

Self-enroll with online enrollment

Voya Health Savings and Spending Accounts

Complete self-enroll with online enrollment by following these steps:

1. Go to the self-registration link provided by your employer.
2. Enter the registration code and click the **Next button**.
3. Complete the personal information fields to create your account.

Note: Home Address fields are used for identity verification and must be a physical location, not a PO Box. PO Boxes can only be used for mailing addresses.



Create Account

Personal Information 25%
*Required

Please enter the following personal information to create your account.
Create a username and password to login to your account in the future.

Name*

Birth Date*

Home Address*

Mailing Address* Same as Home Address

4. Complete the **Contact Information** fields next.



Create Account

Contact Information 50%
*Required

Email Address*

Confirm Email Address*

Alternate Email Address*

Confirm Alternate Email Address*

Mobile Number

Mobile Carrier

Your mobile number will be used only for the purpose of servicing your benefit plan account. This information will not be used for any solicitations.

Time Zone

Health Savings Accounts offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). Custodial services provided by WEX Inc.



5. Then, complete the login information. Create a username and password to login to your account at a later date.



Create Account

75%

Login Information

Username*

Your username may contain alphanumeric characters and any of the following special characters: period (.), at sign (@), underscore (_), and dash (-).

Password*

The password must: - Have a minimum of 12 characters - Not be one of your last 3 passwords - Contain upper and lowercase letters - Contain at least one number

Confirm Password*

6. Select and answer 3 security questions to complete your user setup.

Note: To keep your information secure, you may be asked to answer 3 of these questions to complete sensitive actions within the Consumer Portal like resetting a forgotten password.



Answer Security Questions

100%
* Required

Please enter an answer to any 3 security questions to complete your user setup. To keep your information secure, you will be asked to answer 3 of these questions to complete sensitive actions within the portal such as resetting a forgotten password.

Select a question... *

Select a question... *

Select a question... *

7. Once you have completed the required fields to setup your account, you will need to enroll.

Note: For HSA enrollments, you must accept the terms and conditions by reviewing and accepting all agreements listed (Electronic Disclosure, HSA Custodial Agreement and Disclosure Statement, Important Information on Patriot Act Requirements).



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[Logout](#)

Summary of Accounts

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

Review the pre-tax benefits available to find out how to best use these accounts.

Health Savings Account

[View Details](#)

HSA's are individually owned health reimbursement accounts that allow untaxed dollars to fund the account. Interest or dividends accumulate tax-free, and reimbursement of qualified medical expenses is tax free.

HSA's work hand in hand with HSA-qualified high-deductible health plans (HDHP). Individuals who make contributions to an HSA must be covered by an HSA-qualified HDHP. An HSA-qualified HDHP must meet minimum deductible amounts, maximum out-of-pocket amounts and all services except permitted preventive care must be subject to the deductible. Complete information on what constitutes a HSA-qualified HDHP can be found in IRS Publication 969, <https://www.irs.gov/publications/p969>.

HSA account holders may not be covered by any other insurance plan that is not an HSA-qualified HDHP. There are exceptions for "permitted insurance" or "permitted coverage" products.

* The information provided on this web page is general in nature and does not reflect the view of the trustee or custodian bank and should not be relied upon as tax or legal advice. This information does not amend any provision of the custodial documents and agreements.

[Cancel](#)

[Next >](#)



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HSA Enrollment: Agreements

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

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](#)

[Interest Information](#)

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8. Next, complete and review the profile information.



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HSA Enrollment: Profile

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Demographic Information

* = required field

| | |
|--------------------------|---|
| First Name:* | <input type="text" value="Joseph"/> |
| Middle Initial: | <input type="text"/> |
| Last Name:* | <input type="text" value="Smith"/> |
| Social Security Number:* | <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/> |
| Birth Date:* | <input type="text" value="11/3/1983"/> |
| Gender: | <input type="text" value="Select a gender..."/> |
| Marital Status: | <input type="radio"/> Married <input type="radio"/> Single |

Contact Information

| | |
|---|---|
| Home Address: | |
| Country:* | <input type="text" value="United States"/> |
| Address Line 1:* | <input type="text" value="123 Sample St."/> |
| Address Line 2: | <input type="text"/> |
| City:* | <input type="text" value="City"/> |
| State:* | <input type="text" value="Minnesota"/> |
| Zip Code:* | <input type="text" value="12345"/> |
| Mailing Address: | |
| <input type="checkbox"/> Same as Home Address | |
| Country:* | <input type="text" value="United States"/> |
| Address Line 1:* | <input type="text" value="PO Box 929"/> |
| Address Line 2: | <input type="text" value="PO Box 929"/> |
| City:* | <input type="text" value="City"/> |
| State:* | <input type="text" value="New Hampshire"/> |
| Zip Code:* | <input type="text" value="67891"/> |
| Home Phone:* | (<input type="text" value=""/>) <input type="text" value=""/> - <input type="text" value=""/> |
| Email Address:* | <input type="text" value="noemail@noemail.com"/> |
| Confirm Email Address:* | <input type="text" value="noemail@noemail.com"/> |

By providing an email address, you will receive communications electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.

