



As your company's plan administrator, Premier Valley Bank takes great pride in providing superior service and we look forward to working with you.

To create your account online go to <https://premiervalleyconsumer.lh1ondemand.com>.

### Step 1:

Select [Create your new username and password](#) and then complete the New User Identification 3 Step Process. Select [Next](#).

**Login**

Username:

Password:

**Can't login?**  
[I forgot my username](#)  
[I forgot my password](#)

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

**New User: User Identification (Step 1 of 3)**

Complete the information below.

First Name:\*

Last Name:\*

Zip Code:\*

\* You are required to specify either your SSN or Employee ID number.

SSN:  -  -

Employee ID:

Create your username and a 8-10 character password that includes at least one number. Please record/memorize your password as Premier Valley Bank does not store this information. Select [Next](#).

**New User: Change Username and Password (Step 2 of 3)**

Change your username and password.

Username:\*

New Password:\*

Confirm Password:\*

Complete Step 3 of 3 by answering at least three security questions and select [Submit](#). You will be asked these questions when completing certain functions within the consumer portal.

### Step 2:

Begin online enrollment by selecting the HSA [Enroll](#) link.  
Review the Summary of Pre-Tax Benefits.  
Select [Next](#) to continue.

### Step 3:

Enter consumer Demographic Information.

- Fields with a red asterisk (\*) are required.
- An email address is required to provide you with the necessary notifications, monthly account statements and other important information.

Select [Next](#) to continue.



## HSA Enrollment: Profile

➤ Profile ➤ Dependents ➤ Eligibility ➤ Election ➤ Payments ➤ Beneficiaries ➤ T & C ➤ Summary ➤ Confirmation

### Demographic Information

First Name:*	<input type="text" value="Tester"/>
Middle Initial:	<input type="text"/>
Last Name:*	<input type="text" value="Consumer"/>
Social Security Number:*	<input type="text" value="000"/> - <input type="text" value="00"/> - <input type="text" value="0001"/>
Birth Date:*	<input type="text" value="6/6/1960"/>
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"/>
Address Line 1:*	<input type="text" value="123 Sun Ave"/>
Address Line 2:	<input type="text"/>
City:*	<input type="text" value="Hudson"/>
State:*	<input type="text" value="Wisconsin"/>
Zip Code:*	<input type="text" value="54015"/>
Home Phone:*	( <input type="text" value="715"/> ) <input type="text" value="555"/> - <input type="text" value="5555"/>
Email Address:*	<input type="text" value="noemail@email.com"/>
Confirm Email Address:*	<input type="text" value="noemail@email.com"/>

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

\* = required field



**Step 4:**

Enter dependent information and select Add Dependent (if applicable).

- Once added, the dependent(s) will display at the top of the page under the My Dependents section.

Select Next to continue.

### HSA Enrollment: Dependents

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#### My Dependents

Name	Birth Date	Relationship	
Spouse Comsuer	7/23/1965	Spouse	<a href="#">Update</a> <a href="#">Remove</a>

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:  Female  Male

Full Time Student:\*  Yes  No

Relationship:\*

\* = required field

**Step 5:**

Review the HSA Qualifications and certify that you are eligible for a Health Savings Account.

Choose the Qualifying Health Plan Coverage level from the drop down menu.

Select Next to continue.




**Step 6:**

Review the Payment Methods and Select Issue Card for your spouse or dependent (if applicable). Select Next to continue.

### HSA Enrollment: Payments

➤ Profile ➤ Dependents ➤ Eligibility ➤ Election ➤ **Payments** ➤ Beneficiaries ➤ T & C ➤ Summary ➤ Confirmation

**Lighthouse 1 Benefits Card**  
Lighthouse 1 Benefits Card



Name	Accounts Available on Card	Card Shipped To	One-Time Fee Charged to Account
Tester Comsuer <input checked="" type="checkbox"/> <b>Issue Card</b>	Health Savings Acct	123 Sun Ave Hudson, WI 54015	\$3.00
Spouse Comsuer <input checked="" type="checkbox"/> <b>Issue Card</b>	Health Savings Acct	123 Sun Ave Hudson, WI 54015	\$3.00

Select the method in which you would like to receive reimbursements for the following plan(s) when not using your Lighthouse 1 Benefits Card(FD/UMB - Visa): Health Savings Acct.

Reimbursement Method: \*

**Direct Deposit**  
Direct Deposit

**Check**  
Check



If selecting Direct Deposit enter your bank account information.  
The Bank Information may pre-populate based on the routing number entered. If not, enter the contact information for your bank.

Select Next.

### HSA Enrollment: Payments

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#### Bank Account

Update your bank account information as needed and click the *Submit* button to update the Bank Information.

Routing Number: *	<input type="text" value="291880589"/>
Account Number: *	<input type="text" value="45600"/>
Confirm Account Number: *	<input type="text" value="45600"/>
Account Type: *	<input type="text" value="Checking"/>
Account Nickname: *	<input type="text" value="My Checking"/>

#### Bank Information

Update the contact information for your bank. This information may be pre-filled for you based on the routing number you entered above.

Bank Name: *	<input type="text" value="WESTCONSIN CREDIT UNION"/>
Address Line 1: *	<input type="text" value="PO BOX 160"/>
City: *	<input type="text" value="MENOMONIE"/>
State: *	<input type="text" value="Wisconsin"/>
Zip Code: *	<input type="text" value="54751-0000"/>

\* = required field



**Step 7:**

Choose the beneficiaries from the Dependents box, located on the right-hand side of your screen, to pre-fill the information and adjust your Share Percentage (must be a whole number).  
Select Add Beneficiary.

To add a contingent beneficiary (if applicable) choose the individual from the Dependents box or complete the required fields and adjust Share Percentage.  
Select Add Beneficiary.  
Select Next to continue.

### HSA Enrollment: Beneficiaries

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#### My Primary Beneficiaries

Name	SSN	Relationship	Share %		
Spouse Comsuer	000-00-0002	Spouse	100 %	<a href="#">Update</a>	<a href="#">Remove</a>
<b>Total:</b>			<b>100 %</b>		

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To establish your Health Savings Account (HSA) online you must select a designated beneficiary. 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"/>	<b>Dependents</b> Select a dependent to pre-fill form with the dependent's information. <a href="#">Spouse Comsuer</a>
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



**Step 8:**

Review the Terms and Conditions and Check that you have read and agreed.  
Select Next to continue.

**Step 9:**

Review the Enrollment Summary and select Update if changes are needed.  
Select Next to continue.

**Step 10:**

Review the HSA Account Creation Authorization and Check that you have read and agreed to each paragraph.  
Select Submit Enrollment to continue.

### HSA Enrollment: Creation Authorization

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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.



**Step 11:**

The below screen will appear when you have successfully enrolled. Please print this confirmation page for your records.

### HSA Enrollment: Confirmation

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Congratulations, you have successfully enrolled in the following pre-tax benefits. Please print this page for your records.

	My Election	My Total Election	Employer Contribution	Total
Health Savings Acct	\$0.00	\$0.00	\$0.00	\$0.00

If desired, a document explaining your [Next Steps](#) can be downloaded now or you can access it at any time under [Forms](#).

[Home](#) [Print](#)

We are pleased to have the opportunity to administer your benefits plan and look forward to serving you. If you have any questions or learn that an unauthorized person has accessed your account, please contact Consumer Services at 877-470-1761 or email [pvbconsumerservices@hcbconsumerservices.com](mailto:pvbconsumerservices@hcbconsumerservices.com).

Sincerely,

Premier Valley Bank