacted]

Dependents Update

Name	SSN	Birth Date	Gender	Full Time Student	Relationship
[Redacted]	[Redacted]	[Redacted]	Female	No	Spouse

Eligibility Update

Qualifying Health Plan Coverage

Coverage Level: Family

Payment Method Update

Benefits Debit Card

Cards Issued to: [Redacted]

Check
You will be issued a check for all of your claim reimbursements and your default distribution method for your HSA will be check.

Beneficiaries Update

Full Name	SSN	Address	Type	Relationship	Share %
[Redacted]	[Redacted]	[Redacted]	Primary	Spouse	100

Review your information, update anything that is wrong and then click the Next button

Cancel

← Previous

Next >

11. Read the information on the Creation Authorization page, check all three check boxes, and then click on the “Submit Enrollment” button.

HSA Account: Creation Authorization
➤ Agreements ➤ Profile ➤ Dependents ➤ Eligibility ➤ Payments ➤ Beneficiaries ➤ Summary ➤ Confirmation

By submitting the enrollment, you are requesting that a Health Savings Account (HSA) be opened in your name.

- I affirm that all information I have provided is true and correct and may be relied upon by the Designated Representative and the HSA Custodian.
- I understand the eligibility requirements for this HSA and I state that I am responsible for determining whether I qualify to make deposits to this HSA. I am responsible for:
 - A. Determining that I am eligible to make contributions to an HSA for each year I make a contribution;
 - B. Ensuring that all contributions are within the maximum limitations set forth by the tax laws, taking into account my coverage and the applicable deductible under a high deductible health plan;
 - C. The tax consequences of any contributions (including rollover contributions) or distributions;
 - D. Seeking the assistance of a qualified tax or legal professional to address any questions or concerns I may have about eligibility, contribution limitations, or the taxation of contributions or distributions from my HSA.
- I certify that I have received a copy of the enrollment form, the Designation of Representative, the Custodial Agreement and Disclosure Statement, and the Privacy Policy. I understand that I may revoke the HSA on or before seven (7) days after the date of establishment. I have not received any tax or legal advice from the Designated Representative or the Custodian, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold the Custodian and Designated Representative harmless against any and all claims or losses arising from my actions.

Read and check all three check boxes and click the Submit Enrollment button

12. Congratulations, you have submitted your HSA account application to 24HourFlex. If any additional information is needed, someone from the 24HourFlex team will reach out to you directly.

Note: You still must provide deduction information to your employer if you would like to have money taken out of your paycheck pre-tax and put into your HSA.

HSA Enrollment: Confirmation
➤ Agreements ➤ Profile ➤ Dependents ➤ Eligibility ➤ Payments ➤ Beneficiaries ➤ Summary ➤ Confirmation

Successfully Enrolled in Health Savings Account

Congratulations, you have enrolled in your health savings account. Please print this page for your records.



13. To roll funds from another bank's HSA into your new 24HourFlex HSA please complete the form linked to below and send it to 24HourFlex via one of the following methods.

[24HourFlex HSA Rollover Request Form](#)

Email: hsa@24hourflex.com

Fax: 303-369-0003

Mail: 24HourFlex Att: HSA Department
7100 E Belleview Ave, Suite 300
Greenwood Village, CO 80111

Notes:

- The process of rolling funds may take four to six weeks, depending on how quickly your bank processes the rollover request and sends the information and associated funds to 24HourFlex.
- If you have an account balance greater than \$5,000 you will have to call HSA Bank to verify the transfer once 24HourFlex has received and sent your rollover form to HSA Bank.