[Cancel](#)

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9. If you have any dependents, complete the information on the page below and click **Add Dependent**. Once all your dependents are added (or if you do not have any eligible dependents), click **Next**.

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HSA Enrollment: Dependents
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* = required field

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:*

Middle Initial:

Last Name:*

Social Security Number: - -

Birth Date:*

Gender:

Full Time Student:* Yes No

Relationship:*

10. To enroll in an HSA, there are certain qualifications that must be met. Read through the list of qualifications and make sure you meet them to open a Health Savings Account. Select the coverage level to find out your maximum contribution amount.

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HSA Enrollment: Eligibility
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Health Savings Account Qualification * = required field
 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

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

Coverage Level:* [?](#)

11. Let us know how you would like to receive distributions and reimbursements from your account.

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

Reimbursement Method
How would you like to receive 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.

12. Complete the required fields if you would like to designate a beneficiary(s) for your HSA.

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HSA Enrollment: Beneficiaries
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* = required field

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

If you are married in common law or reside in a community property state, you must designate your spouse as your Primary Beneficiary. If you wish to designate someone other than your spouse, then your spouse must consent in writing via the Beneficiary Change Form.

Please complete the fields below with the requested beneficiary information.

First Name:*

Middle Initial:

Last Name:*

Social Security Number:* - -

Birth Date:*

Address Line 1:*

Address Line 2:

City:*

State:*

Zip Code:*


Type:* Primary Contingent

Relationship:*

Share Percentage:*

Dependents
Select a dependent to pre-fill form with the dependent's information.
[Barbara Smith](#)

13. Review your answers to make sure they're correct. If you need to make edits or adjustments, click the **Update** button next to the section you want to edit. Once you have verified everything is correct and accurate, click **Next**.



Joseph Smith ▾
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HSA Enrollment: Summary

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

Profile [Update](#)

| | | | |
|-------------------------|--------------|------------------|---|
| Name: | Joseph Smith | Home Address: | 123 Sample St. City, MN 12345 United States |
| Social Security Number: | xxx-xx-8888 | Mailing Address: | PO Box 929 PO Box 929 City, NH 67891 United States |
| Birth Date: | 11/3/1983 | Home Phone: | (777) 777-7777 |
| Gender: | | Email Address: | noemail@noemail.com |
| Marital Status: | | | |

Dependents [Update](#)

| Name | SSN | Birth Date | Gender | Full Time Student | Relationship |
|---------------|-----|------------|--------|-------------------|--------------|
| Barbara Smith | | 2/20/1980 | | Yes | Spouse |

Eligibility [Update](#)

Qualifying Health Plan Coverage

Coverage Level: Family

Payment Method [Update](#)

Check

Beneficiaries [Update](#)

| Full Name | SSN | Address | Type | Relationship | Share % |
|---------------|-------------|----------------------------------|---------|--------------|---------|
| Barbara Smith | xxx-xx-5555 | 123 Sample St. City, MN 12345 | Primary | Spouse | 100 |

[Cancel](#)

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14. Request a Health Savings Account be opened in your name by reviewing the next page and agreeing to the statements. Your account is enrolled when you click **Complete**.

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| [Logout](#)

HSA Enrollment: Creation Authorization
[Agreements](#) [Profile](#) [Dependents](#) [Eligibility](#) [Payments](#) [Beneficiaries](#) [Summary](#) [Confirmation](#)

By submitting the enrollment, you are requesting that a Health Savings Account 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.

[Submit Enrollment](#) [< Previous](#)

15. Your enrollment is complete. To setup your recurring contributions, login to your retirement account at www.abaretirement.com.

ABA Retirement Funds

[Contact Us](#)
ABA Retirement Funds

Log In

Username [SHOW](#)
[Forgot Username?](#)

Password [SHOW](#)
[Forgot Password?](#)

Remember Me

First time visitor?
 [Need Help?](#)

Not Yet Enrolled?

WELCOME!

Updates & Notices

Program Insights Blog
Visit our blog to learn more about financial wellness and get updates on the Program's features and benefits.

Mobile App
Keep in touch with your retirement savings on the go with this mobile app.

Want Help?
Call Voya at 844.253.8692 to create a personal retirement plan today for your money.

16. Scroll down to the **Account List** section. Click the **Health Savings Account** button and you will be taken to the secure HSA portal via single sign-on (SSO).

