



HEALTH SAVINGS ACCOUNT APPLICATION

You must be enrolled in a high deductible health care plan to open a health savings account (HSA).

You must not be enrolled in Medicare or be claimed as a dependent on someone else's tax return.

Important Account Opening Information: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

HSA INFORMATION

New HSA Transferring HSA If transferring, from where _____
Eligibility Date _____ Deductible Amount \$ _____
Check one: Individual Plan Family Plan

AUTHORIZED SIGNER

An HSA is an individually owned account by the person enrolled in a high deductible health care plan, however the account can have an authorized signer such as a spouse to be able to pay bills from the HSA account.

Authorized Signer: Yes No

If you choose to have an authorized signer, please fill out the authorized signer section of this application.

ACCOUNT INFORMATION

Check Order: Yes No If yes: Quantity of 25 50

Debit Card(s): Yes No

Cardholder Name _____ Cardholder Name _____

Will you have employer contributions: Yes No

If yes, from _____ How much \$ _____

Do you plan to make regular contributions: Yes No

If yes, how often _____ How much \$ _____

PRIMARY ACCOUNT OWNER INFORMATION

Name (Last, First, Middle Initial)

Social Security Number

Birth Date

Physical Address (Street, City, State, Zip)

Mailing Address (If Different than Physical)

Primary Phone Number
Secondary Phone Number

Employer

Email Address

Are You a U.S. Citizen?

Yes

No

SIGNATURE:

AUTHORIZED SIGNER INFORMATION

Name (Last, First, Middle Initial)

Social Security Number

Birth Date

Physical Address (Street, City, State, Zip)

Mailing Address (If Different than Physical)

Primary Phone Number
Secondary Phone Number

Employer

Email Address

Are You a U.S. Citizen?

Yes

No

SIGNATURE:

BENEFICIARY DESIGNATION INFORMATION

Would you like to name beneficiaries at this time: Yes No

You may name up to four primary beneficiaries and four contingent beneficiaries. The total percent should equal 100% for primary beneficiaries and 100% for contingent beneficiaries.

Primary Beneficiaries

1. Name _____ Percent _____

Address _____

Birth Date _____ Social Security Number _____

2. Name _____ Percent _____

Address _____

Birth Date _____ Social Security Number _____

3. Name _____ Percent _____

Address _____

Birth Date _____ Social Security Number _____

4. Name _____ Percent _____

Address _____

Birth Date _____ Social Security Number _____

Contingent Beneficiaries

1. Name _____ Percent _____

Address _____

Birth Date _____ Social Security Number _____

2. Name _____ Percent _____

Address _____

Birth Date _____ Social Security Number _____

3. Name _____ Percent _____

Address _____

Birth Date _____ Social Security Number _____

4. Name _____ Percent _____

Address _____

Birth Date _____ Social Security Number _____