HEALTH SAVINGS ACCOUNT APPLICATION AND ELIGIBILITY FORM

For Tracking Purposes: Complete all that apply.

AIN # | Employer Fed ID # | Code In. W Ong. W | SVC 4

TPA | Marketing 0 9 9 8 6 5 6

Instructions: **All fields must be completed.** For assistance, call (877) 525-7120. Return this application to your human resources department or your health plan administrator.

Accountholder's Personal Information - *all fields required unless otherwise indicated*

Social Security # | **Birth Date**

First Name | **MI** | **Last Name**

Street Address

City | **State** | **Zip**

Home Phone # | **Business Phone #**

Form of Identification

☐ Driver's License ☐ State ID ☐ Passport **ID #**

Email (required)

Citizenship Status (select one): ☐ U.S. Citizen ☐ Resident Alien ☐ Non-resident Alien (If checked, please provide W8)

If not a U.S. Citizen, Enter Country of Citizenship

Employment Information - *required if employed* ☐ Not Employed ☐ Self Employed

Employer Name

City | **State**

Job Title / Profession

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: When you open an account we will need you to provide name, street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

HSA Eligibility Requirements:

☐ Y ☐ N **Accountholder certification-** I certify that: (1) I am, or effective _____ (*Effective Date of HDHP*) I will be covered by a ☐ single or ☐ family qualified High Deductible Health Plan (HDHP), with a deductible of _____ (*Deductible of HDHP*), (2) I certify that I am not covered by a health plan, other than a HDHP, which provides any of the same benefits as the HDHP, (3) I am not enrolled in Medicare, and (4) I may not be claimed as a dependent on another person's tax return.

If you answered NO to the above, you are not eligible to establish a Health Savings Account.

You cannot pay for qualified medical expenses from your account, tax-free before your account is"established." Under current IRS guidance, you must look to the law of your state to determine if the account must be funded to "establish" it. In order to assure that your qualified medical expenses can be paid tax-free from your HSA, the most prudent course of action would be to pay out of your HSA only those medical expenses which were incurred after the date that funds are first credited to your account. Claiming expenses before funds are credited to your HSA could subject you to tax penalties. If you want to claim expenses incurred before that date, you should first consult with your tax advisor.

Signatures *Important: Please read before signing.*

HSA Bank is hereby appointed to serve as custodian of my Health Savings Account. HSA Bank, a division of Webster Bank, N.A. and Webster Bank, N.A. are the same FDIC-insured institution. Deposits held under each trade name are not separately insured but are combined to determine whether a depositor has exceeded the federal deposit insurance limit. I received a copy of and agree to the Deposit Account Agreement Disclosures for Health Savings Accounts, Truth in Savings, and Privacy Statement. Within seven (7) calendar days from the date I open this HSA, I may revoke authorization by mailing a written notice to HSA Bank.

Accountholder Signature | **Date** | **Authorized Signer** | **Date**