VOYA FINANCIAL My Retirement Accounts Financial Wellness Get Investment Advice Hi, Demo User

myOrangeMoney® Hide this section

Take a Tour

Let's talk about **your retirement savings**

\$3,164 Estimated Monthly Income | \$4,083 Estimated Monthly Goal | \$919 A Difference Of

The amount of my pay I can save now: Employee Pre Tax 3% (500 per pay period)

I want to retire at age 67

My investments might return 6% each year

Privacy / How This Works? | Organize My \$\$\$ | About Me

RESET | MAKE CHANGE NOW

I WANT PROFESSIONAL MANAGEMENT
 A financial professional will manage your personal investment strategy and work towards helping you achieve your retirement goals.
[Learn More](#) | ENROLL ME NOW

WATCH A VIDEO MADE JUST FOR YOU | DID YOU KNOW...? Start here

Account List

Savings Plans The total of your Savings Plans is.....\$ 35,000.00

| Plan Name | Balance | As of Date | I want to | Details |
|--|--------------|------------|------------------|------------------------------------|
| Employer's Savings Plan I | \$ 22,000.00 | MM/DD/YYYY | Select an Option | Personal Rate of Return(YTD) 7.16% |
| Employer's Savings Plan II | \$ 7,500.00 | MM/DD/YYYY | Select an Option | Personal Rate of Return(YTD) 5.85% |
| Health Savings Account | \$ 5,500.00 | MM/DD/YYYY | Select an Option | N/A |

17. On the home page, click the **Make and HSA Transaction** button in the **I Want to** section.

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Home | Accounts | Tools & Support | Message Center 34

Voya Health™
 Health Savings and Spending Accounts

I Want To:

Make an HSA Transaction | View Investments | Manage My Expenses

18. Complete the required fields and select **Next**. Click **Add Bank Account** to connect the bank you want to make contributions to your HSA from.

Note: this can be the same account that you setup in Step #11 for distributions.

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Home Accounts Tools & Support Message Center 34

Accounts / Make an HSA Transaction

Balance Detail ? **TOTAL AVAILABLE BALANCE \$14,792.55**

| CASH ACCOUNT | | INVESTMENT ACCOUNT | |
|---------------------|------------|--|-------------|
| Actual Balance | \$1,000.00 | Pending Cash To Investments | \$0.00 |
| Pending Withdrawals | \$0.00 | Fair Market Value <small>*Current as of 9/20/2021</small> | \$13,792.55 |
| Available Balance | \$1,000.00 | | |

Create Transaction * Required

From * Update Bank Account

To *

Based on your selections, you will be requesting a contribution (deposit).

Add Bank Account ✕

Bank Account Information *Required

Routing Number * ?

Account Number *

Confirm Account Number *

Account Type *

Account Nickname * ?

Bank Institution Information

Bank Name *

Bank Address *

19. Complete the fields to setup one-time or a scheduled contribution. Click **Next**.

Transaction Schedule

Frequency * ? One-time Schedule

Schedule * Monthly Weekly

Day: of every month(s)

On the: of every month(s)

Start Date * ?

End Date None End by

Summary

From Wells Fargo Checking / Checking

To My HSA

20. Select the tax year and amount you want to contribute in this transaction. Click **Next**.

Transaction Details
* Required

Tax Year * ? 2021

Amount * \$

Notes

IRS Maximum Contribution Amount ?

| TAX YEAR | IRS MAXIMUM | PROCESSED | SCHEDULED | PENDING | MAXIMUM CONTRIBUTION AVAILABLE |
|----------|-------------|-----------|-----------|---------|--------------------------------|
| 2021 | \$3,600.00 | \$0.00 | \$0.00 | \$0.00 | \$3,600.00 |
| 2020 | \$3,550.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Summary

From Wells Fargo Checking / Checking

To My HSA

Schedule Scheduled

Cancel
Previous
Next

21. Review your inputs, agree to the contribution disclaimer and hit **Submit**.

Transaction Summary (1)

| FROM | TO | AMOUNT |
|-----------------------------------|--------|--|
| + Wells Fargo Checking / Checking | My HSA | \$0.01 Remove |
| Total Amount | | \$0.01 |

Contribution Disclaimer ✔ Agreed ▼

I certify I am the account holder on the bank account funds will be withdrawn from for this contribution. I certify that I am responsible for monitoring my contribution limits and for any tax implications resulting from this contribution. I certify I am currently enrolled in a high deductible health plan. I understand my designated representative or custodian/trustee cannot provide legal advice. I indemnify and agree to hold the custodian/trustee and their designated representative harmless against any liabilities. I understand that this transaction may be revoked or cancelled by contacting the administrator on the date of the transaction.

Timing of the Contribution
Contributions from your personal bank account will generally be withdrawn within 2 to 3 business days of your request.

I have read, understand, and agree to the information and terms above.

Cancel
Save for Later
Add Another
Submit

Health Savings and Spending Accounts, including Health Savings Accounts, Flexible Spending Accounts, Commuter Benefits, Health Reimbursement Arrangements, and COBRA Administration offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). Administration services provided by WEX Health, Inc., and Benefit Strategies, LLC.

This highlights some of the benefits of these accounts. If there is a discrepancy between this material and the plan documents, the plan documents will govern. WEX Health, Inc. reserves the right to amend or modify the services at any time.

The amount saved in taxes will vary depending on the amount set aside in the account, annual earnings, whether or not Social Security taxes are paid, the number of exemptions and deductions claimed, tax bracket and state and local tax regulations. Check with a tax advisor for information on whether your participation will affect tax savings. None of the information provided should be considered tax or legal advice.

Investments are not FDIC Insured, are not guaranteed by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC), and may lose value. All investing involves risks of fluctuating prices and the uncertainties of return and yield inherent in investing. All security transactions involve substantial risk of loss.

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