Making an HSA Contribution

GETTING STARTED

Our Employer Portal (https://employer.motivhealth.com/) now has HSA features. From the Employer Portal dashboard below, you may get to the HSA feature a couple of ways:

- 1. The "HSA" drop-down menu on the right side of the top ribbon. Select "HSA Overview"
- 2. The "\$ HSA" icon under the "MOTIVHEALTH Dashboard"



STEP #1

On the HSA Overview page, you can set up your banking information for funding via MotivHealth's ACH originations. Click on the "Banking Info" link.

motivhealth EMPLOYER PORTAL				COMPANY	✓ HSA ✓	CLAIMS 🗸	≗ ~
						MOTIVHE	EALTH
DME > HSA							
ISA Overview							
S MAKE HSA CONTRIBUTION	⊞ нѕа сс	NTRIBUTION HISTOR	Y	HSA REPORT	s 🛱	BANKINGI	NFO
HSA Contributions 2021 ∨ \$13,851.00	Average HSA	Balance per Employ	ee	2020		-	
Pending Contributions	\$1,500						
Avg Employee HSA Balance \$2,057.00	\$500 \$0-	ib Mar Apr	May Jun	Jul Aug	Sep	Oct Nov	Dec
Recent HSA Contributions							
CONTRIBUTION ID DATE		FUNDING SOURCE	# OF CONTR	RIBUTIONS	STATUS	ACTIONS	

motivhealth[•]





Click "Add New Account"

motivhealth EMPLOYER PORTAL		anyv <u>Hsav</u> Claimsv <u>Q</u> v
		MOTIVHEALTH
HOME > HSA > BANKACCOUNTS		
Bank Accounts		
ACCOUNT NAME	ACCOUNT NUMBER	ACTIONS
 Motivi lealth Contribution Funding ACLI	########7194	Edit Deactivate
Add New Account		

STEP #3

Enter bank account information and click "Authorize."

		DOLLARS	
FOR:			
1:00000000 L	56:0000000296 456		
-Routing Numb	er Account Number		
Account Informa	ation		
Bank Name			
Bank Name			
Routing Number (9 digits)			
Routing Number			
Re-enter Routing Number			
Confirm Routing Nu	umber		
Account Number			
Account Number			
Re-enter Account Numbe	r		
Account Number			
Account Type	C Envince		
Unecking	 Savings 		





You can now make HSA contributions. From the "HSA Overview" page select the "\$ MAKE HSA CONTRIBUTION" or select "File Contribution" in the HSA drop-down menu.

motivhealth EMPLOYER PORTAL COMPANY HSA CLAIMS MOTIVE MOTIVE MOTIVE MAKE HSA CONTRIBUTION HSA CONTRIBUTION HISTORY HSA REPORTS MARKE HSA CONTRIBUTION Sancing Contributions S0.00 Average HSA Balance per Employee Sancing Contributions Sono Recent HSA Contributions MOUNT MOUNT MOUNT MOUNT CONTRIBUTIONID MOUNT MOUNT MOUNT MOUNT MOUNT <td colspan="</th> <th>CLAIMS∨ §</th>	CLAIMS∨ §				
	ΙΟΤΙVΗΕΑΙ				
HOME > HSA					
HSA Overview					
S MAKE HSA CONTRIBUTION	Ith DRTAL COMPANY HSA CLAIN MOTI MOTI INTICULAR SA CONTRIBUTION IE HSA CONTRIBUTION HISTORY Image: HSA REPORTS Image: HSA REPORTS	BANKING INF(
HSA Contributions 2021 ~ \$13,851.00	Average HSA	Balance per Employee	2021 2020	_	
Pending Contributions \$0.00	\$2,000 \$1,500				
Avg Employee HSA Balance \$2,057.00	\$500 Jan Fe	b Mar Apr May	Jun Jul Aug	Sep C	ict Nov
Recent HSA Contributions			1.05		
CONTRIBUTION ID DATE DtXg9yg6AAA 01/28/2021	AMOUNT \$16,251.45	FUNDING SOURCE MotivHealth	#OF CONTRIBUTIONS 177	STATUS Completed	ACTIONS Details
		Contribution Funding ACH			

