Health Savings Account Application and Eligibility Form

hsabank
A Division of Webster Bank, N.A., Member FDIC

☑ Health Savings Account (HSA) offered through an employer – Upon completion, submit this form to your employer.
Employer Federal Tax ID or **Employer Code:** 93-6014954

☐ HSA not offered through an employer – Apply online at hsabank.com, email form to hsaforms@hsabank.com, fax form to 920-803-4184 or mail this form to HSA Bank, P.O. Box 939, Sheboygan, WI 53082.

For assistance, please call 800-357-6246.

*Required

Part 1: General Information for Primary Accountholder

*First Name:	MI:	*Last Name:	*Date of Birth (mm/dd/yyyy) **(Must be 18)**:	*Social Security Number:
*Physical Street Address:			*City:	*State:	*ZIP:
*Preferred Mailing Address: ☐ Physical Street Address ☐ P.O. Box			Email:		
P.O. Box:			City:	State:	ZIP:
*Home Phone:			Business Phone:		
*Citizenship Status: ☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien			Country of Citizenship if Not a U.S. Citizen:		
*Health Plan Insurance: ☐ Single ☐ Family/Single + Dependent(s)			*Effective Date of Your Health Insurance:	*Deductible Amount: $	

Part 2: Employment Information (Note: The employer federal tax ID or employer code above is required for an employer offered HSA.)

*Employment Status: ☐ Employed ☐ Self-employed ☐ Not Employed/Retired	Employer Name: **(Required if employed/self-employed)**

Part 3: Authorized Signer (Such as a spouse or another third party) Optional

By completing all of the fields below, you are authorizing the person designated as "authorized signer" to access and initiate transactions on your account as your agent. HSA Bank will rely upon this designation until HSA Bank receives your written revocation of this authorization and has had a reasonable time to act upon it. You hold harmless and indemnify HSA Bank against any claims against or losses arising out of HSA Bank's reliance on this authorization, and release HSA Bank from any liability arising from such reliance, unless otherwise prohibited by law. You remain solely responsible for any tax consequences that result from any actions taken by the authorized signer regarding your account.
Important: If you wish to designate an authorized signer to your account, all fields in this section are **required**.

First Name:	MI:	Last Name:	Date of Birth (mm/dd/yyyy):	Social Security Number:
☐ Address same as accountholder		Street Address:		
City:	State:	ZIP:	Phone Number:	

If you would like to designate a beneficiary for your account, please complete our *HSA Designation of Beneficiary Form*, which is available on our website at: hsabank.com/BeneficiaryForm. Alternatively, you may designate a beneficiary for your account on HSA Bank's Member Website after your account is opened. If you fail to designate a beneficiary, then your estate will be your beneficiary.

Part 4: Account Selections

*Please select the account options and enter an amount where appropriate.

☐ Primary accountholder debit card
☐ Authorized signer debit card (if applicable)
☐ Initial contribution $_____ Contribution Year:_____
☐ Transfer (Include the *Health Savings Account Direct Transfer Request Form* or the *IRA to HSA Transfer Form.*)

Part 5: Account Authorization

By signing below, I certify that:

- I am or will be covered by an HSA-qualified high-deductible health plan (HDHP), I am not enrolled in Medicare or covered under other health insurance that is not compatible with an HSA, and I may not be claimed as a dependent on another person's tax return (excluding spouses per the IRS).
- HSA Bank is hereby appointed to serve as custodian of my Health Savings Account.
- Federal law requires that all financial institutions obtain, verify, and record information that identifies each person who opens an account. 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 enable us to identify you and your authorized signer. We may also ask to see your driver's license or other identifying documents.

After your application is processed, you will receive a welcome kit by mail in 7-10 business days. The welcome kit contains your account number and account disclosures. It also outlines our services and provides details on how to manage your account. Your debit card and any debit card requested for an authorized signer will each arrive in a separate envelope about 10-14 business days after your application is processed. If you don't receive your welcome kit or debit card(s), please call 800-357-6246.

***Accountholder Signature:**	***Date:**

For Tracking Purposes (to be completed by employer or insurance/financial representative)							Internal Use Only:
Health Plan Code	Broker Dealer	AIN#	SVC	Software	MGA	Marketing	