



# HEALTH SAVINGS ACCOUNT APPLICATION AND ELIGIBILITY FORM

<b>For Tracking Purposes: Complete all that apply.</b>							<b>Internal Use:</b>	
Affiliation	Marketing	AIN #	Code In. Ong.	SVC	Software	Invoice In. Ong.		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer Fed ID #								
<input type="text"/>							<input type="text"/>	

**Instructions:** All fields must be completed. For assistance, call 866-471-5966. (Para un formulario en Español por favor contactar 866-357-6232). Return this application with a check to: **HSA Bank®, P.O. Box 939, Sheboygan, WI 53082-0939**

A. Setup Fee  B. Check Order  C. Initial Contribution  D. Total Amount Enclosed

If you are opening this account on your own behalf, please complete all required fields, obtain required signatures, and mail this application to the address listed above. If you have power of attorney privileges for another individual and are opening this account on that individual's behalf, you must complete and submit a Power of Attorney Addendum with this application. Please contact HSA Bank at 866-471-5966 for information and to obtain the necessary form.

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

Social Security #  -  -  Birth Date  /  /

First Name  MI  Last Name

Street Address

City  State  Zip

Preferred Mailing Method  Street Address  PO Box  PO Box (optional)

P.O. Box City (optional)  P.O. Box State (optional)  P.O. Box Zip (optional)

Home Phone #  -  -  Business Phone #  -  -

**Form of Identification**

Driver's License  State ID  Passport ID #

Email (optional)

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

Industry (select one)

Agriculture  Construction  Finance, Insurance, Real Estate  Manufacturing  Mining  Professional Services

Public Administration, Government  Retail Trade  Transportation  Wholesale Trade  Other

Income Range (optional)

\$0 - \$14,999  \$15,000 - \$34,999  \$35,000 - \$49,999  \$50,000 - \$74,999  \$75,000 - \$99,999  \$100,000+

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 and your authorized signer to provide name, street address, date of birth and other information that will allow us to identify you and your authorized signer. We may also ask to see your driver's license or other identifying documents.



**HSA Account Options**

- I would like to order 50 duplicate checks, including 10 deposit tickets, at a cost of \$7.95. (Indicate amount on part B of Instructions section)
- I would like 1 free Visa® debit card issued in my name for my account.
- I am interested in receiving investment information. (Investment Accounts are Not FDIC Insured. Not Bank Guaranteed. May Lose Value.)

**Type of Initial Deposit** - Please check one

- Regular
- Rollover/Transfer  
(Please attach the HSA transfer/rollover form or IRA rollover form)

**Year of Contribution** (Required)

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**HSA Eligibility Requirements:**

- Y  N **Accountholder certification-** I certify that: (1) I am, or effective \_\_\_\_\_ I will be covered by a  single or  family qualified High Deductible Health Plan (HDHP), with a deductible of \_\_\_\_\_, (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.**

Your HSA account will be considered established for tax purposes as of your first date of eligibility under your HDHP, provided that you have signed and dated the application for your HSA on or before that date. If we receive the application after your first date of eligibility under your HDHP, your HSA account will be considered established as of the date you signed and dated this application. To receive tax favored treatment for distributions from your HSA account, any qualified medical expenses must be incurred after the date that your HSA account is established.

**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 have received a copy of and agree to the *Deposit Account Agreement and 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 the authorization by mailing a written notice to HSA Bank (set-up fee non-refundable).

\_\_\_\_\_  
Accountholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Date

HSA Bank® is a division of Webster Bank, N.A., Member FDIC