STEP #5

This will take you to the "Upload a Contribution" screen. Get the contribution upload template by clicking "Download the file upload template here."

motiv health EMPLOYER PORTAL	COMPANY HSA CLAIMS &
	MOTIVHEALTH
HOME > HSA > UPLOAD	
Upload a Contribution	
Tax Year*	A Download the file upload template here
Select Tax Year 🗸 🗸	Dron file amayhere to unload
Funding Source*	or
Select Funding Source \checkmark	Select File
	File must be xlsx, xls, or csv
	File Name:
	[]
** If Employer ACH account (Funding ACH ***>XOOX) is selected, you aut information and to initiate funds transfers from the account indicated.	horize MotivHealth to store this bank account
** Please contact your financial institution and provide them with Motiv- transactions to be accepted (white-listed).	Health ACH company ID #9473906935 to allow ACH
	Upload & Verify



Prepare and save your contribution upload. Be sure to record a value in each column for each row utilized. If there is no employee or employer contribution, then enter "0".

	А	В	С	D	E	F
1	Person ID	First Name	Last Name	Employee Contribution	Employer Contribution	
2	12345	John	Smith	0.00	20.00	
3						
4						
5						
6						
7						
8						

STEP #7

Upload your file by clicking "Select File." Then select Tax Year and Funding Source. You'll then contact your bank with MotivHealth's ACH company ID to allow our ACH origination to be accepted, then click "Upload and Verify."

