


This information helps us identify which group and ASSN # is submitting the HSA contributions. Please include the name of the Diocese or institution and the four digit number assigned.

The funding process is different for Cigna and Empire. Please select the High Deductible Health Plan the employee is enrolled in for 2012.

Failure to complete the remittance form in its entirety will delay funding HSA contributions. If you have any questions please send them to the HSA Coordinator mailbox at [hsacoordinator@cpg.org](mailto:hsacoordinator@cpg.org)



445 Fifth Avenue  
New York, NY 10016  
Client Engagement (800) 480-9967

Contact person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Month: \_\_\_\_\_

### HSA Funding Remittance Form

Group Name and Assn #: \_\_\_\_\_  
 Payer Name (Diocese, Parish, Institution): \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_

Employee Last Name	Employee First Name	HDHP Plan (CIGNA / Empire)	Social Security Number	Contribution Year	Employee Contribution	Employer Contribution	Total Contribution
<b>TOTAL REMITTANCE</b>					<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**INSTRUCTIONS**

Please use this form when submitting funds for the Health Savings Account (HSA) associated with the CIGNA or Empire BCBS HDHP/HSA plans with the Episcopal Church Medical Trust. Please DO NOT send premium or correspondence to this address.

**Payment by Wire Transfer** ←

Bank: The Northern Trust Company  
 Account Name: Episcopal Church Clergy & Employees Benefit Trust  
 Account Number: 35101777  
 ABA #: 071 000 152  
 Email Remittance Form to [hsacoordinator@cpg.org](mailto:hsacoordinator@cpg.org)

**Payment by Check**

Make checks payable to: **The Episcopal Church Medical Trust** ←  
 Mail the check and Remittance Form to: THE EPISCOPAL CHURCH CLERGY & EMPLOYEES' BENEFIT TRUST  
 75 REMITTANCE DRIVE SUITE #6923  
 CHICAGO IL 60675-6923 ←

The contact information helps us reach out to the group in the event we have a question. Be sure to complete the information fully and include a working phone number, email address (if applicable), and the time period which the contributions represent.

Funds can only be uploaded by using the member's Social Security Number (SSN). It is important to enter the correct SSN so that funds are applied to the appropriate member

Contributions made via wire transfer will expedite the transfer of funds. To ensure that we properly identify your wire transfers, please notify the Medical Trust in advance via email at [hsacoordinator@cpg.org](mailto:hsacoordinator@cpg.org), and provide the name of your banking institution as well as the remittance form.

Please be sure to make check payable to The Episcopal Church Medical Trust. Please DO NOT send premium or correspondence to this address. This address is solely for the remittance of HSA contributions.