

# **Health Savings Account Application**

## **Eligibility Requirements to open an HSA**

**You must answer yes to all the below to be eligible for a health savings account**

- I am covered by a High Deductible Health Plan (HDHP)
- I am not covered by a non-HDHP that provides coverage for any benefit that is also covered under the HDHP (with limited exceptions)
- I am not enrolled in Medicare
- I am not eligible to be claimed as a dependent on another person's tax return

## **Individual Information**

**The following Personal Information needs to be collected on all customers to Comply with the U.S Patriot Act and will be used for banking and tax reporting purposes only.**

Individual/Employee Name: \_\_\_\_\_  
                                    First                                    Middle                                    Last

Individual Address: \_\_\_\_\_  
                                    Please list Street address and mailing address if different

\_\_\_\_\_  
                                    City                                    State                                    Zip Code

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone Inquiry Password: \_\_\_\_\_      Marital Status: Married or Single \_\_\_\_\_

Telephone number \_\_\_\_\_ Drivers License # \_\_\_\_\_ State of \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

**\*\*Please attach a copy of your DL or other ID to this form\*\***

## **Authorized Signor Information**

If you wish to have an authorized signor (Agent) on your HSA please complete the following information:

Authorized Signor Name: \_\_\_\_\_  
                                    First                                    Middle                                    Last

Address: \_\_\_\_\_  
                                    Please list Street address and mailing address if different

\_\_\_\_\_  
                                    City                                    State                                    Zip Code

**The following Personal Information needs to be collected on all customers to Comply with the U.S Patriot Act and will be used for banking and tax reporting purposes only.**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone Inquiry Password: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Drivers License/ID # \_\_\_\_\_ State of \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address \_\_\_\_\_

**\*\*Please attach a copy of Your Drivers License or other ID to this form\*\***

**Beneficiary Option for your Health Savings Account:**

In the State of Wisconsin if you wish to designate anyone other than your spouse we will need to have your spouse sign a consent form on your beneficiary form releasing their rights to your account.

Beneficiary: Spouse or Non Spouse  
Circle one

Beneficiary: \_\_\_\_\_ Telephone number \_\_\_\_\_  
First Middle Last

Beneficiary Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Beneficiary Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address:

\_\_\_\_\_  
Please list Street address and mailing address if different City State Zip Code

Email Address \_\_\_\_\_

Beneficiary: Spouse or Non Spouse  
Circle one

Beneficiary: \_\_\_\_\_ Telephone number \_\_\_\_\_  
First Middle Last

Beneficiary Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Beneficiary Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address:

\_\_\_\_\_  
Please list Street address and mailing address if different City State Zip Code

Email Address \_\_\_\_\_

Individual/Employee Signature verifying all above information and eligibility to contribute:

**Contributions:**

Will Contributions be made by employer directly to your account: Y/N **If yes: please sign below**

I acknowledge that \_\_\_\_\_ (employer) will make contributions to my Health Savings Account at Community Bank:

Contribution Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Employee Signature: \_\_\_\_\_