Download the file upload template here Tax Year* Select Tax Year Select Funding Source* Select Funding Source * 'I Employer ACH account (Funding ACH ***-XXXX) is selected, you authorize Motiv/Health to store this bank account funding and to initiate funds transfers from the account indicated. * 'I Employer ACH account (Funding ACH ***-XXXX) is selected, you authorize Motiv/Health to store this bank account funding and to initiate funds transfers from the account indicated. * 'I Employer ACH account (Funding ACH ***-XXXX) is selected, you authorize Motiv/Health to store this bank account funding and to initiate funds transfers from the account indicated. Upload & Verify	motiv health EMPLOYER PORTAL	COMPANY 서도스 CLAIMS 온 오
<section-header></section-header>		MOTIVHEALTH
Upload a Contribution Tw Year Image: Contribution Select Tax Year Image: Contribution Funding Source Image: Contribution Select Fund	HOME > HSA > UPLOAD	
Tay Year* Select Tax Year Funding Source* Select Funding Source File must be sidsx, xils, or csv Maximum upload file size: 30MB <td>Links of a Construity stign</td> <td></td>	Links of a Construity stign	
Tax Year* Cownload the file upload template here Select Tax Year Drop file anywhere to upload Funding Source* Select File Select Funding Source File must be xlsx, xls, or csv Maximum upload file size: 30MB File Name: ** If Employer ACH account (Funding ACH *** XXXX) is selected, you authorize MotivHealth to store this bank account information and to initiate funds transfers from the account indicated. ** Please contact your financial institution and provide them with MotivHealth ACH company ID #9473906935 to allow ACH transactions to be accepted (white-listed).	Opload a Contribution	
Select Tax Year Funding Source* Select Funding Source * If Employer ACH account (Funding ACH ***XXXX) is selected, you authorize MotivHealth to store this bank account information and to initiate funds transfers from the account indicated. * Please contact your financial institution and provide them with MotivHealth ACH company ID #9473906935 to allow ACH transactions to be accepted (white-listed). Upload & Verify	Tax Year*	🛓 Download the file upload template here
Select Funding Source* Drop file anywhere to upload Select Funding Source or Select Funding Source Select File File must be xlsx, xls, or csv Maximum upload file size: 30MB File Name: File Name: ** If Employer ACH account (Funding ACH ***-XXXX) is selected, you authorize MotivHealth to store this bank account information and to initiate funds transfers from the account indicated. ** Please contact your financial institution and provide them with MotivHealth ACH company ID #9473906935 to allow ACH transactions to be accepted (white-listed). Upload & Verify	Solort Tay Year	
Funding Source* Or Select Funding Source Select File Select File File must be xlsx, xls, or csv Maximum upload file size: 30MB File Name: ** If Employer ACH account (Funding ACH ***-XXXX) is selected, you authorize MotivHealth to store this bank account information and to initiate funds transfers from the account indicated. ** Please contact your financial institution and provide them with MotivHealth ACH company ID #9473906935 to allow ACH transactions to be accepted (white-listed). Upload & Verify		Drop file anywhere to upload
Select Funding Source Select File File must be xlsx, xls, or csv Maximum upload file size: 30MB File Name:	Funding Source*	or
 File must be xlsx, xls, or csv Maximum upload file size: 30MB File Name: ** If Employer ACH account (Funding ACH ****XXXX) is selected, you authorize MotivHealth to store this bank account information and to initiate funds transfers from the account indicated. ** Please contact your financial institution and provide them with MotivHealth ACH company ID #9473906935 to allow ACH transactions to be accepted (white-listed). 	Select Funding Source	Select File
 ** If Employer ACH account (Funding ACH ***-XXXX) is selected, you authorize MotivHealth to store this bank account information and to initiate funds transfers from the account indicated. ** Please contact your financial institution and provide them with MotivHealth ACH company ID #9473906935 to allow ACH transactions to be accepted (white-listed). 		File must be xlsx, xls, or csv
 File Name: ** If Employer ACH account (Funding ACH ***-XXXX) is selected, you authorize MotivHealth to store this bank account information and to initiate funds transfers from the account indicated. ** Please contact your financial institution and provide them with MotivHealth ACH company ID #9473906935 to allow ACH transactions to be accepted (white-listed). 		Maximum upload file size: 30MB
 ** If Employer ACH account (Funding ACH ***-XXXX) is selected, you authorize MotivHealth to store this bank account information and to initiate funds transfers from the account indicated. ** Please contact your financial institution and provide them with MotivHealth ACH company ID #9473906935 to allow ACH transactions to be accepted (white-listed). 		File Name:
 ** If Employer ACH account (Funding ACH ***-XXXX) is selected, you authorize MotivHealth to store this bank account information and to initiate funds transfers from the account indicated. ** Please contact your financial institution and provide them with MotivHealth ACH company ID #9473906935 to allow ACH transactions to be accepted (white-listed). 		(;
 ** If Employer ACH account (Funding ACH ***-XXXX) is selected, you authorize MotivHealth to store this bank account information and to initiate funds transfers from the account indicated. ** Please contact your financial institution and provide them with MotivHealth ACH company ID #9473906935 to allow ACH transactions to be accepted (white-listed). 		
** Please contact your financial institution and provide them with MotivHealth ACH company ID #9473906935 to allow ACH transactions to be accepted (white-listed).	** If Employer ACH account (Funding ACH ***-XXXX) is selected, you auth information and to initiate funds transfers from the account indicated	norize MotivHealth to store this bank account
transactions to be accepted (white-listed).	** Please contact your financial institution and provide them with Motive	Health ACH company ID #9473906935 to allow ACH
Upload & Verify	transactions to be accepted (white-listed).	
		Upload & Verify

motivhealth[•]

© 2021 MotivHealth Insurance Company



If you have any errors, they will appear on the next screen. Resolve these errors by removing them from your contribution upload and/or contacting employer services@motivhealth.com or 385-308-4400.

^{**}It is suggested to upload a test file of \$0.01 contributions ahead of payroll to identify any potential errors to be resolved. If no errors, then review the summary and click "Finish" at the bottom of the page.

processing and then another two business days for funds to be available to your employees. Funds sent less than the amount below will not be applied The entire amount will be returned to the originating sender within 14 business days if no further instruction is provided to MotivHealth on how to apply the funds. Funds sent in excess of the above amount will be returned to the originating sender within 60 days if no further instruction is provided to MotivHealth on how to apply the overpayment. ACH Transfer Request: Jan 29, 2021 Funding Source: MotivHealth Contribution Funding ACH ***7194 Tax Year: 2021 Total Contributions: \$0.02 Total Employee Contributions: \$0.01 Total Contribution Transactions: 2 Please print this page for your records. If you are mailing a check, attach a copy of this page with your check. NAME ID NUMBER EMPLOYER / EMPLOYEE CONTRIBUTION Fairbourn, Chris 28928 Employee \$0.01	DTIV health PLOYER PORTAL			COMPANY HSA CLAIMS	& ∨
ACH Transfer Request: Jan 29, 2021 Funding Source: MotivHealth Contribution Funding ACH***71V Tax Year: 2021 Total Contributions: \$0.02 Total Employer Contributions: \$0.01 Total Employee Contributions: \$0.01 Total Contribution Transactions: 2 Please print this page for your record if you are mailing a cher your check. CONTRIBUTION NAME ID NUMBER EMPLOYER / EMPLOYEE CONTRIBUTION Fairbourn, Chris 28928 Employee \$0.01	rocessing and then another two bus he entire amount will be returned t pply the funds. Funds sent in excess o MotivHealth on how to apply the	oness days for funds o the originating send of the above amount overpayment.	to be available to your employees. Funds si ler within 14 business days if no further in: will be returned to the originating sender	ent less than the amount below will not be applied struction is provided to MotivHealth on how to within 60 days if no further instruction is provide	ı. d
Funding Source: MotivHealth Contribution Funding ACH***7194 Tax Year: 2021 Total Contributions: \$0.02 Total Employer Contributions: \$0.01 Total Employee Contributions: \$0.01 Total Contribution Transactions: 2 NAME ID NUMBER Fairbourn, Chris 28928 Fairbourn, Chris 28928	ACH Transfer Request:		Jan 29, 2021		
Tax Year: 2021 Total Contributions: \$0.02 Total Employer Contributions: \$0.01 Total Employee Contributions: \$0.01 Total Contribution Transactions: 2 Please print this page for your records: If you are mailing a check, attach a copy of this page with your check. CONTRIBUTION NAME ID NUMBER EMPLOYER / EMPLOYEE CONTRIBUTION Fairbourn, Chris 28928 Employee \$0.01	Funding Source:		MotivHealth Contribution Fundin	g ACH ***7194	
Total Contributions: \$0.02 Total Employer Contributions: \$0.01 Total Employee Contributions: \$0.01 Total Contribution Transactions: 2 Please print this page for your records. If you are mailing a check, attach a copy of this page with your check. NAME ID NUMBER EMPLOYER / EMPLOYEE CONTRIBUTION Fairbourn, Chris 28928 Employee \$0.01	Tax Year:		2021		
Total Employer Contributions: \$0.01 Total Employee Contributions: \$0.01 Total Contribution Transactions: 2 NAME ID NUMBER EMPLOYER / EMPLOYEE CONTRIBUTION Fairbourn, Chris 28928 Employee \$0.01	Fotal Contributions:		\$0.02		
Total Employee Contributions: \$0.01 Total Contribution Transactions: 2 Please print this page for your records. If you are mailing a check, attach a copy of this page with your check. CONTRIBUTION NAME ID NUMBER EMPLOYER / EMPLOYEE CONTRIBUTION Fairbourn, Chris 28928 Employer \$0.01 Fairbourn, Chris 28928 Employee \$0.01	Total Employer Contributions:		\$0.01		
Total Contribution Transactions: 2 Please print this page for your records. If you are mailing a check, attach a copy of this page with your check. NAME ID NUMBER EMPLOYER / EMPLOYEE CONTRIBUTION Fairbourn, Chris 28928 Employer \$0.01 Fairbourn, Chris 28928 Employee \$0.01	Total Employee Contributions:		\$0.01		
Please print this page for your records. If you are mailing a check, attach a copy of this page with your check. NAME ID NUMBER EMPLOYER / EMPLOYEE CONTRIBUTION Fairbourn, Chris 28928 Employer \$0.01 Fairbourn, Chris 28928 Employee \$0.01	Fotal Contribution Transactions:		2		
Fairbourn, Chris 28928 Employer \$0.01 Fairbourn, Chris 28928 Employee \$0.01	lease print this page for your record	ds. If you are mailing a	a check, attach a copy of this page with you EMPLOYER / EMPLOYEE	CONTRIBUTION	*
Fairbourn, Chris 28928 Employee \$0.01	Fairbourn, Chris	28928	Employer	\$0.01	
	Fairbourn, Chris	28928	Employee	\$0.01	
Total \$0.02	Total			\$0.02	

STEP #9

You will then receive a "Success!" confirmation. Your contribution upload is now complete.



